

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185446	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/06/2021
NAME OF PROVIDER OR SUPPLIER BLUEGRASS CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3576 PIMLICO PARKWAY LEXINGTON, KY 40517		
(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	F 000			
F 880 SS=E	<p>A COVID-19 Focused Infection Control Survey was initiated on 01/06/2021 and concluded on 01/06/2021. The facility was found to be noncompliant with 42 CFR 483.80 Infection Control regulations and had not implemented the Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Total census was 98. A deficiency was cited with the highest scope and severity (S/S) of an "E".</p> <p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§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;</p>	F 880			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 880	<p>Continued From page 1</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policies, it was determined the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent and control the development and transmission of communicable diseases, to properly prevent and/or contain COVID-19, and to implement interventions per the Centers for Medicare and Medicaid Services (CMS), the Center for Disease Control and Prevention (CDC), and the Kentucky Department for Public Health (Health Department) State guidelines for COVID-19.</p> <p>Observation of the lunch meal pass revealed resident hand hygiene was not performed prior to meals in four (4) of eleven (11) sampled residents' rooms.</p> <p>Observation revealed two (2) of eleven (11) sampled residents were not social distancing. Resident #1 was observed entering and exiting multiple residents' rooms for visits. Resident #10, who was in Droplet Isolation Precautions, was observed sitting within two (2) feet of the open doorway while residents and staff passed by in the hallway.</p> <p>Observation revealed (5) of eleven (11) sampled residents were in the hallway without masks or wore masks inappropriately with no staff reinforcement. Resident #1 was wearing the</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>mask under the chin. Resident #2 was in Droplet Isolation Precautions and was in the hallway without a mask. Resident #10 was in Droplet Isolation Precautions and was sitting within two (2) feet of the doorway without a mask. Resident #6 and Resident #11 were in the hallway without a mask.</p> <p>Observation revealed two (2) staff members inappropriately wearing a fit tested N95 respirator/mask and multiple staff members not performing hand hygiene after touching their face masks and eye protection (goggles).</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's policy, "Novel Coronavirus (COVID-19)," dated 08/18/2020, revealed the purpose of the guideline was to provide clarification for steps the facility would take regarding the Novel Coronavirus (COVID-19) and ensure the health and safety of the facility's residents to meet the standards required to help each resident attain or maintain his/her highest level of well-being. Further review revealed residents were to perform frequent hand hygiene. <p>Review of the facility's policy, "Handwashing/Hand Hygiene," dated August 2015, revealed residents would be encouraged to practice hand hygiene frequently.</p> <p>Observation of meal pass, on 01/06/2021 at 11:44 AM, revealed no hand hygiene was performed for Residents #6, #7, #8, and #9 prior to the meal.</p> <p>Interview with Hospitality Aid (HA) #1, on</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>01/06/2021 at 2:40 PM, revealed hand hygiene was to be performed on residents prior to meals.</p> <p>Interview with Licensed Practical Nurse (LPN) #3, on 01/06/2021 at 4:02 PM, revealed the meal process involved assisting residents with hand hygiene prior to the meal. Further interview revealed proper resident hand hygiene was necessary for infection control practices.</p> <p>Interviews, on 01/06/2021, with State Registered Nurse Aide (SRNA) #1 at 1:39 PM, SRNA #2 at 2:04 PM, SRNA #3 at 2:16 PM, LPN #1 at 3:15 PM, and LPN #2 at 3:41 PM, revealed infection control interventions for residents included hand hygiene before meals, after using the bathroom, and when visibly soiled.</p> <p>Interview with the Infection Preventionist Registered Nurse (IPRN), on 01/06/2021 at 4:28 PM, revealed residents were to receive hand hygiene prior to meals. Further interview revealed all staff had received education on hand hygiene and had been tested for competency in this area and were expected to assist the residents with hand hygiene frequently per policy.</p> <p>Interview with the Director of Nursing (DON), on 01/06/2021 at 6:22 PM, revealed hand hygiene was expected to be performed frequently on all residents per policy.</p> <p>2. Review of the facility's policy, "Novel Coronavirus (COVID-19)," dated 08/18/2020, revealed residents were to practice social distancing. Further review revealed residents were to be reminded by staff to practice social distancing, which included no hand shaking, no hugging, and staying six (6) feet apart.</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>Review of the facility's policy, "Isolation-Initiating Transmission-Based Precautions," dated August 2019, revealed Transmission-Based Precautions could include Contact Precautions, Droplet Precautions, or Airborne Precautions.