

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

PRINTED: 05/07/2020
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 05/01/2020
NAME OF PROVIDER OR SUPPLIER BLUEGRASS CARE & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3576 PIMLICO PARKWAY LEXINGTON, KY 40517	
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			(X5) COMPLETION DATE

F 000 INITIAL COMMENTS

F 000

A COVID-19 Focused Infection Control Survey was initiated on 04/30/2020 and concluded on 05/01/2020. The facility was found to not be in compliance with 42 CFR 483.80 infection control regulations and the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19 and deficient practice was cited at the highest Scope and Severity of a "D".

F 880 Infection Prevention & Control
SS=D CFR(s): 483.80(a)(1)(2)(4)(e)(f)

F 880

On 5/1/2020, Licensed Practical Nurse Manager assessed resident #2 for any signs and symptoms of infection by obtaining his vital signs and completing a respiratory assessment. No adverse findings were identified.

Will continue to monitor every shift ongoing by monitoring for change in condition; new / worsening cough, fever (100 degrees or greater), shortness of breath, sore throat, or O2 saturation.

§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

On 5/2/2020 all rooms designated for isolation rooms were audited by the Director of Nursing to ensure all appropriate/required isolation equipment was available in the rooms for use to include but not limited to isolation receptacles. No other rooms were found to not have isolation receptacles.

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 Continued From page 1
procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or 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

F 880 On 5/2/2020 the Director of Nursing reviewed the COVID-19, donning and doffing Personal Protective Equipment and Droplet precautions policies to include isolation receptacles with SRNA #2 and SRNA #3

The Director of Nursing, LPN managers and Weekend supervisor will educate all staff on the donning and doffing of PPE and Droplet Precaution Policies by 5/18/20. Validation of understanding of education will be obtained through 100% of staff completing a post test with 100% of questions answered correctly.

An audit checklist was developed and implemented on 5/14/2020 to include the Isolation rooms being checked daily for appropriate Isolation receptacles and the PPE bins being checked for adequate stock of appropriate PPE. The Central Clerk will complete this Monday-Friday and the Weekend Supervisor will complete it on Saturday and Sunday.

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F 880	<p>Continued From page 2</p> <p>IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of the facility's policies, and review of the Center for Disease Control (CDC) guidelines, 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 the development and transmission of communicable disease and infections to properly prevent and/or contain COVID 19 for one (1) of three (3) sampled residents (Resident #2).</p> <p>On 04/29/2020 at 3:00 PM, Resident #2 was admitted to the facility and placed in droplet precautions. However, observations on 04/30/2020 at 3:15 PM, revealed no isolation disposal receptacles in the resident's room for doffed Personal Protective Equipment (PPE). Additionally, observations on 04/30/2020 at 3:30 PM, revealed State Registered Nurses Assistant (SRNA) #2 enter Resident #2's room to lay doffed PPE on the foot of the bed without donning PPE. Further, observations on 04/30/2020 at 3:40 PM revealed SRNA #3 enter Resident #2's room without donning PPE to place isolation receptacles in the resident's room and SRNA #2 enter Resident #2's room without donning PPE to dispose of previously doffed PPE in the isolation receptacles.</p> <p>The findings include:</p> <p>Review of the facility's "Novel Coronavirus (COVID-19)" policy, dated 03/04/2020, revealed Long Term Care facilities should ensure all staff</p>	F 880	<p>The Director of Nursing and Administrator will validate the daily audit form for PPE supplies and Isolation receptacles in the isolation rooms by reviewing the audit form and making observations in the isolation rooms daily for two weeks, then three times weekly for four weeks, then two times weekly for four weeks, then once weekly for two weeks.</p> <p>The Staff Development Coordinator, LPN Managers and Weekend Supervisor will do observation audits to include donning and doffing PPE in the correct order, donning PPE before entering an isolation room and doffing PPE into the appropriate receptacles before exiting the room on five staff members on various shifts weekly for four weeks, then three staff members weekly for four weeks, then one staff member weekly for four weeks. All areas of concern will be addressed immediately with reeducation.</p> <p>The findings of the audits and observations will be reviewed in a weekly ad hoc Quality Assurance meeting for the next 90 days with the Director of Nursing, Administrator, Licensed Nurse Managers, Social Services, Director of Dietary Services, Health Information Manager, Business Office Manager, Nurse Supervisors, Activities Director and Medical Director. Then monthly ongoing.</p> <p>Substantial completion date; 5/20/2020</p>	

