

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

PRINTED: 10/20/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185142		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 05/08/2020	
NAME OF PROVIDER OR SUPPLIER MAYFIELD HEALTH AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 401 INDIANA AVE 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 Based upon implementation of the acceptable POC and a Comprehensive Desk Review, the facility was deemed to be in compliance on 05/08/2020, as alleged for the focused survey completed on 04/10/2020.			{F 000}			

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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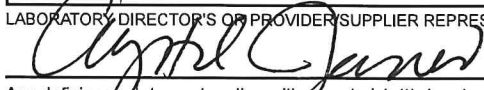
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F 000	INITIAL COMMENTS	F 000	This Plan of Correction is the center's credible allegation of compliance.		
F 880 SS=D	<p>A COVID-19 Focused Infection Control Survey was initiated on 04/09/2020 and concluded on 04/10/2020. The facility was found not 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 53.</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>	F 880	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>Although no residents were cited in this alleged deficit practice, the resident in room #103 was assessed using the infection/Covid assessment with no negative outcomes. Certified Nurse Aide (CNA) #1 continues to be employed by the facility. CNA #1 was immediately re-educated regarding wearing gloves, keeping bags to transport soiled linens with him/her, not starting care without have all supplied at hand, and proper handling of soiled linens.</p>		

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

TITLE

(X6) DATE



Administrator

5/4/2020

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F 880	<p>Continued From page 1</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. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p>	F 880	<p>All residents are at risk of being affected by this alleged deficit practice. An all staff re-education regarding wearing gloves, keeping bags to transport soiled linens, not starting care without having all supplies at hand, and proper handling of soiled linens was completed.</p> <p>Nursing staff will be required to complete Infection Prevention education module in Relias training and to completed required testing to receive an "Infection Specialist" certification. Infection control observations to include the wearing of gloves, bagging of soiled linens and not holding soiled linens close to uniforms have been added to the administrative Angel Rounds audit/observation sheet.</p> <p>Audit will be conducted daily to observe that direct care staff have properly bagged soiled linen in care area and are wearing gloves while handling soiled linens prior to entering hallways. Audit will be completed daily 7 times weekly x 2 weeks and then 3 times weekly x 3</p>		

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F 880	<p>Continued From page 2</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: Based on observation, interview, and facility policy review, it was determined the facility failed 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 during a COVID-19 Focused Survey.</p> <p>Observation revealed Certified Nurse Aide (CNA) #1 failed to bag dirty linen prior to exiting a resident's room and held the dirty linen against her uniform.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Laundry and Bedding, Soiled", last revised 03/20/2020, revealed soiled laundry and bedding (e.g., personal clothing, uniforms, scrub suits, gowns, bedsheets, blankets, towels, etc.) contaminated with blood or other potentially infectious materials must be handled as little as possible and with a minimum of agitation. Place contaminated laundry in a bag or container at the location where it is used and do not sort or rinse at the location of use. Place and transport contaminated laundry in bags or containers in accordance with established policies governing the handling and disposal of contaminated items.</p>	F 880	<p>months. Any identified non-compliance will result in 1:1 re-education with progressive discipline for further identified non-compliance.</p> <p>Results of audits will be forwarded to the Quality Assurance Performance Improvement Committee (QAPI) for further review and recommendations as deemed appropriate.</p>	05/08/20	

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F 880	<p>Continued From page 3</p> <p>Anyone who handles soiled laundry must wear protective gloves and other appropriate protective equipment (e.g., gowns if soiling of clothing is likely).</p> <p>Observation on 04/09/2020 at 1:15 PM revealed CNA #1 came out of a resident's room (Room 103), with dirty linen in her left hand and not bagged. Although she had a glove on her left hand, she was holding the dirty linen against her uniform, and the dirty linen was touching her (left) bare arm.</p> <p>Interview with CNA #1, on 04/09/2020 at 1:15 PM, revealed she went into Room #103 to help another CNA and she noticed the resident's bed was wet, so she changed the bed. She stated she ran out of bags for the dirty linen, and asked the other CNA in the room, who did not have any bags either. She further revealed she took her glove off her right hand, opened the resident's door with her ungloved right hand, and carried the dirty linen in her gloved left hand to put in the linen cart. She stated, "That's when I opened the door and saw you". She stated she should have ensured she or the other CNA had linen bags in the room prior to changing the resident's bed, and should not have held the dirty linen against her uniform. She revealed she had been inserviced on Infection Control.</p> <p>Interview with the Director of Nursing (DON), on 04/09/2020 at 1:25 PM, revealed she expected the staff to use gloves when handling soiled linen, not hold the dirty linen against his or her uniform, and to dispose linen properly. She stated, "She [CNA #1] knows better than that".</p>	F 880			

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F 880	Continued From page 4 Interview with the Administrator, on 04/10/2020 at 3:30 PM, revealed the CNA should have bagged the dirty items in the room, and then brought them out. She stated she [CNA #1] should not have held the dirty linen near her clothing. The Administrator stated, "I assure you that it will not happen again".	F 880			

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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was initiated on 04/09/2020 and concluded on 04/10/2020. 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100481	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2020
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{N 000}	Initial Comments Based upon implementation of the acceptable POC and a Comprehensive Desk Review, the facility was deemed to be in compliance on 05/08/2020, as alleged.	{N 000}		

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Office of Inspector General

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N 000	Initial Comments A COVID-19 Focused Infection Control Survey was initiated 04/09/2020 and concluded on 04/10/2020. The facility was found not to be in compliance pursuant to 42 CFR 483.80.	N 000		

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