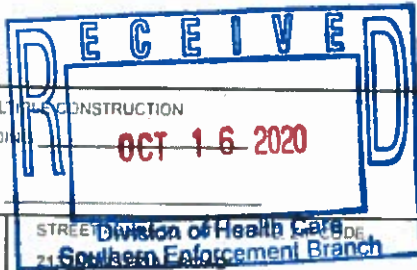


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/25/2020
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OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185257	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/11/2020
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NAME OF PROVIDER OR SUPPLIER
GREEN HILL REHAB AND CARE, LLC

STREET ADDRESS
21 Southern Enforcement Branch
GREENSBURG, KY 42743

(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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F 000	INITIAL COMMENTS A COVID-19 focused infection control survey was initiated on 09/10/2020 and concluded on 09/11/2020. The facility was found to be out of compliance with 42 CFR 483.80 Infection Control. Deficient practice was identified with the highest scope and severity at "E" level. The total census was 82.	F 000	It is the policy of Green Hill Rehab LLC, 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 diseases and infections to properly prevent and/or contain COVID-19.	
F 880 SS=E	Infection Prevention & Control CFR(s) 483.80(a)(1)(2)(4)(e)(f) §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 procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify	F 880	F 880 1. Residents #1 and #2 were assessed by licensed nurse for adverse effects from not wearing facemask by licensed nurse. Residents #3 and #4 were assessed from not wearing a face mask and not social distancing by licensed nurse. No resident experienced adverse effects from not wearing mask in the common area, not socially distancing, or from improper PPE usage by staff. No further residents have tested positive for COVID-19, greater than 14 days after 9/11/2020. 2. Current Residents in the facility were assessed for adverse effects of improper donning, doffing, or cleaning of PPE by observation for s/s of negative impact related to improper infection control procedures by the Director of Nursing, Staff Development Coordinator, and Unit Manager with no issues noted. No further residents have tested positive for	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Executive Director* (X9) DATE: *10-14-20*

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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NAME OF PROVIDER OR SUPPLIER GREEN HILL REHAB AND CARE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 213 INDUSTRIAL ROAD GREENSBURG, KY 42743		
(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 880	Continued From page 1 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 IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:	F 880	COVID-19. This assessment was completed on 9/11/2020. 3. The Director of Clinical Education (DCE) provided education to Nurse Practitioner and the Licensed Practical Nurse regarding donning, doffing, and cleaning of PPE on 9/10/2020. This education also included competency validation with return demonstration including utilizing gloves, gowns and masks properly. Education was provided to current licensed nursing staff, certified medication aides, and certified nursing assistants by the DON, DCE, on donning, doffing, and cleaning of PPE starting on 9/15/2020 and completed by 10/02/2020. This education also included Competency validation with return demonstration including utilizing gloves, gowns and masks properly. Current facility staff watched the following training courses: Keep COVID-19 Out! https://youtu.be/7srwrF9MGdw . They also received copies of Facemask dos and don'ts: https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/fs-facemask-dos-donts.pdf The training was completed on 10/04/2020 and is documented with sign in sheets and a staff roster checklist. An attestation of training from the Director of Nursing is attached hereto. All newly hired staff will be trained in orientation prior to working. Competencies will be completed annually for donning, doffing,		

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NAME OF PROVIDER OR SUPPLIER GREEN HILL REHAB AND CARE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 213 INDUSTRIAL ROAD GREENSBURG, KY 42743		
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F 880	<p>Continued From page 2</p> <p>Based on observation, interview, review of facility policy, and review of the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) guidance, it was determined that the facility failed to prevent the possible spread of COVID-19. On 09/10/2020, four (4) residents were observed in the common area of the facility with no face mask in use and two (2) were observed not socially distanced for approximately forty-five (45) minutes. Further observations on 09/10/2020 conducted in the "Red Zone" of the facility (where COVID-19 positive residents resided) revealed one (1) nurse had her mask positioned below her nose and mouth and another nurse was observed assisting a resident while wearing a mask but was not utilizing a face shield or gown as required. Observations on 09/10/2020 revealed two (2) staff members exited the "Yellow Zone" (an isolation area where residents under investigation for signs/symptoms of COVID-19 resided) and had not doffed Personal Protective Equipment (PPE) appropriately as required. Interviews with one (1) agency nurse revealed no training had been conducted related to the required use of PPE before providing resident care in the facility</p> <p>The findings include</p> <p>A review of COVID-19 Long-Term Care Facility Guidance from CMS dated 04/02/2020 and review of the facility's policy, "Coronavirus Disease (COVID-19) Prevention and Control," dated March 2020, revealed the current Centers for Disease Control and Prevention (CDC) guidelines had been implemented in the facility and had been included in the facility's policy that all staff and residents (when in a common area of</p>	F 880	<p>cleaning of PPE and as needed. The Director of Nursing will ensure this education is ongoing and will be completed by the DON/DCE and/or Unit Manager on new hires and agency prior to working the floor. Random monthly infection surveillance reviews to ensure proper donning, doffing, and cleaning of PPE for transmission based precautions are followed by staff by direct observation of the nurse management team to include the Director of Nursing, Director of Clinical Education, Unit Manager, and MDS Coordinator.</p> <p>The Director of Nursing reviewed https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/Guidance for RCA.pdf -regarding RCA on 09/28/2020.</p> <p>The Executive Director, Director of Nursing and Director of Clinical Education viewed and reviewed the training titled COVID-19 Module Overview for Long-term Care Facilities https://www.youtube.com/watch?v=nR3Cva710cw on 9/29/2020. An attestation of training from the Director of Nursing is attached for your review.</p> <p>The QAPI Committee, which includes the Infection Preventionist, and a member of the Governing Body met on 09/14/2020 and performed a RCA regarding the deficiency. The RCA identified a need for additional training. Additional training was provided as specified in #3 above with an added emphasis on</p>		