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F 880 Continued From page 3

are using appropriate Personal Protective Equipment (PPE) when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE. Additionally, full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19. Further, all new residents admitted to the facility will be placed in droplet precautions for seven (7) to fourteen (14) days.

Review of the facility's "Coronavirus (COVID-19) Pandemic Plan Information", revised 03/06/2020, revealed the purpose of the policy was to provide a safe and healthy workplace for all employees. The pandemic policy for coronavirus outlines our overall response based on CDC guidelines. This will be part of our emergency preparedness plan. This plan will guide you through steps to take to safeguard employees, and residents while ensuring Principle Long Term Care's ability to maintain essential operations. Prevention steps for people confirmed to have, or being evaluated for coronavirus include placing the resident on contact isolation (Droplet Precautions).

Review of the facility's "Isolation-Categories of Transmission-Based Precautions (TBP)" policy, dated October 2018, revealed TBP were initiated when a resident was at risk for transmitting an infection. Additionally, TBP were additional measure to protect staff, visitors and other residents from becoming infected. Further, when entering a Droplet Precautions or TBPs resident room, a mask, gloves, gown and goggles should be worn.

Review of a laminated Center for Disease Control (CDC), "Use PPE When Caring for Patients with

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F 880	<p>Continued From page 4</p> <p>Confirmed or Suspected COVID-19", procedure sheet that was taped to a resident's doorframe revealed the CDC sheet stated PPE must be donned correctly before entering the patient area; must remain in place and be worn correctly for the duration of work in the patient area. Additionally PPE should not be adjusted during patient care; and PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. Further, the CDC sheet listed step by step how to don and doff PPE: including disposal of PPE after doffing in a receptacle.</p> <p>Review of the facility's Education and Training records, dated 04/01/2020, revealed nursing staff received ongoing training and education regarding the "Donning and Doffing PPE", "COVID-19 Infection Control", and "Handwashing" to include when to wear PPE, handwashing and sanitizing, respiratory hygiene and strategies for minimizing the spread of COVID-19.</p> <p>Review of Resident #2's medical record revealed the facility admitted the resident on 04/29/2020 with diagnoses including, but not limited to Acute Bronchitis due to Rhinovirus, Chronic Diastolic Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Non-ST Elevation (NSTEMI) Myocardial Infarction, Asthma, Pleural Effusion, Muscle Weakness, Essential Hypertension, Morbid Obesity, Schizoaffective Disorder/Bipolar Type, Tobacco use, and Pneumonia recurrent.</p> <p>Review of Resident #2's Admission Assessment, dated 04/29/2020, revealed the facility assessed the resident as being oriented to person, place and time. Further review revealed the facility assessed the resident as having no respiratory</p>	F 880		

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F 880	Continued From page 5 abnormalities. Review of Resident #2's Progress Note, dated 04/29/2020 at 3:00 PM, revealed the resident was admitted to facility after an acute hospital stay for Acute Hypoxic Respiratory Failure, Right Sided Pneumonia, Congestive Heart Failure, and Bilateral Pleural Effusions, status post a Thoracentesis on 04/14/2020 and 04/22/2020. Additionally, the resident had received intravenous and oral antibiotics. Continued review revealed the resident stated his/her only problem was weakness. Further, the resident was alert, oriented, and able to elaborate on questions asked. Observations, on 04/30/2020 at 3:15 PM, revealed Resident #2's door was open and the resident was at the foot of the bed sitting in a wheelchair, with his/her feet resting on the floor and his/her head nodded down ward. The call light was within reach and the resident was mumbling incoherent words. Outside of the room, there were two (2) PPE carts; one (1) plastic cart, which contained gloves, hand sanitizer, and shoes coverings and the other, a metal cart that contained designated staff, face shields and cotton gowns. Continued observation revealed a laminated Center for Disease Control (CDC), "Use PPE When Caring for Patients with Confirmed or Suspected COVID-19", procedure sheet taped to the left side of the doorframe. The CDC sheet stated PPE must be donned correctly before entering the patient area; must remain in place and be worn correctly for the duration of work in the patient area. Additionally PPE should not be adjusted during patient care; and PPE must be removed slowly and deliberately in a sequence that prevents self-contamination.	F 880			

