

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  44E166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/14/2024
NAME OF PROVIDER OR SUPPLIER  Hardin Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1620 Wayne Road Savannah, TN 38372	

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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33379</p> <p>Based on the Infection Control Policy and Procedure Manual, and interview the facility failed to provide a qualified Infection Control Preventionist who was responsible to monitor and maintain the facility ' s Infection Prevention and Control Program. This could have affected the 26 residents residing in the facility.</p> <p>The findings include:</p> <p>Review of the facility ' s Infection Control Policy and Procedure Manual INFECTION CONTROL PROGRAM revealed, .The goals of the Infection Control Program are to .Decrease the risk of infection to patients and personnel .Monitor for occurrence of infection and implement appropriate control measures .Identify and correct problems relating to infection control practices .Insure compliance with state and federal regulations relating to infection control .The administrator is ultimately responsible for the Infection Control Program . Responsibility is delegated to the Infection Control Practitioner (ICP) to carry out the daily functions of the Infection Control Program .Patient Infections Cases are monitored by the ICP .The ICP completes the .listing of infections and monthly report form and reports .Monthly to the Administrator .Quarterly to the Infection Control Committee .</p> <p>Review of the Infection Prevention Control Officer Training Certificate dated [DATE] revealed the facility ' s Infection Preventionist Certificate had expired three years from the date the certificate was issued.</p> <p>During an interview on [DATE] at 4:45 PM, the Administrator confirmed the Infection Preventionist certification had expired and stated, .we didn't know till you showed us .</p> <p>During an interview on [DATE] at 5:10 PM, the Director of Nursing (DON) confirmed that her Infection Preventionist Training had expired and stated, I had no idea it had expired .</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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