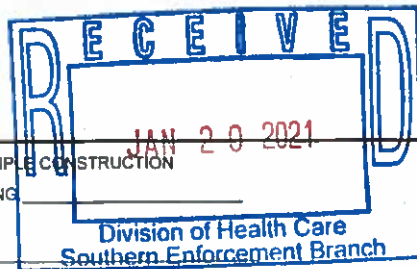


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 01/20/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185134	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  12/21/2020
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NAME OF PROVIDER OR SUPPLIER  HAZARD HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 390 PARK AVENUE HAZARD, KY 41702
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F 000	INITIAL COMMENTS	F 000		
F 880 SS=E	<p>Infection Prevention &amp; 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, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or</p>	F 880		1/25/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE 01/18/2021
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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>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> <p>This REQUIREMENT is not met as evidenced by:</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>Based on interview, record review, and review of the facility's protocol for COVID-19, it was determined the facility failed to prevent the possible spread of COVID-19 for six (6) of six (6) sampled residents (Residents #1, #2, #3, #4, #5 and #6). Review of Residents #1, #2, #3, #4, #5 and #6's Respiratory Monitoring forms revealed facility staff failed to complete COVID-19 assessments as required by the facility's protocol.</p> <p>The findings include:</p> <p>Review of the facility's protocol "COVID-19," with a revision date of 03/30/2020, revealed all residents would be monitored daily for symptoms of COVID-19, to include: oxygen saturation, lung sounds, and temperature. The protocol stated, if symptoms developed and/or persist, the resident's physician would be notified. Continued review revealed Centers for Disease Control and Prevention (CDC) guidelines for identification, monitoring, and treating residents with COVID-19 would be followed.</p> <p>Review of the Respiratory Monitoring form revealed staff were required to assess the resident at least every twelve (12) hours and document the resident's temperature and oxygen saturation, assess respirations and lungs sounds, and if normal, place their initials in the appropriate box to indicate the assessment was completed.</p> <p>Review of the Mandatory Meeting/In-service Roster dated 04/24/2020, revealed Licensed Practical Nurse (LPN) #2, #3, and #5 had been provided education regarding the Respiratory Monitoring Form and completing the assessment every twelve (12) hours.</p>	F 880	<ol style="list-style-type: none"> <li>1. Respiratory monitoring which includes: temperature, oxygen saturation, lung sounds and respirations is being done and documented for residents #1, #2, #3, #4 and # 5 at least every 12 hours. #6 is no longer a resident at the facility.</li> <li>2. The residents' Respiratory Monitoring Sheets were reviewed by the Clinical Coordinators and Infection Preventionist/Staff Development Coordinator. Respiratory monitoring is being done with all residents and is being documented at least every 12 hours. Any identified exceptions were addressed immediately.</li> <li>3. In-services were conducted on 12/22/2020 by the Director of Nursing with all the nurses, including Care Coordinators and Clinical Coordinators, regarding the importance of conducting and documenting the monitoring of each resident's respiratory status which includes: temperature, oxygen saturation, lung sounds and respirations. Nurses were re-in-serviced to document and initial on the Respiratory Monitoring Form. Nurse aide staff were also in-serviced by the Staff Development Coordinator on 12/22/2021 on signs/symptoms of COVID-19 and instructed to notify the nurse immediately if a resident is noted to demonstrates any of the symptoms or complains during care. All facility staff were required to watch the training video "Closely Monitor Residents for COVID-19" at <a href="https://www.youtube.com/watch?v=1ZbT1">https://www.youtube.com/watch?v=1ZbT1</a></li> </ol>		

