

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

PRINTED: 11/12/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/28/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>OWENSBORO HEALTH MUHLENBERG COMMUNITY HOSPITAL LTC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>440 HOPKINSVILLE STREET GREENVILLE, KY 42345</b>		
(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=D	<p>A COVID-19 Focused Infection Control Survey was initiated on 10/26/2020 and concluded on 10/28/2020 with a deficiency cited at a Scope and Severity of a "D". 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 and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Total census 41</p> <p><b>Infection Prevention &amp; Control</b> CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p><b>§483.80 Infection Control</b> 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><b>§483.80(a) Infection prevention and control program.</b> The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p><b>§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;</b></p> <p><b>§483.80(a)(2) Written standards, policies, and</b></p>	F 880			

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

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(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.

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F 880	<p>Continued From page 1</p> <p>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> <p>§483.80(f) Annual review. The facility will conduct an annual review of its</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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.</p> <p>The State Surveyor entered the main entrance of the facility on 10/26/2020, to conduct a Focused Infection Control Survey (FICS). The Staff Member posted at the Main Entrance of the facility took the Surveyor's temperature; however, failed to assess the Surveyor for COVID-19 exposure and/or symptoms as indicated per facility's policy.</p> <p>The findings include:</p> <p>Review of the facility policy titled, "COVID 19 Response: Visitor Policy for OHMCHLTC", dated 04/20/2020, revealed prior to visitation, visitors were screened for signs/symptoms (s/s) of COVID 19 and must have temperature taken, wear face mask, perform hand hygiene, social distance, and all visitation spaces were disinfected and cleaned prior to and after visit session. Questions for all Fever Screening Stations: "Do you have any of these symptoms that are not caused by another condition, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, recent loss or taste or smell, sore throat, congestion, nausea or vomiting, diarrhea</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>within the past fourteen (14) days, and have you had contact with anyone that you know had COVID-19 or COVID like symptoms? Have you had a positive COVID-19 test for active virus in the past ten (10) days? Within the past 14 days, has public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19?"</p> <p>Observation on 10/26/2020 at 12:00 PM, revealed the Surveyor entered the main entrance of the facility to conduct a FICS of the facility's Long Term Care (LTC) Unit. Upon entering the facility, the surveyor's temperature was taken by the Staff Member; however, the staff member failed to ask the surveyor questions related to COVID-19 exposure and/or symptoms per facility policy. In addition, further observations revealed the assigned Staff Member took temperatures' on other persons entering the facility but failed to perform COVID-19 questions as indicated per the facility's policy.</p> <p>Interview with the Staff Member, on 10/26/2020 at 12:35 PM, revealed the facility's policy was for everyone that entered the facility to have their temperature taken and to be asked questions related to COVID-19 signs/symptoms and exposure. The Staff Member stated in addition to taking temperatures of everyone, she should have also asked each person questions related to COVID-19 symptoms and exposure. Interview revealed there was a laminated document at the facility's main entrance screening post of COVID-19 signs/symptoms and criteria used in the screening process. The Staff Member was unable to provide an explanation as to why she failed to ask questions related to COVID-19 screening when the surveyor and others entered</p>	F 880			

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F 880	<p>Continued From page 4 the facility.</p> <p>Interview with the Director of Health Information Management, on 10/28/2020 at 10:00 AM, revealed she was appointed to ensure Screener's were at the facility's main entrance. She stated a document was posted at each screening post to ensure proper screening of all persons entering the facility which included staff. She revealed she expected each screener to utilize the screening tool provided and follow the facility's policy to screen everyone entering the facility related to COVID-19.</p> <p>Interview with the Administrator, on 10/28/2020 at 12:40 PM, revealed she expected each staff member to assess for COVID-19 signs/symptoms and exposure at screening post. The Administrator stated everyone should have temperature taken and asked COVID-19 questions about signs, symptoms and exposure at each entrance into the facility.</p>	F 880			

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E 000	<p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness Survey was initiated on 10/26/2020 and concluded on 10/28/2020. 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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NAME OF PROVIDER OR SUPPLIER  <b>OWENSBORO HEALTH MUHLENBERG COMMUNITY I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>440 HOPKINSVILLE STREET GREENVILLE, KY 42345</b>
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N 000	<p>Initial Comments</p> <p>A COVID-19 Focused Infection Control Survey was initiated on 10/26/2020 and concluded on 10/28/2020. The facility was found to not be in compliance pursuant to 42 CFR 483.80</p>	N 000		

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