

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185360	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Gallatin Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 499 Center Street Warsaw, KY 41095	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50153</p> <p>Based on observation, interview, and review of facility policy, the facility failed to demonstrate acceptable infection control procedures to help prevent and control the spread of disease and infection for one of three residents (Resident (R) 80) observed during medication administration.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Policies and Procedures - Infection Prevention and Control revised December 2023, revealed the facility adopted infection prevention and control policies and procedures were intended to help maintain a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infection. Review of the section titled, Policy Interpretation and Implementation under bullet point 1 revealed Infection prevention and control policies apply to all personnel, consultants, contractors, residents, visitors, and volunteers.</p> <p>Review of the facility policy titled, Administering Medications, revised April 2019, revealed Medications are administered in a safe and timely manner. The section titled Policy Interpretation and Implementation, revealed under bullet point number 25 that staff follows established facility infection control procedures (e.g., handwashing, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medications, as applicable.</p> <p>Observation on 8/29/2024 at 8:59 AM during medication administration, revealed Licensed Practical Nurse (LPN) 6 walked away from the medication cart to obtain keys and then returned to the medication cart; however, the LPN did not sanitize or wash her hands upon return. LPN6 then opened the medication drawer and located the medications for R80. LPN6 used her bare hand to transfer the pill from the medication card to the medication administration cup. After repeating the bare hand technique for an additional three medications, the surveyor asked LPN6 if handling medications with bare hands was good infection control practice. LPN6 stated it would not be and stated she was nervous. Per LPN6, she usually would pop the pills out of the medication card into the medication cup and not use her bare hands. LPN6 then disposed of the contaminated medications, sanitized her hands, and removed R80 medications directly from the medication card into the medication cup.</p> <p>During an interview on 8/29/2024 at 8:59 AM, LPN6 stated it was not good infection control practice to handle medication with bare hands and there could be a risk of spreading infection or disease.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/29/2024 at 5:00 PM, the Director of Nursing (DON) stated the facility educated staff that hand hygiene should be performed at the start of med pass, if med pass is broken, or if the hands are contaminated during med pass. For example, a pill was dropped on the floor or on the med cart and the nurse had to pick it up then the DON stated she would expect hand hygiene to be performed. She stated medications should not be touched with bare hands due to the risk of contamination or infection.</p> <p>During an interview on 08/29/2024 at 5:15 PM, the Administrator stated it was her expectation that infection prevention practices were to be followed by staff to prevent the transmission of infection.</p>		