

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

PRINTED: 08/12/2020  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/21/2020
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NAME OF PROVIDER OR SUPPLIER  HICKS GOLDEN YEARS NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1901 WEST HIGHWAY 900, BARBERS MONTICELLO, KY 42633
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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
E000	Initial Comments	E000		
	A COVID-19 focused Emergency Preparedness survey was initiated on 07/20/2020 and concluded on 07/21/2020. The facility was found to be in compliance with 42 CFR 483.73 Emergency Preparedness related to E0024. No deficient practice was identified.			
F000	INITIAL COMMENTS	F000		
	A COVID-19 focused infection control survey was initiated on 07/20/2020 and concluded on 07/21/2020. 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 "D" level. The total census was 57.			
F880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F880	Please accept our credible allegation of compliance:	8/14/20
	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.		1. Dietary aide were inserviced on 7-21/2020	
	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:		2. All dietary staff will receive additional training on CDC guideline for cafeteria workers. This training will include guideline for social distancing, the proper use and application of PPE; specifically the proper use and position of face mask. Posters reminding staff to properly wear PPE/mask has been posted in the dietary department.	
	483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable		3. The Dietary Manager or assigned cook will complete an audit once a week for four weeks then every two weeks for six months to ensure dietary staff are	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Electronically Signed <i>adm</i>	(X6) DATE 08/12/2020 <i>9/2/2020</i>
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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 the 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.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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NAME OF PROVIDER OR SUPPLIER  HICKS GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1901 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42633	
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F880	<p>Continued From page 1</p> <p>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 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.</p>	F880	<p>practicing social distancing when possible and using appropriate PPE properly. Any staff identified as not wearing appropriate PPE properly will be immediately counseled.</p> <p>4. Audit results will be submitted to the facility QA committee for review.</p> <p><i>See Attached</i></p> <p><i>D. Miller</i> <i>Admin.</i></p>	

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F880	<p>Continued From page 2</p> <p>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> <p>Based on observation, interview, review of facility policy, and review of the Centers for Disease Control and Prevention (CDC) guidance, it was determined that the facility failed to prevent the possible spread of COVID-19. On 07/20/2020, one (1) Dietary Aide was observed wearing a face mask that was not covering her nose and one (1) Dietary Aide was observed not wearing a face mask in accordance with CDC guidance.</p> <p>The findings include:</p> <p>According to CDC guidance for "Cafeteria Workers," updated on 04/30/2020, employees should limit close contact with others and maintain a distance of at least six (6) feet, when possible. The CDC recommends wearing cloth face coverings where other social distancing measures are difficult to maintain. The CDC further recommended to institute measures to physically separate and increase distance between employees while working. The CDC revealed there is no evidence to support transmission of COVID-19 spread through food.</p> <p>According to CDC guidance for "Using PPE," updated on 08/09/2020, when applying a face mask, the nose piece (if the mask has one) "should be fitted to the nose with both hands"</p>	F880		

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F880	<p>Continued From page 3 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>The facility produced an e-mail dated 04/07/2020, received from the Wayne County Health Department, Health Environmentalist, that cafeteria workers must practice social distancing, maintaining at least six (6) feet separation from each other when not wearing a face mask. The e-mail further revealed the CDC guidance referenced above.</p> <p>Observation during the initial tour on 07/20/2020 at 11:03 AM revealed Dietary Aide #1 and Dietary Aide #2 standing side by side at a food preparation table in the kitchen. Dietary Aide #1 was wearing a face mask below her nose. Further observation revealed Dietary Aide #2 was not wearing a face mask or face covering.</p> <p>Interview on 07/20/2020 at 12:35 PM, with Dietary Aides #1 and #2 revealed they were standing together at the food preparation table preparing snacks and desserts for the evening meal. Both Dietary Aides revealed they should have not been standing side by side and should have been standing at least six (6) feet apart. Dietary Aide #1 revealed she was in the process of training Dietary Aide #2 who had just recently started working at the facility. Dietary Aide #1 further revealed she had been taught the correct way to wear a face mask and it should have been up over her nose. Both Dietary Aides revealed that when they exit the kitchen into the facility they are required to always wear a mask.</p> <p>Interview on 07/20/2020 at 12:41 PM with the Director of Nursing (DON) revealed the facility</p>	F880		

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F880	<p>Continued From page 4 had received guidance from the Wayne County Health Department regarding the cafeteria workers in the kitchen. The DON further revealed the guidance indicated the kitchen staff did not have to wear a face mask while in the kitchen working if they could maintain a six (6) foot distance from another employee; however, if the distance could not be maintained then they must wear a face mask. The DON further revealed the kitchen staff had been trained that if they exit the kitchen area and enter the facility they must wear a face mask at all times.</p> <p>interview on 07/21/2020 at 9:12 AM with the Dietary Manager revealed she had requested guidance from the Wayne County Health Department regarding wearing a face mask while in the kitchen. The Dietary Manager revealed she had received an e-mail on 04/07/2020, indicating the kitchen staff did not have to wear a face mask if they could maintain at least a six (6) foot distance from another employee while working in the kitchen; however, if the distance could not be maintained they would be required to wear a face mask. The Dietary Manager further revealed she in-serviced all kitchen staff concerning the six (6) feet of distance that should be maintained and the wearing of a face mask. The Dietary Manager further revealed Dietary Aide #2 recently began employment at the facility and Dietary Aide #1 was in the process of training her and both had forgotten to don a face mask appropriately for working side by side.</p>	F880		

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Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>100485</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/21/2020</b>
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N 000	<p>Initial Comments</p> <p>A COVID-19 focused infection control survey was initiated on 07/20/2020 and concluded on 07/21/2020. Deficient practice was identified pursuant to 42 CFR 483.80.</p>	N 000		

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Electronically Signed

TITLE

(X6) DATE

09/02/20