

COVID-19 Focused Survey for Nursing Homes

Leders TB Lebanon 8/17/2020

Infection Control

This survey tool must be used to investigate compliance at F880, F884 (CMS Federal surveyors only), F885, and E0024. Surveyors must determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.

If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: "Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] COVID-19."

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with the existing guidance in Appendix PP of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For the purpose of this survey tool, "staff" includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility. The Infection Prevention and Control Program (IPCP) must be facility-wide and include all departments and contracted services.

Critical Element #8 is only for consideration by CMS Federal Survey staff. Information to determine the facility's compliance at F884 is only reported to each of the 10 CMS locations.

Surveyor(s) reviews for:

- The overall effectiveness of the Infection Prevention and Control Program (IPCP) including IPCP policies and procedures;
- Standard and Transmission-Based Precautions;
- Quality of resident care practices, including those with COVID-19 (laboratory-positive case), if applicable;
- The surveillance plan;

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- Visitor entry and facility screening practices;
- Education, monitoring, and screening practices of staff;
- Facility policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19; and
- How the facility informs residents, their representatives, and families of suspected or confirmed COVID-19 cases in the facility.

1. Standard and Transmission-Based Precautions (TBPs)

CMS is aware that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact their health department or healthcare coalition for assistance (<https://www.phe.gov/Preparedness/planning/lpdp/Pages/Find-the-coalition.aspx>), follow national and/or local guidelines for optimizing their current supply or identify the next best option to care for residents. Among other practices, optimizing their current supply may mean prioritizing use of gowns based on risk of exposure to infectious organisms, blood or body fluids, splashes or sprays, high contact procedures, or aerosol generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines). Current CDC guidance for healthcare professionals is located at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> and healthcare facilities is located at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>. Guidance on strategies for optimizing PPE supply is located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact the CMS Regional Location.

General Standard Precautions:

- Are staff performing the following appropriately:
- Respiratory hygiene/cough etiquette,
 - Environmental cleaning and disinfection, and
 - Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use)?

Hand Hygiene:

- Are staff performing hand hygiene when indicated?
- If alcohol-based hand rub (ABHR) is available, is it readily accessible and preferentially used by staff for hand hygiene?

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- If there are shortages of ABHR, are staff performing hand hygiene using soap and water instead? No shortages in the facility
- Are staff washing hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids)?
- Do staff perform hand hygiene (even if gloves are used) in the following situations:
 - Before and after contact with the resident;
 - After contact with blood, body fluids, or visibly contaminated surfaces;
 - After contact with objects and surfaces in the resident's environment;
 - After removing personal protective equipment (e.g., gloves, gown, facemask); and
 - Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care)?
- When being assisted by staff, is resident hand hygiene performed after toileting and before meals?
- Interview appropriate staff to determine if hand hygiene supplies (e.g., ABHR, soap, paper towels) are readily available and who they contact for replacement supplies.

Personal Protective Equipment (PPE):

- Determine if staff appropriately use PPE including, but not limited to, the following:
 - Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
 - Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin;
 - Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care; and
 - An isolation gown is worn for direct resident contact if the resident has uncontained secretions or excretions.
- Is PPE appropriately removed and discarded after resident care, prior to leaving room (except in the case of extended use of PPE per national/local recommendations), followed by hand hygiene?
- If PPE use is extended/reused, is it done according to national and/or local guidelines? If it is reused, is it cleaned/decontaminated/maintained after and/or between uses? All staff wearing KN95's and face shields at all times in the facility, issued a new one daily
- Interview appropriate staff to determine if PPE is available, accessible and used by staff.
 - Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?
 - Do staff know how to obtain PPE supplies before providing care?
 - Do they know who to contact for replacement supplies?

