

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

PRINTED: 05/26/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2020
NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 920 SOUTH FOURTH STREET LOUISVILLE, KY 40203		
(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=D	<p>A COVID-19 Focused Infection Control Survey was initiated on 04/14/2020 and concluded on 04/16/2020 with a deficiency cited. The facility was found not in compliance with 42 CFR 483.80 infection control regulations and had not 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 105.</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> <p>§483.80(a)(2) Written standards, policies, and</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>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. The facility will conduct an annual review of its</p>	F 880		

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F 880	<p>Continued From page 2 IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and facility policy review it was determined the facility failed to implement proper infection control practice to prevent the potential transmission of Covid-19 for eight (8) of nine (9) sampled residents, Residents #1, #3, #4, #5, #6, #7, #8, and #9. A Certified Nursing Assistant (CNA) failed to perform hand hygiene during resident care and staff failed to implement social distancing during a group activity.</p> <p>The findings include:</p> <p>Review of the policy Facility Guidance during Coronavirus Outbreak revealed it was the guidance of the facility to follow resident current care plans, dining and preferences to the ability possible while following Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) Guidance regarding group activities, communal dining and social distancing.</p> <p>Review of CDC guidance "Preparing for COVID-19: Long-term Care Facilities, Nursing Homes", reviewed 04/15/2020, revealed facilities should encourage residents to remain in their room when there were COVID-19 cases in their facility or sustained transmission in the community. If there were cases in the facility, the facility should restrict residents (to the extent possible) to their rooms except for medically necessary purposes. The guidance further revealed if residents left their room they should wear a cloth face covering or facemask, perform</p>	F 880		
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F 880	<p>Continued From page 3</p> <p>hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).</p> <p>Review of the policy Standard Precautions revealed standard precautions were designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized source of infection in healthcare facilities. The policy revealed standard precautions were used for the care of all residents. Further review of the policy revealed hands should be washed immediately after gloves were removed, between residents, when removing a soiled gown, and when otherwise necessary to avoid transfer of microorganisms to other residents or the environment.</p> <p>Observation, on 04/14/2020 at 1:43 PM, revealed the Activities Director seated at a table playing Bingo with three (3) residents, Resident #7, #8, and #9. Resident #6 was seated next to the table eating a snack. Further observation revealed the Chaplain seated at a table in the living room playing Bingo with two (2) residents, Resident #4 and #5. Neither the staff nor residents practiced social distancing.</p> <p>Interview with the Activities Director, on 04/15/2020 at 10:20 AM, revealed all activities should be 1:1 with residents in their rooms. She stated she tried to play bingo in the common area with only Resident #9; however, other residents came to the table and she could not keep explaining why they could not play. The Director revealed the group activity was an infection control issue because of the potential for exposure to COVID-19.</p>	F 880		

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F 880	<p>Continued From page 4</p> <p>Interview with the Chaplain, on 04/15/2020 at 2:45 PM, revealed residents should should maintain a six (6) foot distance from each other to stop the potential spread of coronavirus. The Chaplain revealed the facility held only 1:1 activities for residents; however, additional residents joined the bingo activity on 04/14/2020. He stated he did not try to redirect the residents or get assistance from other staff because it was easier to continue than to tell the residents they could not play.</p> <p>Interview with CNA #3, on 04/14/2020 at 3:05 PM, revealed residents should be seated six (6) feet apart to prevent potential cross contamination of the COVID-19 virus.</p> <p>Interview with CNA #4, on 04/15/2020 at 11:14 AM, revealed she was trained on COVID-19 and infection control and stated staff tried to maintain social distancing among residents by keeping them 6 feet apart and avoid large gatherings. She stated the facility stopped doing group activities, but every now and then the Activity Director tried to do an activity with a smaller group.</p> <p>Interview with the 1st floor Unit Manager (UM), on 04/15/2020 at 1:53 PM, revealed the majority of residents stayed in their rooms and stated staff tried to ensure residents were six (6) feet apart in common areas to prevent the potential spread of the COVID-19 virus.</p> <p>Further interview with the UM revealed she noticed the group of residents that were not social distancing during bingo. According to the UM, the staff and residents were too close together and she asked the Activities Director to "wrap it</p>	F 880		