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F 880	<p>Continued From page 6</p> <p>Further, the CDC sheet listed step by step how to don and doff PPE: including disposal of PPE after doffing in a receptacle.</p> <p>Observations, on 04/30/2020 at 3:25 PM, revealed Resident #2's call light above the doorway was on. SRNA #2 stood at the resident's doorway and asked how she could assist the resident. The resident stated he/she need the wheelchair food rest. SRNA #2 stated she would be in to assist shortly. Continued observation revealed SRNA #2 donned PPE in the hallway outside of Resident #2's room; sanitized hands, donned a mask, sanitized hands, donned shoe coverings, sanitized hands, donned gloves, sanitized hands, donned gown, and donned face shield. SRNA #2 donned PPE out of sequence; she donned her gloves before gown. Additional observation revealed SRNA #2 enter Resident #2's room and assisted the resident with care. Continued observation revealed after assisting the resident with care, SRNA #2 walked to the resident's doorway and removed her foot coverings and gloves and laid the soiled PPE on the foot of the bed by the doorway. She then sanitized her hands and removed her gown, laid the soiled gown on the bed and sanitized her hands. SRNA #2 then stepped outside of Resident #2's room, into the hallway and removed her face shield, which she laid on top of the plastic PPE cart in the hallway. SRNA #2 then sanitized her hands and removed her facemask, sanitized her hands again and donned another facemask. Further, at 3:30 PM, SRNA #2 stepped back into Resident #2's room to lay the used facemask on the end of the bed.</p> <p>Continued observations on 04/30/2020 at 3:30 PM, revealed SRNA #2 ask SRNA #3, who was</p>	F 880		
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F 880	<p>Continued From page 7</p> <p>also standing in the hallway, to ask the nurse what to do since there was no designated isolation receptacle in Resident #2's room to place the doffed PPE. SRNA #2 sanitized the face-shield she previously laid on the plastic PPE cart and SRNA #3 went to the nurses' station. SRNA #3 returned and stated Licensed Practical Nurse (LPN) #1 directed her to sanitize and move the receptacles in the room across the hallway to Resident #2's room. Additional observations at 3:40 PM revealed SRNA #3 sanitized the receptacles and moved them out of the room across the hallway and into Resident #2's room; however, SRNA #3 did not don PPE when she entered Resident #2's room to place the receptacles. Further, SRNA #2 stepped back into Resident #2's room to place previously doffed PPE, which she had laid on the foot of the bed, into the receptacles without donning PPE.</p> <p>Interview with SRNA #2, on 04/30/202 at 4:11 PM, revealed she had worked at the facility for five (5) years. Additionally, the facility had provided recent and ongoing training and education related to COVID-19, TBP, PPE and Infection Control procedures. Per interview, she was trained by the facility to don and doff PPE correctly by CDC guidelines; to don PPE in a specific sequence including shoe coverings, glove, gown, mask and face shield when providing care to residents in droplet precautions; to doff PPE and dispose of it in designated isolation receptacles in resident rooms. Per interview, she should have referred to the CDC sheet by the resident's door for correct PPE donning sequencing if she had any questions/concerns and there should have been a designated isolation receptacle in Resident #2's room for immediate disposal of doffed PPE. She stated she was nervous and today was her first</p>	F 880		

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day working with the residents in droplet isolation. SRNA #2 stated it was important to maintain CDC Guidelines related to donning and doffing PPE to ensure staff do not bring germs in the hallway and contaminate other residents or staff. Further, it was the Unit Coordinator/LPN#1's responsibility to ensure isolation rooms had designated receptacle for doffed PPE.

