

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

PRINTED: 01/08/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185341	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/18/2020
NAME OF PROVIDER OR SUPPLIER GREEN ACRES HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 402 W. FARTHING STREET MAYFIELD, KY 42066		
(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 12/16/2020 and concluded on 12/18/2020. The facility was found not to be in compliance with 42 CFR 483.80 infection control regulations and has 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 54.</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 procedures for the program, which must include,</p>	F 880			

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

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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.

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F 880	<p>Continued From page 1</p> <p>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 IPCP and update their program, as necessary.</p>	F 880			

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F 880	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, record review, interview, and facility policy review it was determined the facility failed to implement an effective infection control program for eight (8) of eight (8) sampled residents (Residents #1, #2, #3, #4, #5, #6, #7, and #8). Residents #1 through #7 were on isolation precautions and/or received dialysis offsite; however, there was no personal protective equipment (PPE) available in room/on the door/or outside the door for easy access. In addition, a staff failed to don gown, gloves, and shield per facility policy while providing Occupational Therapy to Resident #3 (dialysis) and care for Resident #8 at the time he/she was readmitted to the facility. Furthermore, staff failed to set up PPE for Resident #8 outside resident room when readmitted from acute care facility. The findings include: Review of facility policy titled, "Guidelines for Care of In-House Residents with Known or Suspected COVID-19", not dated, revealed residents with known or suspected COVID-19 would be placed in droplet isolation and should be housed in the same room for the duration of stay to minimize room transfers and decrease spread of infection. Resident doors should remain closed as safety of the resident allows and the curtain be pulled between those who are sharing a room at all times. The designated unit shall have designated equipment such as blood pressure cuff, thermometer, pulse oximeter, etc.;	F 880			