</p> <p>Review of the facility's policy, "MED-PASS, Inc. Transmission-Based Precautions," dated August 2016, revealed for Droplet Isolation Precautions, to maintain a separation of roommates, visitors, and staff for at least three (3) feet.</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident, on 08/19/2018, with diagnoses to include Vascular Dementia with Behavioral Disturbance and Unspecified Symptoms and Signs involving Cognitive Functions and Awareness.</p> <p>Review of Resident #10's medical record revealed a Physician's Order, dated 01/04/2021, which placed the resident on Droplet Isolation Precautions.</p> <p>Observation, on 01/06/2021 at 9:16 AM, revealed Resident #1 entered multiple residents' rooms on the South Hall. Further observation revealed Resident #1 remained in Room #49, another resident's room, until the State Survey Agency Surveyor contacted staff inquiring about the identity of Resident #1. Furthermore, Resident #1 was in Room #49 for five (5) minutes, less than three (3) feet apart from the resident that lived in Room #49, in violation of the facility's policy.</p> <p>Observation, on 01/06/2021 at 11:37 AM, revealed Resident #10 was sitting less than two</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>(2) feet from the open doorway, in violation of the facility's policy.</p> <p>Interviews, on 01/06/2021 with SRNA #1 at 1:39 PM, SRNA #2 at 2:04 PM, and LPN #1 at 3:15 PM, revealed infection control interventions for residents included social distancing.</p> <p>Interview with LPN #2, on 01/06/2021 at 3:41 PM, revealed the door to a resident's room, who was on Droplet Isolation Precautions, was to be closed to prevent the spread of infection.</p> <p>Interview with the Director of Nursing (DON), on 01/06/2021 at 6:22 PM, revealed social distance location marks had been placed in the common area, and staff was expected to monitor residents. Further interview revealed a Droplet Isolation Precaution resident's room door should be kept closed, and the curtains were to be pulled if the door was open.</p> <p>3. Review of the facility's policy, "Personal Protective Equipment," dated October 2018, revealed visitors and residents who were asked to comply with Transmission-Based Precautions were educated on the proper use of personal protective equipment (PPE) and provided with equipment at no charge.</p> <p>Review of Resident #2's medical record revealed the facility admitted the resident, on 06/21/2019, with diagnoses which included Alzheimer's Disease with Late Onset, Need for Assistance with Personal Care, and Unspecified Dementia with Behavioral Disturbances.</p> <p>Additional review of Resident #2's medical record revealed a Physician's Order, dated 12/29/2020,</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>which placed the resident on Droplet Isolation Precautions because he/she had been the roommate of Resident #4, who tested positive for COVID-19 on 12/29/2020.</p> <p>Observation, on 01/06/2021 at 9:16 AM, revealed Resident #1 moving throughout the South Unit with his/her mask under his/her chin.</p> <p>Observation, on 01/06/2021 at 9:27 AM, revealed Resident #11 in the South Unit hallway not wearing a mask. Further observation revealed a staff member approached and spoke with Resident #11, but did not assist with applying a mask to the resident.</p> <p>Observation, on 01/06/2021 at 9:36 AM, revealed a Droplet Isolation Precaution sign on the doorway of Room #30, and no one inside the room. Interview with HA #1, on 01/06/2021 at 9:37 AM, revealed Resident #2 lived in Room #30 and was on Droplet Isolation Precautions because his/her roommate (Resident #4) recently tested COVID positive. Further observation revealed Resident #2 in the hallway not wearing a mask.</p> <p>Observation, on 01/06/2021 at 11:37 AM, revealed Resident #10, who was on Droplet Isolation Precautions, was sitting less than two (2) feet from the doorway with no mask on while staff and residents passed by the doorway.</p> <p>Observation, on 01/06/2021 at 11:46 AM, revealed Resident #6 wandering through the North Unit hallway without a mask. Multiple staff members were at the nurse's station and did not assist Resident #6 with applying a mask.</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>Interviews, on 01/06/2021 at 1:39 PM with SRNA #1, and SRNA #3 at 2:16 PM, revealed Resident #2 frequently left his/her room without wearing a mask and often required assistance.</p> <p>Interviews, on 01/06/2021 with SRNA #1 at 1:39 PM, SRNA #2 at 2:04 PM, SRNA #3 at 2:16 PM, LPN #1 at 3:15 PM, and LPN #2 at 3:41 PM, revealed infection control interventions for the residents included reminders and assistance with wearing a mask.</p> <p>Interview with the DON, on 01/06/2021 at 6:22 PM, revealed residents on Droplet Isolation Precautions were required and expected to wear a mask. Further interview revealed staff had been trained on reapplying and monitoring resident mask usage and were expected to enforce proper mask wearing.