Interview with SRNA #3, on 04/30/2020 at 4:21 PM, revealed she had worked at the facility for nine (9) months. Additionally, the facility had provided training related to COVID-19, isolation precautions, PPE and infection control policy and procedures. Per interview, the Unit Coordinator/LPN #1 provided daily discussions about updates with infection control guidelines, policy and procedures. Per interview, she should have donned PPE before entering Resident #2's room to place the isolation receptacles; but working with these guidelines was new to her and she made a mistake and was not thinking when she entered Resident #2's room to place the receptacles. Further, when working in resident care areas for residents in isolation precautions for COVID-19, it was important to ensure we are wearing PPE per CDC Guidelines to decrease the risk of spreading it to other staff and residents.

Interview with LPN #1/ Unit Coordinator for the North hallway, on 04/30/2020 at 4:30 PM revealed he had worked at the facility for seven (7) months. Per interview, he had received training on COVID-19 by the Director of Nursing (DON) including isolation precautions, when to wear PPE, handwashing and sanitizing, respiratory hygiene and strategies for minimizing the spread of COVID-19. Continued interview

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F 880	Continued From page 9 revealed he received daily morning updates from the DON on changes to Guidelines, Policy and Procedure and shared those updates with direct care staff. Per interview, isolation/droplet precaution rooms should have designated receptacles for doffed PPE; however, he was uncertain why Resident #2's room did not have designated isolation receptacles until 04/30/2020 at 3:40 PM, twenty-four (24) hours after admission. Further, anytime a staff member enters an isolation room, PPE should be donned. His expectation of SRNA #2 and SRNA #3 was for PPE to be donned each time before entering a resident's room and to be doffed each time before exiting a resident's room in the designated receptacles; not maintaining guidelines for infection control increased the risk and source of cross contamination to other residents and staff. Interview with the DON, on 04/30/2020 at 4:39 PM, revealed it was her expectation that staff should don and doff PPE per facility policy and CDC Guidelines each time they enter an isolation room. Additional interview revealed isolation rooms should have designated receptacles for disposal of PPE per facility policy and CDC Guidelines. Per interview, the facility changed isolation rooms within the last week and the receptacles must not have made it into the new isolation rooms with the move; however, LPN #1/Unit Coordinator should have noticed the receptacles were not present upon admitting Resident #2 into the room on 04/29/2020. Further, it was important to maintain Infection Control Policy and Procedure to prevent transmission of disease. Continued interview revealed her surveillance and audit process did not identify problems/concern with staff donning and doffing PPE per CDC Guidelines; however,	F 880			

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F 880	Continued From page 10 the audit did not include checking isolation rooms for receptacles. Interview with the Administrator, on 05/01/2020 at 2:00 PM, revealed he had worked at the facility for five (5) weeks. Additionally he expected staff to maintain facility policy and regulation related to infection control practices specific to donning and doffing PPE and the use of designated receptacles in isolation rooms. Further, he stated it was important to maintain infection control practices to reduce chances of spreading contagious diseases.	F 880			

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

PRINTED: 05/07/2020
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 05/01/2020
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NAME OF PROVIDER OR SUPPLIER BLUEGRASS CARE & REHABILITATION CENTER	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) COMPLETION DATE
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E 000 Initial Comments

E 000

A COVID-19 Focused Emergency Preparedness Survey was initiated on 04/30/2020 and concluded on 05/01/2020. It was determined there were no concerns with 42 CFR §483.73 related to E-0024 (b)(6).

RECEIVED
MAY 15 2020
BY: _____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE <i>5/15/20</i>
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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 05/01/2020
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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

N 000

A COVID-19 Focused Infection Control Survey was initiated 04/30/2020 and concluded on 05/01/2020. The facility was found to not be in compliance pursuant to 42 CFR 483.80 and deficient practice was cited.

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MAY 15 2020
BY: _____

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

TITLE

(X6) DATE

STATE FORM

8899

XB3111

If continuation sheet 1 of 1

[Handwritten Signature] Administrator 5/15/20