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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 09/11/2020
NAME OF PROVIDER OR SUPPLIER GREEN HILL REHAB AND CARE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 213 INDUSTRIAL ROAD GREENSBURG, KY 42743		
(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 880	<p>Continued From page 3</p> <p>the facility) should wear a face mask and maintain social distancing of six (6) feet from others while they are in the facility.</p> <p>According to CDC guidance for "Using PPE," updated on 06/09/2020, when applying a face mask, the nose piece (if the mask has one), "should be fitted to the nose with both hands" and "should be extended under [the] chin." The guidance stated both the "mouth and nose should be protected." The guidance also stated that face masks should not be pulled below the chin.</p> <p>Review of the facility policy titled "Sequence for Personal Protective Equipment," not dated, revealed staff were instructed to remove all personal protective equipment (PPE) before exiting the patient room. The PPE staff guidance also stated staff were to remove the face shields first and indicated the outside of the shields were contaminated. The policy also stated staff should remove their masks ("respirators") after leaving the resident's room and closing the door.</p> <p>Interview with the Director of Nursing (DON) on 09/11/2020 at 1:50 PM revealed the facility had no policy on ensuring that agency staff, utilized for resident care in the facility, was trained on the required use of PPE in the facility. She stated she relied on the person screening staff for that day to train agency staff on the facility requirements, however, she had no follow-up process to ensure that was completed as required. The DON also stated staff that provided care for residents in the "Red Zone" of the facility were required to utilize full PPE at all times, which included a K-N95 face mask, a face shield, and gowns. She also stated gloves should be utilized as appropriate when providing resident</p>	F 880	<p>reporting to the DON if a staff member does not properly clean PPE.</p> <p>4. The Director of Nursing or Director of Clinical Education will perform Quality Assurance reviews via 10 random infection surveillance reviews to include donning, doffing, and cleaning of PPE x 2 weeks. Reviews will then decrease to 5 reviews weekly for 2 weeks and then monthly thereafter. Any issues will be immediately addressed with reeducation provided by DON/DCE/Unit Manager, and results of reviews brought to the Quality Assurance Committee by the DON, for further review and recommendations, to include continuation of reviews until no further issues are present.</p> <p>Completion date:</p>	10/05/2020	

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NAME OF PROVIDER OR SUPPLIER GREEN HILL REHAB AND CARE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 213 INDUSTRIAL ROAD GREENSBURG, KY 42743	
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F 880	<p>Continued From page 4 care.</p> <p>1. Observation on 09/10/2020 at approximately 11:35 AM, revealed Licensed Practical Nurse (LPN) #1 and Advanced Practice Registered Nurse #1 (APRN) #1 exited the "Yellow Zone" and both staff were still in full PPE (face shields, masks, gown, and gloves). LPN #1 was observed to remove her PPE, and place the PPE in a trashcan with no can liner observed. APRN #1 was observed to remove her PPE, and disposed of it in a trashcan with no can liner. APRN #1 was also observed to maintain use of her face shield and mask. The APRN then entered a resident's room, with one (1) resident observed in the room (not in isolation), and wash her hands in the resident's room.</p> <p>Interview with LPN #1 on 09/10/2020 at 11:45 AM, revealed she had been trained on how to properly remove PPE in the facility. She stated she should have removed the PPE outside of the resident's room, inside the isolation area. She also stated she should have removed her shield and sanitized it appropriately outside the resident room as required. The LPN also stated PPE should be disposed of in a red bag, and should not have been placed in a can with no liner outside the isolation area of the facility.</p> <p>An attempt to contact the APRN on 09/11/2020 was unsuccessful.</p> <p>Interview with the DON on 09/10/2020 at 11:40 AM revealed staff should remove PPE upon exit from the resident's room, and PPE should be disposed of properly in a "biohazard" red bag container. She also stated staff should remove their face shields, after exiting a resident's room.</p>	F 880		

