CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

Andy Beshear
Governor

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Eric C. Friedlander
Acting Secretary

Adam Mather
Inspector General

April 24, 2020

Ms. Julie Dale, Administrator
Bourbon Heights Nursing Home
2000 South Main Street
Paris, KY 40361-1166
jdale@bourbonheights.com

SUBJECT: Survey Results
CMS Certification Number: 185283
Complaint Number: KY00031483

Dear Ms. Dale:

SUSPENSION OF SURVEY AND ENFORCEMENT ACTIVITIES

The Centers for Medicare & Medicaid Services (CMS) is committed to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of disease caused by the 2019 Novel Coronavirus (COVID-19). In accordance with *Memorandum QSO-20-20-All*, CMS is suspending certain Federal and State Survey Agency surveys, and delaying revisit surveys, for all certified provider and supplier types.

During this time, CMS is prioritizing and conducting only the following surveys: focused infection control surveys, investigations of complaints and facility-reported incidents that are triaged at the Immediate Jeopardy (IJ) level, and revisit surveys for unremoved IJ level deficiencies. With the exception of unremoved IJs, CMS will also be exercising enforcement discretion during the suspension period. For additional information on the prioritization of survey activities please visit https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0.

SURVEY RESULTS

On April 7, 2020, the Division of Health Care completed COVID-19 Focused Survey at Bourbon Heights Nursing Home to determine if your facility was in compliance with Federal requirements related to implementing proper infection prevention and control practices to prevent the development and transmission of

COVID-19. An Abbreviated Survey was also conducted. The surveys revealed that no deficiencies were cited. A copy of the CMS Form 2567 is attached.

QUALITY IMPROVEMENT ORGANIZATION (QIO) RESOURCES

The Quality Improvement Organization (QIO) Program is committed to supporting healthcare facilities in the fight to prevent and treat COVID-19 as it spreads throughout the United States. QIO resources regarding COVID-19 and infection control strategies can be found at https://qioprogram.org/covid-19. This page will continue to be updated as more information is made available. QIOs will be reaching out to Nursing Homes to provide virtual technical assistance related to infection control. QIOs per state can be found at https://qioprogram.org/locate-your-qio.

CONTACT INFORMATION

If you have any questions regarding the Focused Infection Control Survey results, please contact Elizabeth Richards, MA, BSN, RN at 859-246-2301 or Elizabeth.Richards@ky.gov.

Sincerely,

Elizabeth Richards, MA, BSN, RN

Elizabeth Richards, MA, BSN, RN
Branch Manager

cc: Jill Lander-Yorns – CMS Atlanta State Team Coordinator
State Medicaid Agency
Stephanie M. Davis, LTC– Enforcement Branch Manager
Jill Jones, LTC- Survey Branch Manager

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100024	A. BUILDING: _____ B. WING _____	C 04/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOURBON HEIGHTS NURSING HOME	**2000 SOUTH MAIN STREET PARIS, KY 40361**

(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
N 000	Initial Comments A Complaint Survey investigating Complaint KY#00031483 and a COVID-19 Focused Infection Control Survey was initiated on 04/06/2020 and concluded on 04/07/2020. Complaint KY#00031483 was unsubstantiated with no deficiencies cited. The facility was found to be in compliance pursuant to 42 CFR 483.80 infection control regulations and has implemented the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Total census 86.	N 000		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185283	A. BUILDING _____ B. WING _____	04/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOURBON HEIGHTS NURSING HOME	**2000 SOUTH MAIN STREET PARIS, KY 40361**

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F 000	INITIAL COMMENTS An Abbreviated Survey investigating KY#00031483 and a COVID-19 Focused Infection Control Survey was initiated on 04/06/2020 and concluded on 04/07/2020. Complaint KY#00031483 was unsubstantiated with no deficiencies cited. The facility was found to be in compliance with 42 CFR 483.80 infection control regulations and has implemented the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Total census 86.	F 000		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185283	A. BUILDING _____ B. WING _____	04/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOURBON HEIGHTS NURSING HOME	**2000 SOUTH MAIN STREET PARIS, KY 40361**

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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was initiated on 04/06/2020 and concluded on 04/07/2020. The facility was found to be in compliance with 42 CFR 483.73 related to E-0024 (b)(6).	E 000		

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