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F 880	<p>Continued From page 3</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident on 03/13/2020, with diagnoses, which included Chronic Obstructive Pulmonary and Diabetes Mellitus Type 2.</p> <p>Review of the Respiratory Monitoring form for December 2020 for Resident #1 revealed on 12/01/2020, 12/02/2020, 12/03/2020, 12/04/2020, 12/05/2020, 12/07/2020, 12/08/2020, 12/09/2020 and 12/15/2020, there was no documented evidence that staff checked Resident #1's oxygen saturation, temperature, respirations, and lung sounds on day shift. Continued review revealed staff no documented evidence that Resident #1's oxygen saturation, temperature, respirations, and lung sounds were assessed on 12/01/2020, 12/02/2020, 12/03/2020, 12/04/2020, 12/05/2020, 12/07/2020, 12/09/2020 and 12/16/2020 during night shift.</p> <p>Review of Resident #2's medical record revealed the facility re-admitted the resident on 12/09/2020 with diagnoses of Chronic Kidney Disease, Hypertension and Diabetes Mellitus Type 2.</p> <p>Review of the Respiratory Monitoring form for December 2020 for Resident #2 revealed on 12/07/2020, 12/08/2020, 12/09/2020, 12/11/2020, 12/12/2020, 12/13/2020, 12/16/2020, 12/17/2020, 12/19/2020 and 12/20/2020 staff failed to assess Resident #2's oxygen saturation, temperature, respirations, and lung sounds on day shift. Continued review revealed staff failed to assess Resident #2's oxygen saturation, temperature, respirations, and lung sounds on 12/07/2020, 12/10/2020, 12/17/2020, 12/18/2020 and 12/19/2020 during night shift.</p>	F 880	<p>Njv6xA. The training shall be completed by 1/18/2021 and is documented with sign in sheets and a staff roster checklist. An attestation of the training from the Infection Preventionist is attached. All newly hired staff will be trained in orientation prior to working. Those employees on leave/quarantined will be in-serviced upon returning.</p> <p>4. The Administrator and the Director of Nursing reviewed <a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/Guidance%20for%20RCA.pdf">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/Guidance for RCA.pdf</a> regarding RCA on January 15, 2021. The QAPI Committee, which includes the Administrator, Director of Nursing, Infection Preventionist and a member of the Governing Body met on 1/15/21 and performed a RCA regarding the deficiency. The RCA identified a need for further training stressing the importance of documentation of their respiratory monitoring. The Administrator reported the RCA finding to the Governing Body on 1/15/2021. QA Committee members, Infection Preventionist/Staff Development Coordinator and Clinical Coordinators will review the charts of 3 residents per unit and make observations to ensure that respiratory monitoring is being done and documented by nurses every 12 hours. These audits will be done weekly for one month then monthly for one quarter. Any irregularities will be reported to the DON and the QA Committee for further review. The Administrator updated the Governing Body on 1/18/21 regarding the corrective</p>		

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F 880	<p>Continued From page 4</p> <p>Review of Resident #3's medical record revealed the facility admitted the resident on 04/17/2019 with diagnoses of Dementia, Chronic Obstructive Pulmonary Disorder and Anemia.</p> <p>Review of the Respiratory Monitoring form for December 2020 for Resident #3 revealed on 12/05/2020 there was no documented evidence that staff assessed Resident #3's oxygen saturation, temperature, respirations, and lung sounds on day shift. Continued review revealed no evidence Resident #3's oxygen saturation, temperature, respirations, and lung sounds were assessed on 12/10/2020 during night shift.</p> <p>Review of Resident #4's medical record revealed the facility admitted the resident on 12/19/2020 with diagnoses of Malignant Neoplasm of Rectum, Hypertension and Anemia.</p> <p>Review of the Respiratory Monitoring form for December 2020 for Resident #4, revealed on 12/01/2020 and 12/02/2020, staff failed to assess Resident #1's oxygen saturation, temperature, respirations, and lung sounds on day shift. Continued review revealed staff failed to assess Resident #4's oxygen saturation, temperature, respirations, and lung sounds on 12/01/2020, 12/02/2020, and 12/19/2020 during night shift.</p> <p>Review of Resident #5's medical record revealed the facility admitted the resident on 02/10/2019 with diagnoses of Picks Disease and Alzheimer's.</p> <p>Review of the care plan dated 12/5/2020, revealed Resident #5 was positive for COVID-19.</p> <p>Review of the Respiratory Monitoring form for December 2020 for Resident #5, revealed on</p>	F 880	<p>action and directed plan of correction. Updates regarding audits will be provided by the Administrator to the Governing Body monthly for two month.</p>		