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Transmission-Based Precautions (Note: PPE use is based on availability and latest CDC guidance. See note on Pages 1-2):

Determine if appropriate Transmission-Based Precautions are implemented:

- For a resident on Contact Precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment;
- For a resident on Droplet Precautions: staff don a facemask within six feet of a resident;
- For a resident on Airborne Precautions: staff don an N95 or higher level respirator prior to room entry of a resident;
- For a resident with an undiagnosed respiratory infection: staff follow Standard, Contact, and Droplet Precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis);
- For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. Additionally, if there are COVID-19 cases in the facility or sustained community transmission, staff implement universal use of facemasks while in the facility (based on availability). When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).
 - Some procedures performed on residents with known or suspected COVID-19 could generate infectious aerosols (i.e., aerosol-generating procedures (AGPs)). In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur:
 - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and an isolation gown.
 - The number of staff present during the procedure should be limited to only those essential for resident care and procedure support.
 - AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.
 - Clean and disinfect the room surfaces promptly and with appropriate disinfectant. Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;
 - Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant for healthcare setting prior to use on another resident;
 - Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare setting (effective against the organism identified if known) at least daily and when visibly soiled; and
 - Is signage on the use of specific PPE (for staff) posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide)?

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- Interview appropriate staff to determine if they are aware of processes/protocols for Transmission-Based Precautions and how staff is monitored for compliance.
- If concerns are identified, expand the sample to include more residents on Transmission-Based Precautions.
- 1. Did staff implement appropriate Standard (e.g., hand hygiene, appropriate use of PPE, environmental cleaning and disinfection, and reprocessing of reusable resident medical equipment) and Transmission-Based Precautions (if applicable)?** Yes No F880
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- 2. Resident Care**
- If there is sustained community transmission or case(s) of COVID-19 in the facility, is the facility restricting residents (to the extent possible) to their rooms except for medically necessary purposes? If there is a case in the facility, and residents have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (efforts are made to keep them at least 6 feet away from others). If PPE shortage is an issue, facemasks should be limited to residents diagnosed with or having signs/symptoms of respiratory illness or COVID-19. 6 + cases in the facility on Covid unit no concerns with observations conducted
- Has the facility cancelled group outings, group activities, and communal dining? yes
- Has the facility isolated residents with known or suspected COVID-19 in a private room (if available), or taken other actions based on national (e.g., CDC), state, or local public health authority recommendations? Yes on covid specified unit in the facility.
- For the resident who develops severe symptoms of illness and requires transfer to a hospital for a higher level of care, did the facility alert emergency medical services and the receiving facility of the resident's diagnosis (suspected or confirmed COVID-19) and precautions to be taken by transferring and receiving staff as well as place a facemask on the resident during transfer (as supply allows)? Yes, 2 currently in hospital
- For residents who need to leave the facility for care (e.g. dialysis, etc.), did the facility notify the transportation and receiving health care team of the resident's suspected or confirmed COVID-19 status? 2 residents currently go out for dialysis no s/s however monitored daily
- Does the facility have residents who must leave the facility regularly for medically necessary purposes (e.g., residents receiving hemodialysis and chemotherapy) wear a facemask (if available) whenever they leave their room, including for procedures outside of the facility? Yes
- 2. Did staff provide appropriate resident care?** Yes No F880
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- 3. IPCP Standards, Policies and Procedures**
- Did the facility establish a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?

COVID-19 Focused Survey for Nursing Homes

- Does the facility's policies or procedures include when to notify local/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?
- Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.
- 3. Does the facility have a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?** Yes No F880

4. Infection Surveillance

- How many residents and staff in the facility have fever, respiratory signs/symptoms, or other signs/symptoms related to COVID-19? 6 residents
- How many residents and staff have been diagnosed with COVID-19 and when was the first case confirmed? 8 residents and 5 total staff since
- How many residents and staff have been tested for COVID-19? What is the protocol for determining when residents and staff should be tested? 100%
- Has the facility established/implemented a surveillance plan, based on a facility assessment, for identifying (i.e., screening), tracking, monitoring and/or reporting of fever (at a minimum, temperature is taken per shift), respiratory illness, and/or other signs/symptoms of COVID-19 and immediately isolate anyone who is symptomatic?
- Does the plan include early detection, management of a potentially infectious, symptomatic resident that may require laboratory testing and/or Transmission-Based Precautions/PPE (the plan may include tracking this information in an infectious disease log)?
- Does the facility have a process for communicating the diagnosis, treatment, and laboratory test results when transferring a resident to an acute care hospital or other healthcare provider; and obtaining pertinent notes such as discharge summary, lab results, current diagnoses, and infection or multidrug-resistant organism colonization status when residents are transferred back from acute care hospitals?
- Can appropriate staff (e.g., nursing and unit managers) identify/describe the communication protocol with local/state public health officials?
- Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