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NAME OF PROVIDER OR SUPPLIER GREEN HILL REHAB AND CARE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 213 INDUSTRIAL ROAD GREENSBURG, KY 42743		
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F 880	<p>Continued From page 5</p> <p>and disinfect them because the outside of the face shields were considered contaminated. The DON also stated the APRN should not have entered a resident's room to perform hand hygiene, with a shield on that had not been sanitized properly.</p> <p>2. Observations conducted on 09/10/2020 from approximately 11:45 AM to 12:30 PM, of the common area in the facility revealed Resident #1 and Resident #2 were observed to not have a face covering on. Continued observations revealed Residents #3 and #4 were seated at a table together with neither resident utilizing a face covering and sitting approximately three (3) feet from each other. Continued observations revealed staff were passing by the residents in the common area and nurses were seated at the nurses' station; however, no staff were observed to attempt to ensure residents were utilizing face coverings, or maintaining a safe social distance as required.</p> <p>Interview with LPN #2 on 09/10/2020 at 1:20 PM revealed residents were required to maintain a six (6) foot distance from one another and face coverings should be utilized when residents were in a common area of the facility. However, the LPN stated that even though she had been seated in view of residents not following the guidelines, she had not identified that the guidelines were not being followed.</p> <p>3. Observations conducted on 09/10/2020 at 2:55 PM revealed Registered Nurse (RN) #1 was observed in the Red Zone (where COVID-19 positive residents resided) assisting a resident in a wheelchair while wearing a mask. The RN had not utilized a face shield or gown as required.</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER GREEN HILL REHAB AND CARE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 213 INDUSTRIAL ROAD GREENSBURG, KY 42743		
(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 880	<p>Continued From page 6</p> <p>when resident care was provided. Further observations of the Red Zone revealed LPN #3 was at the nurses' station with her mask pulled below her nose and mouth, and no face shield was in use.</p> <p>Interview with RN #1 on 09/11/2020 at 2:30 PM revealed she had been trained to utilize face masks, a face shield, gown, and gloves when care was provided to residents in the Red Zone. The RN also stated she knew the appropriate measures to take with PPE in the Red Zone and she "just wasn't thinking."</p> <p>Interview with LPN #3 on 09/11/2020 at 12:50 PM revealed she was agency staff and this was her first week providing care at the facility and had not received any training related to the required use of PPE in the Red Zone of the facility. She acknowledged she had placed her mask below her nose and mouth and was not utilizing a face shield because she was getting ready to leave for the day. LPN #3 stated she had not been informed that she was required to wear a K-N95 mask and a face shield when she was in the Red Zone of the facility.</p> <p>An interview with the Director of Nursing (DON) on 09/11/2020 at 1:50 PM, revealed all staff were required to wear a K-N95 face mask, face shields, and gowns to cover their clothing when in the Red Zone of the facility. She also stated residents were required to wear a face covering and maintain a six (6) foot social distance from each other when out of their rooms, to help prevent the spread of the Coronavirus. She stated some residents were reluctant at times to follow the guidelines; however, staff should have encouraged their compliance with the required</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER GREEN HILL REHAB AND CARE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 213 INDUSTRIAL ROAD GREENSBURG, KY 42743		
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F 880	Continued From page 7 measures that had been implemented in the facility. The DON also stated all staff had been trained on the required CDC guidelines in the facility. According to the DON, she made rounds to monitor to ensure staff were following the policy and she was providing on-the-spot education if needed. The DON stated she had not identified any concerns with the facility's implementation of the required guidelines to help prevent the spread of the Coronavirus in the facility. She also stated she was not aware that agency staff had not been trained on the PPE requirements in the facility; however, she stated she would implement a better process to ensure all staff that provided care in the facility was aware of the PPE requirements before providing care to facility residents.	F 880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NAME OF PROVIDER OR SUPPLIER GREEN HILL REHAB AND CARE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 213 INDUSTRIAL ROAD GREENSBURG, KY 42743
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E 000	<p>Initial Comments</p> <p>A COVID-19 focused Emergency Preparedness survey was initiated on 09/10/2020 and concluded on 09/11/2020. 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		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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: 100152	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2020
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NAME OF PROVIDER OR SUPPLIER GREEN HILL REHAB AND CARE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 213 INDUSTRIAL ROAD GREENSBURG, KY 42743
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N 000	<p>Initial Comments</p> <p>A COVID-19 focused infection control survey was initiated on 09/10/2020 and concluded on 09/11/2020. Deficient practice was identified pursuant to 42 CFR 483.80.</p>	N 000		

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

TITLE

(X6) DATE