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F 880	<p>Continued From page 5</p> <p>12/03/2020, 12/04/2020, 12/05/2020, 12/06/2020, 12/07/2020, 12/08/2020, 12/09/2020, 12/17/2020, 12/18/2020, 12/19/2020 and 12/20/2020, there was no evidence the staff assessed Resident #5's oxygen saturation, temperature, respirations, and lung sounds on day shift. Continued review revealed staff failed to assess Resident #1's oxygen saturation, temperature, respirations, and lung sounds on 12/03/2020, 12/04/2020, 12/05/2020, 12/06/2020, 12/10/2020, 12/15/2020, 12/17/2020, 12/18/2020, 12/19/2020 and 12/20/2020 during night shift.</p> <p>Review of Resident #6's medical record revealed the facility admitted the resident on 04/07/2020 with diagnoses of Chronic Obstructive Pulmonary Disorder and Hypertensive Heart Disease.</p> <p>Review of the Respiratory Monitoring form for December 2020 for Resident #6 revealed on 12/07/2020, staff failed to assess Resident #6's oxygen saturation, temperature, respirations, and lung sounds on night shift.</p> <p>Interview with LPN #3, on 12/21/2020 at 4:15 PM, revealed all residents were assessed daily for signs and symptoms of COVID-19 including oxygen saturation, temperature, respirations, and lung sounds and the assessment was documented on the Respiratory Monitoring form. LPN #3 stated she routinely provided care for Resident #5, including on 12/17/2020 and should have completed the form for the resident. Per LPN #3, there were always blanks on the form and she might have put her initials in the wrong box for 12/17/2020.</p> <p>Interview with LPN #4, on 12/21/2020 at 4:19 PM, revealed she had been educated on monitoring</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>resident COVID-19 status and completing the Respiratory Monitoring Form. She stated all residents were supposed to be assessed at least once per shift for signs and symptoms of COVID-19 including oxygen saturation, temperature, respirations, and lung sounds and the assessment was documented on the Respiratory Monitoring form. LPN #4 stated she provided care for Resident #2 routinely, including 12/17/2020, and should have monitored the resident. The LPN was unable to explain why the documentation was not completed.</p> <p>Interview with LPN #1, on 12/21/2020 at 2:42 PM, LPN #2, on 12/21/2020 at 2:55 PM, and LPN #5, on 12/21/2020 at 3:22 PM revealed they were aware that they were required to assess residents' temperature, oxygen saturation, respirations, and lung sounds at least once per shift and document the assessment on the Respiratory Monitoring form. The LPNs were unable to explain why assessments had not been completed for Residents #1, #2, #3, #4, #5 and #6</p> <p>Interview with the Director of Nursing (DON), on 12/21/2020 at 3:42 PM, revealed nursing staff had assessed residents for signs and symptoms of COVID-19 every eight hours since approximately October/November and were required to document the assessment on the Respiratory Monitoring form. She stated the Clinical Coordinator was responsible for reviewing the forms every shift to ensure resident assessments were completed. Further interview with the DON revealed she had not been notified of any concerns regarding staff assessing residents or filling out the forms.</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>Interview with Clinical Coordinator #1, on 12/21/2020 at 4:07 PM, revealed staff were required to assess all residents every eight hours and document the assessment findings on the Respiratory Monitoring form. She stated she was aware that she was responsible for reviewing the form to ensure assessments were completed; however, she had been filling in as a floor nurse and had not identified any concerns.</p> <p>Interview with the Administrator, on 12/21/2020 at 4:29 PM, revealed staff were required to conduct assessments and at least daily monitoring of residents for signs and symptoms of COVID-19. She stated she was not aware that staff were not documenting the assessments as required.</p>	F 880			