4. Did the facility provide appropriate infection surveillance? Yes No F880

5. Visitor Entry

- Review for compliance of:
- Screening processes and criteria (i.e., screening questions and assessment of illness);
 - Restriction criteria; and

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- Signage posted at facility entrances for screening and restrictions as well as a communication plan to alert visitors of new procedures/restrictions.
- For those permitted entry, are they instructed to frequently perform hand hygiene; limit their interactions with others in the facility and surfaces touched; restrict their visit to the resident's room or other location designated by the facility; and offered PPE (e.g., facemask) as supply allows? What is the facility's process for communicating this information?
- For those permitted entry, are they advised to monitor for signs and symptoms of COVID-19 and appropriate actions to take if signs and/or symptoms occur?

5. Did the facility perform appropriate screening, restriction, and education of visitors? Yes No F880

6. Education, Monitoring, and Screening of Staff

- Is there evidence the facility has provided education to staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)? yes no
- How does the facility convey updates on COVID-19 to all staff? Verbally Written
- Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?
- If staff develop symptoms at work (as stated above), does the facility:
- Place them in a facemask and have them return home;
 - Inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and
 - Follow current guidance about returning to work (e.g., local health department, CDC: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>).

6. Did the facility provide appropriate education, monitoring, and screening of staff? Yes No F880

7. Reporting to Residents, Representatives, and Families

- Identify the mechanism(s) the facility is using to inform residents, their representatives, and families (e.g., newsletter, email, website, recorded voice message)
- Did the facility inform all residents, their representatives, and families by 5 PM the next calendar day following the occurrence of a single confirmed COVID-19 infection or of three or more residents or staff with new onset of respiratory symptoms that occurred within 72 hours of each other? No Yes
- Social Services Director has and continues to notify families/residents of cases as they arise**

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- Did the information include mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (e.g., restrictions to visitation or group activities)?
- Did the information include personally identifiable information? **no**
- Is the facility providing cumulative updates to residents, their representatives, and families at least weekly or by 5 PM the next calendar day following the subsequent occurrence of either: each time a confirmed COVID-19 infection is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other? **yes**
- Interview a resident and a resident representative or family member to determine whether they are receiving timely notifications.
7. Did the facility inform residents, their representatives, and families of suspected or confirmed COVID-19 cases in the facility along with mitigating actions in a timely manner? Yes No F885
8. Reporting to the Centers for Disease Control and Prevention (CDC) – Performed Offsite by CMS. For consideration by CMS Federal Surveyors only. **NA for SA**
- Review CDC data files provided to CMS to determine if the facility is reporting at least once a week.
- Review data files to determine if all data elements required in the National Healthcare Safety Network (NHSN) COVID-19 Module are completed.
8. Did the facility report at least once a week to CDC on all of the data elements required in the NHSN COVID-19 Module?
 Yes No F884
9. **Emergency Preparedness – Staffing in Emergencies**
- Policy development:** Does the facility have a policy and procedure for ensuring staffing to meet the needs of the residents when needed during an emergency, such as COVID-19 outbreak?
- Policy implementation:** In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the residents? (N/A if an emergency staff was not needed).
9. Did the facility develop and implement policies and procedures for staffing strategies during an emergency?
 Yes No E0024 N/A

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Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.

The information collection requirements contained in this information collection request have been submitted and approved under a PRA Waiver granted by the Secretary of Health and Human Services. The waiver can be viewed at <https://aspe.hhs.gov/public-health-emergency-declaration-pra-waivers>.