</p> <p>4. Review of the facility's policy, "Personal Protective Equipment," dated October 2018, revealed training on the proper donning, use, and disposal of PPE was provided upon orientation and at regular intervals. Further review revealed visitors and residents who were asked to comply with Transmission-Based Precautions were educated on the proper use of PPE and provided with equipment at no charge.</p> <p>Review of the facility's policy, "Infection Control Policy and Procedure Manual for Donning PPE," dated August 2007, revealed mask and respirators were to fit snugly to the face and below the chin, and the ties or elastic bands were to be secured at the middle of the head and neck. In addition, the policy stated the front of the mask or respirator was contaminated - "DO NOT TOUCH!"</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>Review of the facility's policy, "Handwashing/Hand Hygiene," dated August 2015, revealed the facility considered hand hygiene the primary means to prevent the spread of infections. Further review revealed all personnel would follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors.</p> <p>Review of the facility's policy, "Novel Coronavirus (COVID-19)," dated 08/18/2020, revealed anytime stakeholders touched their masks with their hands, they must immediately wash their hands.</p> <p>Observation, on 01/06/2021 at 10:15 AM, revealed a staff member in the Center Hallway wearing a N95 mask without the bottom strap secured over the head. Further observation, at 11:41 AM, revealed another staff member on the North Unit wearing a N95 mask without the bottom strap secured over the head.</p> <p>Interview with the Regional Administrator, on 01/06/2021 at 11:42 AM, revealed the mask should be worn with both straps secured in place because if not worn properly, the mask did not provide protection.</p> <p>Interview with the Administrator and the DON, on 01/06/2021 at 9:00 AM, revealed staff were to wear fit tested N95 or KN95 masks and eye protection when entering resident care units.</p> <p>Further interview with the DON, on 01/06/2021 at 6:22 PM, revealed all staff and visitors were required to wear their masks appropriately, and</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>the expectation for the fit tested N95 masks was that both straps were to be worn over the head according to the guidelines.</p> <p>Observation, on 01/06/2021, during the facility tour, revealed multiple staff members touching their masks and eye protection without performing hand hygiene. Further observations revealed SRNA #1 at 1:39 PM, SRNA #3 at 2:16 PM, and HA #1 at 2:40 PM, touched their masks and eye protection without performing hand hygiene afterwards.</p> <p>Interview with the Dietary Director, on 01/06/2021 at 3:07 PM, revealed he observed dietary staff when auditing them for compliance with infection control practices. In addition, he stated he would provide on-the-spot, or immediate, education if improper PPE use or hand hygiene practices were observed during these audits.</p> <p>Interview with LPN #1, on 01/06/2021 at 3:15 PM, revealed N95 or KN95 masks/respirators and eye protection were required to be worn before entering the units. Further interview revealed hands were to be sanitized after touching the face mask and eye protection.</p> <p>Interview with LPN #2, on 01/06/2021 at 3:41 PM, revealed hand hygiene was to be performed after touching your face.</p> <p>Interview with LPN #3, on 01/06/2021 at 4:02 PM, revealed hand hygiene was to be performed after touching masks or goggles (eye protection).</p> <p>Interview with the IPRN, on 01/06/2020 at 4:28 PM, revealed staff had received hand hygiene competencies and was expected to perform hand</p>	F 880			

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F 880	Continued From page 11 hygiene after touching their face or adjusting their mask and eye protection. Continued interview with the DON, on 01/06/2021 at 6:22 PM, revealed training on infection control requirements was provided to staff through one-on-one education and competency check offs. Further interview revealed the expectation was for staff to follow infection control practices.	F 880			

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E 000 Initial Comments

E 000

A COVID-19 Focused Emergency Preparedness Survey was initiated on 01/06/2021 and concluded on 01/06/2021. The facility was found to be in compliance with 42 CFR 483.73 related to E-0024 (b)(6).

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

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.

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100492	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2021
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NAME OF PROVIDER OR SUPPLIER BLUEGRASS CARE & REHABILITATION CENTI	STREET ADDRESS, CITY, STATE, ZIP CODE 3576 PIMLICO PARKWAY LEXINGTON, KY 40517
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(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) COMPLETE DATE
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N 000	Initial Comments A COVID-19 Focused Infection Control Survey was initiated on 01/06/2021 and concluded on 01/06/2021. The facility was found to be noncompliant with 42 CFR 483.80 Infection Control regulations and had not implemented the Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Total census was 98.	N 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____