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F 880	<p>Continued From page 5 up". She stated the facility normally tried to keep the number of residents in an activity to a minimum.</p> <p>Interview with the Staff Development Coordinator (SDC), on 04/15/2020 at 3:13 PM, revealed the CDC recommended social distancing of six (6) feet as an intervention to prevent the potential spread of COVID-19, and included no communal dining or activities. He stated staff were responsible for ensuring residents were spaced out as best they could.</p> <p>Further interview with the SDC revealed he was aware an issue with infection control during bingo, because residents were seated closer than six feet together. He stated he addressed issues with social distancing and mask adornment with the Activity Director afterwards. According to the SDC, the activity did not coincide with the facility's social distancing practice.</p> <p>Interview with the Director of Nursing (DON), on 04/16/2020 at 7:53 AM, revealed the facility eliminated group activities and communal dining to reduce the potential spread of COVID-19. The DON revealed two (2) residents with dementia diagnoses brought themselves to the table during a planned 1:1 activity; however, no one intervened to redirect the residents. He revealed the facility tried to adhere to CDC guidelines by maintaining a six-foot radius between residents and stated the group activity was an isolated incident. The DON revealed he was not aware of any prior issues related to social distancing during activities.</p> <p>Interview with the Administrator, on 04/16/2020 at 9:48 AM, revealed he noticed the group bingo</p>	F 880		
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F 880	<p>Continued From page 6</p> <p>activity when the surveyor entered the building; however, it was not standard operating procedure. He stated the facility cancelled communal dining and activities, held 1:1 activities in resident rooms, and tried to ensure residents were social distancing six (6) feet apart. The Administrator revealed staff should have redirected the residents who were attending bingo to ensure they were social distancing.</p> <p>2. Observation, on 04/14/2020 at 2:13 PM, revealed CNA #1 made Resident #3's bed with her bare hands, failed to perform hand hygiene, exited the room, and entered Resident #1's room. The CNA moved Resident #1's over bed table with her bare hands and exited the room pushing the resident in his/her wheelchair to the spa room.</p> <p>Further observation, on 04/14/2020 at 2:22 PM, revealed CNA #1 exited the spa room and returned Resident #1 to his/her room. CNA #1 handed the call light to the resident and adjusted the air conditioner with her bare hands. She failed to perform hand hygiene, exited the room, walked to the nurses station, picked up a binder, and documented care.</p> <p>Interview with the CNA #1, on 04/14/2020 at 2:25 PM, revealed hand hygiene should be performed when entering a resident room, before leaving the room, between resident care, when passing meal trays, and before going to and returning from break. She stated it was important to perform hand hygiene to reduce the risk of cross contamination of germs because residents could get sick. CNA #1 stated she did not perform hand hygiene before she exited Resident #3's room because she was going to toilet Resident</p>	F 880		
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F 880	<p>Continued From page 7</p> <p>#1. She further revealed she did not perform hand hygiene when she exited Resident #1's room because she was getting ready to leave for the day.</p> <p>Interview with CNA #3, on 04/14/2020 at 3:05 PM, revealed staff should wash their hands for at least 20 seconds before entering/exiting a resident's room, between glove changes, and after providing care. She revealed hand hygiene was important for infection control to prevent passing germs between residents.</p> <p>Interview with CNA #4, on 04/15/2020 at 11:14 AM, revealed staff should perform hand hygiene every time they entered/exited a room, when passing meal trays, before donning gloves, and after removing gloves. She stated the purpose of hand hygiene was to prevent cross contamination of bacteria or infection to surfaces and residents.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 04/14/2020 at 2:50 PM, revealed hand hygiene should be performed before/after resident contact, before eating, when hands were soiled, and after handling items with bare hands. She stated it was important to perform hand hygiene to prevent residents or yourself from getting sick.</p> <p>Interview with the 1st floor Unit Manager (UM), on 04/15/2020 at 1:53 PM, revealed staff should wash their hands when they entered/exited a room, when providing care, and should utilize hand sanitizer when out and about in the facility. According to the UM, hand hygiene helped prevent the spread of the COVID-19 virus because the virus could live anywhere, including hands, clothing and hair. The UM revealed she</p>	F 880		

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F 880	<p>Continued From page 8</p> <p>rounded on the unit frequently to ensure staff performed hand hygiene and stated she had not identified any issues.</p> <p>Interview with the SDC, on 04/15/2020 at 3:13 PM, revealed staff should perform hand hygiene before and after resident care, after touching anything, before/after changing gloves, after removing personal protective equipment (PPE), after going to the bathroom, and before/after eating. He stated it was important to perform hand hygiene to prevent cross contamination of germs and potential spread of COVID-19. The SDC revealed he audited daily to ensure staff performed hand hygiene and stated he had not identified any concerns related to hand hygiene.</p> <p>Interview with the DON, on 04/16/2020 at 7:53 AM, revealed a huge part of COVID-19 prevention was hand hygiene and cough etiquette. He stated it was very important to ensure adequate hand hygiene and maintain good standard precautions to prevent the potential spread of disease, viruses, or nosocomial infection to immunocompromised residents. The DON revealed the SDC and UM's consistently audited for hand hygiene and PPE, and corrected potential issues as needed.</p> <p>Interview with the Administrator, on 04/16/2020 at 9:48 AM, revealed he had not identified any issues related to infection control and hand hygiene. He stated he performed walking rounds two to three times a day and felt staff were doing a very good job for the most part. The Administrator revealed it would be a concern if staff failed to perform hand hygiene because of the potential for transmission of the COVID-19 virus.</p>	F 880		
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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was initiated on 04/14/2020 and concluded on 04/16/2020. 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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Office of Inspector General

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N 000	<p>Initial Comments</p> <p>A COVID-19 Focused Infection Control Survey was initiated 04/14/2020 and concluded on 04/16/2020 with a deficiency cited. The facility was found not in compliance pursuant to 42 CFR 483.80.</p>	N 000		
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