First resident tested positive for Covid 19 on 08/08/2020 after facility wide testing which began on 08/03/2020. The facility had a total of 8 residents tests positive and 6 remain in house, with 2 that has been transferred to a local hospital where they continue to be. One Male resident is on a ventilator.

Since the Pandemic began the facility has had a total of 5 staff members tests positive. The most recent staff member tested positive on 08/03/2020 and three others also tested positive to follow. the previous staff *number tested* \oplus *first part of July*

2020 (7/4/2020)

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

PRINTED: 08/28/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/17/2020
NAME OF PROVIDER OR SUPPLIER CEDARS OF LEBANON NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 337 SOUTH HARRISON STREET LEBANON, KY 40033		
(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 08/17/2020. The facility was found to be in compliance with 42 CFR 483.80 Infection Control 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. No deficient practice was identified. The total census was 43.	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.

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100325	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/17/2020
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NAME OF PROVIDER OR SUPPLIER CEDARS OF LEBANON NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 337 SOUTH HARRISON STREET LEBANON, KY 40033
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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
N 000	<p>Initial Comments</p> <p>A COVID-19 focused infection control survey was conducted on 08/17/2020. The facility was found to be in compliance pursuant to 42 CFR 483.80. No deficient practice was identified.</p>	N 000		

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

TITLE

(X6) DATE

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

PRINTED: 08/28/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2020
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NAME OF PROVIDER OR SUPPLIER CEDARS OF LEBANON NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 337 SOUTH HARRISON STREET LEBANON, KY 40033
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E 000	<p>Initial Comments</p> <p>A COVID-19 focused Emergency Preparedness survey was conducted on 08/17/2020. The facility was found to be in compliance with 42 CFR 483.73 Emergency Preparedness related to E0024. No deficient practice was identified.</p>	E 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.



**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL**

Andy Beshear
Governor

Donetta Ball, Human Services Program Branch Manager
Division of Health Care
116 Commerce Avenue
London, Kentucky 40744
(606) 330-2030
Fax: (606) 330-2054
<http://chfs.ky.gov/agencies/os/oig>

Eric C. Friedlander
Secretary

Adam Mather
Inspector General

August 28, 2020

Ms. Tamara Gribbins
Cedars of Lebanon Nursing Center
337 South Harrison Street
Lebanon, Kentucky 40033
tgribbins@villageoflebanon.com

SUBJECT: Survey Results
CMS Certification Number: 185267

Dear Ms. Gribbins:

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>.

Ms. Tamara Gribbins
August 28, 2020
Page Two

SURVEY RESULTS

On August 17, 2020, the Division of Health Care completed a COVID-19 Focused Survey at Cedars of Lebanon Nursing Center to determine if your facility was implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19. The survey revealed that no deficiencies were cited. A copy of the Form CMS-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 Donetta Ball at 606-330-2030 or donetta.ball@ky.gov.

Sincerely,



Donetta Ball
Branch Manager

DB:pl:lk

Enclosures



**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL**

Andy Beshear
Governor

Donetta Ball, Human Services Program Branch Manager
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Eric C. Friedlander
Secretary

Adam Mather
Inspector General

August 28, 2020

Ms. Tamara Gribbins
Cedars of Lebanon Nursing Center
337 South Harrison Street
Lebanon, Kentucky 40033

Dear Ms. Gribbins:

We would like to take this opportunity to express our appreciation for the courtesy extended to the staff of this office during our visit completed on August 17, 2020. The purpose of the visit was to determine compliance with state licensure regulations for infection control.

Upon reviewing the results of the survey, it was determined that your facility is meeting minimum state licensure requirements with no deficiencies.

If you have questions concerning this information, please contact our office.

Sincerely,

A handwritten signature in cursive script that reads "Donetta Ball".

