STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185246	A. BUILDING _____ B. WING _____	04/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKCASTLE HEALTH AND REHABILITATION CENTER	371 WEST MAIN STREET BRODHEAD, KY 40409

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A COVID-19 focused infection control survey was conducted on 04/06/2020. The facility was found to be out of compliance with 42 CFR 483.80 Infection Control. Deficient practice was identified with the highest scope and severity at "D" level. The total census was 91.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (I) A system of surveillance designed to identify possible communicable diseases or	F 880	1. All linens handled by contract HCSG were re-laundered on 4/6/20 by HCSG staff. Contracted worker educated by Administrator on 4/6/20 on proper utilization of PPE. 2. All residents residing in the facility were assessed for any s/s of adverse reaction related to improper utilization of PPE that could lead to contamination by reviewing of nurses notes/labs and antibiotic stewardship for the last 30 days starting on 4/6/20 and 4/7/20 with no issues noted by the DON/ ADON/ Unit Manager/ SDC/ and MDS nurses. 3. Facility staff were educated by DON, SDC, ADON, Unit Manager and Administrator on proper utilization of PPE and when to utilize PPE, facility infection	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Michelle Woods — TITLE: Administrator — (X6) DATE: 4/29/20

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F 880	Continued From page 1 infections before they can spread to other persons in the facility; (II) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and a review of	F 880	control policy and education for staff regarding use of mask upon entering the facility and while on duty at all times while in the facility unless in a designated break area. Education completed on all staff by 4/29/20. All staff were educated on proper use of PPE and COVID policies regarding face mask utilization by Admin/DON by starting on 4/9/20 and completed by 4/29/20. All new employees will receive this education in orientation prior to working the floor. 4. Ongoing monitoring and compliance will be achieved by Admin, DON, ADON, or designee observing utilization of face mask properly X 10 stakeholders daily for 2 weeks starting week of (4/8/20), then decreasing to 3 X week for 2 weeks starting on 4/22/20 and weekly x 12 weeks starting week of (5/13/20). Quizzes to be administered to all staff, 100% completion by 4/29/20 with random quizzes 5 X week for 4 weeks beginning on 4/30/20, then decreasing to	

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F 880	Continued From page 2 facility policy, it was determined the facility failed to properly prevent the possible spread of COVID-19. A laundry worker was observed folding clean laundry without wearing a facemask in accordance with facility policy and The Centers for Medicare and Medicaid Services (CMS) Guidance. The findings include: A review of COVID-19 Long-Term Care Facility Guidance dated 04/02/2020 revealed all long-term care facility personnel should wear a facemask while they are in the facility. A review of facility policy titled "Novel Corona Virus (COVID-19)" with a revision date of 04/03/2020 revealed all stakeholders should wear a facemask while they are in the facility. Observation of the facility laundry on 04/06/2020 at 10:18 AM revealed a laundry worker was folding clean laundry and had a face mask that was pulled down under the chin and was not covering the mouth and nose. Interview with Laundry Worker #1 on 04/06/2020 at 10:18 AM revealed the Laundry worker was aware she was supposed to wear a mask at all times when in the building but had pulled the mask down so she could get fresh air. An interview with the Laundry Supervisor on 04/06/2020 at 10:22 AM revealed on 04/03/2020, all staff were provided a mask and instructed to wear the mask at all times while in the facility. The Laundry Supervisor stated she made rounds to monitor and was not aware that Laundry Worker #1 was not wearing a facemask as	F 880	3 X week for 4 weeks beginning 5/28/20, and then decreasing to 2 X week beginning 6/25/20. Any identified issues will be addressed immediately by the DON/Designee. Results from these observations will be reviewed by the QAPI committee monthly x 3 months for further review and recommendations. 5. Compliance date 4/30/20.	

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F 880	Continued From page 3 instructed. An interview with the Administrator on 04/06/2020 at 2:00 PM revealed the Administrator was aware of the CMS guidance dated 04/03/2020 requiring all staff to wear a mask when in the facility. The Administrator had ensured all staff were provided masks and instructed to wear masks at all times when in the building to prevent the spread of the Coronavirus. According to the Administrator, the Laundry Worker should have been wearing the mask at all times when in the building.	F 880		

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E 000	Initial Comments A COVID-19 focused Emergency Preparedness survey was conducted on 04/06/2020. The facility was found to be in compliance with 42 CFR 483.73 Emergency Preparedness related to E0024. No deficient practice was identified.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

04/29/2020

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Office of Inspector General

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N 000	Initial Comments A COVID-19 focused infection control survey was conducted on 04/06/2020. Deficient practice was identified pursuant to 42 CFR 483.80.	N 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 04/29/20