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F 880	<p>Continued From page 3 and be properly cleaned between use.</p> <p>Review of facility documents titled, "Provider Guidance Memo: Admission, Discharge, and Transfer for Long-Term-Care Facility (LTCF) Residents", dated 08/28/2020 revealed if resident was without a history of COVID-19 and without COVID-19 symptoms, quarantine and monitor the resident for COVID-19 signs and symptoms for fourteen (14) days following admission. Wear facemask, eye protection and perform hand hygiene for all caregiver-resident interactions; and gowns and gloves for any activity involving close contact with the resident or the resident's environment.</p> <p>Review of facility policy titled "Guidelines for All Masks and other PPE", not dated, revealed full PPE should be worn per Center for Disease Control (CDC) guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE.</p> <p>Review of facility documentation of Use of Personal Protective Equipment (PPE) when caring for patients with confirmed or suspected COVID-19 from the CDC dated 03/03/2020, revealed PPE must be donned before entering the patient area, and must remain in place and be worn correctly for the duration of work in potentially contaminated areas.</p> <p>Review of facility documents titled, "Interim Infection Prevention and Control Recommendation for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings from the CDC (Section #5), not dated, revealed health care professionals (HCP) who enter the room of a</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator or facemask, gown, gloves, and eye protection. When available respirators instead of face masks were preferred. Dedicated medical equipment should be used when caring for patients with known or suspected COVID-19.</p> <p>1. Review of the facility Center for Medicaid Services (CMS) 802 revealed Residents #1, #2, #3, #4, #5, and #6 were on transmission based precautions. In addition, the CMS 802 revealed Resident #1, #2, and #7 received Hemodialysis offsite. However, observation on initial tour on 12/16/2020, beginning at 11:25 AM, revealed there was no PPE at entrances to Residents #1, #2, #3, #4, #5, #6, and #7's rooms to provide easy access to the supplies needed. Further observation revealed there were trash bins in the rooms with red trash bags in them.</p> <p>Further observation on 12/16/2020 at approximately 12:32 PM, while at Resident #2 (dialysis patient) and Resident #3's room with Certified Nurse Aide (CNA) #1, revealed an Occupational Therapist was providing hands on therapy with Resident #3 while wearing only a mask. She had no gown and/or gloves on. There was no PPE outside or inside room and interview with CNA #1 at that time, revealed when there was no PPE at door of rooms, staff had to go to Central Supply to get PPE, and had to sign it out.</p> <p>Interview and observation, on 12/16/2020 at 12:40 PM, with Central Supply (CS) personnel, revealed she unlocked the supply room door with her keys. Review of the sign-out clipboard in the room revealed there had been no PPE (gowns, gloves, shoes, disinfectant wipes, or shoe covers)</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>signed out for use that day. She stated if there were residents on isolation she would have expected there to be some PPE signed out for use, but there was not. In addition, the CS personnel and State Surveyor observed an empty PPE storage bin on Resident #7's door (a dialysis patient). The CS personnel stated the storage bin needed restocking of gowns and gloves.</p> <p>Interview with the Occupational Therapist (OT), on 12/16/2020 at 2:25 PM, revealed she thought since Resident #3 had been at the facility for a long time it was not necessary to wear the PPE (gown, gloves, shield).</p> <p>Interview with Rehab Director on 12/16/2020 at approximately 3:26 PM revealed she expected her staff to wear proper PPE (gown , gloves, face-shield, and mask). She stated she expected the PPE to be readily available for usage at the room.</p> <p>Interview on 12/16/2020 at approximately 12:20 PM with CNA #1 revealed Resident #1 was a new admit and on isolation precautions for fourteen (14) days in case he/she has COVID-19. She stated staff have to gown up (wear PPE such as gown, gloves, and mask) prior to entering room and the PPE was supposed to be on door or staff should obtain from hallway closet. Observation of closet on hallway revealed storage bins tossed behind a linen cart and some storage bins tossed against a back wall with no PPE available within them.</p> <p>Interview on 12/16/2020 at 2:15 PM, with Certified Medication Technician (CMT) #1, revealed PPE was the responsibility of the charge nurse and if there was none in the linen closet they would</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>have to go with the charge nurse to central supply for PPE.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 12/16/2020 at 12:55 PM, revealed Resident #1, #2, #6, and #7 were on isolation precautions due to dialysis. LPN #1 stated it was the nurses/or the admitting nurses responsibility to fill the PPE storage bins with the needed PPE and it had not been done that day. She revealed the PPE should be used upon entrance into the dialysis/or new admits room. Additionally, LPN #1 stated the equipment used for vital signs (stethoscope, blood pressure cuff, pulse oximeter, thermometer) should be in the room and/or outside the door to check vital signs (VS), because of precautions for infection control.</p> <p>2. Observation on 12/16/2020 at 2:05 PM, revealed Resident #8 being brought into his/her room by Emergency Medical Technicians (EMT) via a stretcher. LPN #4 and CNA #2 were going in and out of the room only wearing masks. At approximately 2:15 PM, LPN #4 and CNA #2 were observed straightening bed linens for Resident #8 to get into bed with just masks being worn. The LPN and CNA were not wearing gowns and there was no PPE on or outside the resident's room.</p> <p>Further observation on 12/16/2020 at 4:30 PM, revealed Resident #8's room still had no PPE on door, in the storage bin, or within the perimeter of Resident #8's room.</p> <p>Interview with CNA #2, on 12/16/2020 at 2:50 PM, revealed the nurses had to unlock the Central Supply door to get PPE for staff. CNA #2 stated if resident had signs or symptoms of COVID 19,</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>then the resident needed to be on isolation. She revealed Resident #8 had been to the hospital and was just coming back to the facility.</p> <p>Interview with LPN #4, on 12/16/2020 2:00 PM, revealed Resident #8 was a readmit. He stated a new admit was supposed to quarantine for fourteen (14) days and he was supposed to put gowns, gloves, blood pressure cuffs, and stethoscope on door for readmits related to the possibility of being COVID positive. He revealed he was not sure about dialysis residents. LPN #4 stated he had not been told what kind of precautions residents were on so he assumed droplet and that was about all he knew.</p> <p>Interview with LPN #2/Charge Nurse, on 12/18/2020 at 2:29 PM, revealed residents that came to the facility as new admits, or go out to the emergency room and return were placed on isolation for fourteen (14) days. LPN #2 stated if residents go out of facility for dialysis they stayed in isolation. She revealed Resident #8 should have been on isolation when he/she arrived. LPN #2 revealed there was an inservice for this the night of the initial FICS (Focused Infection Control Survey). She revealed she did not know why the PPE was not available on the doors for the staff to provide care to the residents; and this could result in possible transmission of infections. LPN #2 stated the charge nurse was responsible for hanging PPE on the door, if not available, and she had tried to keep up with it, but with no PPE on the doors she stated it looked like a fail to her. LPN #2 stated the ADON, the DON, and the Administrator would be who monitored to ensure the Charge Nurse was keeping the items restocked.</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>Interview with Assistant Director of Nursing (ADON), on 12/16/2020 at 1:30 PM, and on 12/18/2020 at 3:09 PM, revealed PPE and the equipment should be available to staff to prevent staff from getting an infectious disease from the resident and the resident from getting one from staff. The ADON stated the admitting nurse should have ensured the needed PPE and equipment was available in the room or on the door. She revealed there was no Infection Control Nurse (IFCN) and no one assigned to perform the IFCN's duties. She stated a couple of nurses have tried to work on it, out of the kindness of their hearts, but no one was overseeing infection control, at this point and time. Additionally, the ADON stated when a resident returned to the facility he/she should be placed on isolation precautions and PPE placed on resident's door at that time.</p> <p>Interview and observation tour on 12/16/2020 at 1:02 PM, and at 12/18/2020 at 1:29 PM, with acting Director of Nursing (DON), revealed if a resident was on dialysis or was a new admit, they should have PPE in the storage bin or on the door (gown, gloves, and face-shield). The acting DON stated it was the charge nurse or the admitting nurse's responsibility. She revealed there should be equipment in the rooms to take the residents vital signs for each resident on isolation, and these things should always be there because of the possibility of cross-contamination. The DON stated there was no IFCN and she was not covering those duties. The DON further revealed residents on transmission based isolation precautions required staff to wear PPE anytime they provided care to the resident. She stated the PPE should be on door or just inside the door. The DON stated the IFCN was responsible to</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>ensure PPE hung on doors, but the facility did not have one at this time, so the responsibility fell on herself or the ADON. She revealed this failure could result in something contagious being spread to staff and residents. The DON stated the monitoring should be a group effort with CNA's, therapy, etc. reporting when there was no PPE available at the doors to nurse.</p> <p>Interview upon entrance to the facility on 12/16/2020 at 11:15 AM and on 12/17/2020 at 3:04 with Administrator revealed the facility had no IFCN. The Administrator stated an IFCN and new DON would be starting in two (2) weeks. She revealed the ADON was doing the tracking and trending of infections since IFCN left and LPN #2 was helping with oversight along with the ADON, since the SDC left approximately two months ago.</p>	F 880		

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E 000	<p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness Survey was initiated on 12/16/2020 and concluded on 12/18/2020. There was no deficient practice identified with 42 CFR 483.73 related to E-0024 (b)(6).</p>	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 12/16/2020 and concluded on 12/18/2020. The facility was found not to be in compliance pursuant to 42 CFR 483.80.</p>	N 000		

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