Donetta Ball
Human Services Program Branch Manager

DB:pl:lk

Enclosure

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

Provider No. 185267	Medicare F75 3	Medicaid F76 34	Other F77 6	Total Residents F78 43
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ADL	Independent	Assist of One or Two Staff	Dependent
Bathing	F79 0	F80 15	F81 28
Dressing	F82 0	F83 26 20	F84 23
Transferring	F85 4	F86 27	F87 12
Toilet Use	F88 0	F89 31	F90 12
Eating	F91 29	F92 6	F93 8

A. Bowel/Bladder Status

- F94 4 With indwelling or external catheter
- F95 Of the total number of residents with catheters, how many were present on admission 4
- F96 40 Occasionally or frequently incontinent of bladder
- F97 28 Occasionally or frequently incontinent of bowel
- F98 0 On urinary toileting program
- F99 0 On bowel toileting program

B. Mobility

- F100 2 Bedfast all or most of time
- F101 34 In a chair all or most of time
- F102 4 Independently ambulatory
- F103 3 Ambulation with assistance or assistive device
- F104 0 Physically restrained
- F105 Of the total number of residents with restraints, how many were admitted or readmitted with orders for restraints 0?
- F106 8 With contractures
- F107 Of the total number of residents with contractures, how many had a contracture(s) on admission 8?

C. Mental Status

F108-114 - indicate the number of residents with:

- F108 6 Intellectual and/or developmental disability
- F109 22 Documented signs and symptoms of depression
- F110 24 Documented psychiatric diagnosis (exclude dementias and depression)
- F111 19 Dementia: (e.g., Lewy-Body, vascular or Multi-infarct, mixed, frontotemporal such as Pick's disease; and dementia related to Parkinson's or Creutzfeldt-Jakob diseases), or Alzheimer's Disease

D. Skin Integrity

F115-118 - indicate the number of residents with:

- F115 0 Pressure ulcers (exclude Stage 1)
- F116 Of the total number of residents with pressure ulcers excluding Stage 1, how many residents had pressure ulcers on admission 0
- F117 43 Receiving preventive skin care
- F118 0 Rashes

F112 15 Behavioral healthcare needs

F113 Of the total number of residents with behavioral healthcare needs, how many have an individualized care plan to support them 15

F114 0 Receiving health rehabilitative services for MI and/or ID/DD

E. Special Care

F119-132 - indicate the number of residents receiving:

F119 2 Hospice care

F120 0 Radiation therapy

F121 0 Chemotherapy

F122 0 Dialysis

F123 0 Intravenous therapy, IV nutrition, and/or blood transfusion

F124 5 Respiratory treatment

F125 0 Tracheostomy care

F126 0 Ostomy care

F127 0 Suctioning

F128 4 Injections (exclude vitamin B12 injections)

F129 3 Tube feedings

F130 11 Mechanically altered diets including pureed and all chopped food (not only meat)

F131 14 Rehabilitative services (Physical therapy, speech-language therapy, occupational therapy, etc.) Exclude health rehabilitation for MI and/or ID/DD

F132 5 Assistive devices while eating

F. Medications

F133-139 - indicate the number of residents receiving:

F133 38 Any psychoactive medication

F134 13 Antipsychotic medications

F135 16 Antianxiety medications

F136 29 Antidepressant medications

F137 0 Hypnotic medications

F138 6 Antibiotics

F139 27 On pain management program

G. Other

F140 1 With unplanned significant weight loss/gain

F141 0 Who do not communicate in the dominant language of the facility (include those who use American sign language)

F142 0 Who use non-oral communication devices

F143 43 With advance directives

F144 24 Received influenza immunization

F145 30 Received pneumococcal vaccine

I certify that this information is accurate to the best of my knowledge.

Signature of Person Completing the Form <i>[Handwritten Signature]</i>	Title <i>[Handwritten: MDS]</i>	Date <i>[Handwritten: 8/17/2020]</i>
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TO BE COMPLETED BY SURVEY TEAM

F146 Was ombudsman notified prior to survey? Yes No

F147 Was ombudsman present during any portion of the survey? Yes No

F148 Medication error rate 0%