

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

PRINTED: 07/24/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/14/2020
NAME OF PROVIDER OR SUPPLIER PARKVIEW HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 200 NURSING HOME LANE PIKEVILLE, KY 41501		
(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 An abbreviated standard survey (KY31938) and a COVID-19 focused infection control survey was initiated on 07/08/2020 and concluded on 07/14/2020. The complaint was unsubstantiated. 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 108.	F 000			
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:	F 880			

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.

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F 880	<p>Continued From page 1</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 IPCP and update their program, as necessary.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, review of the facility's policies/procedures, and review of the Centers for Disease Control and Prevention (CDC) guidelines, it was determined the facility failed to prevent the possible spread of COVID-19. On 07/08/2020, the state surveyor was not screened/questioned by staff prior to entrance to the facility for symptoms/exposure to COVID-19. Furthermore, on 07/08/2020, two State Registered Nurse Aides (SRNAs) and one (1) Licensed Practical Nurse (LPN), staff members on the fourth floor, were observed not wearing face masks to cover both their nose and mouth as required per the facility policy.</p> <p>The findings include:</p> <p>Review of the facility's policy, "COVID-19 Pandemic Plan," with a revision date of 05/14/2020, revealed visitors would be screened and allow entry only if all criteria were met, which included screening for respiratory signs and symptoms, as well as fever. The policy stated that prior to entry visitors would perform hand hygiene and apply Personal Protective Equipment (PPE) to include mask, gown, and gloves. Furthermore, the policy stated visitors would be given information to self-monitor for respiratory symptoms for 14 days after their visit.</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 that both the "mouth and nose should be protected."</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>Review of the CDC recommendations, "COVID-19 Interim Infection Prevention and Control Recommendations with Suspected or Confirmed COVID-19 in Healthcare Settings," dated 04/13/2020, revealed visitors should be screened for fever and symptoms of COVID-19 before entrance to a healthcare facility. The recommendations stated healthcare personnel should wear a face mask at all times while in a healthcare facility as part of source control efforts.</p> <p>1. On 07/08/2020 at 12:35 PM the state surveyor entered the main entrance of the facility on the third floor and was greeted by the Director of Nursing (DON); however, no screening was performed before allowing the state surveyor entrance into the building as required by the facility's policy.</p> <p>Interview with the DON on 07/14/2020 at 9:25 AM revealed she assumed that the state surveyor had already been screened at the first floor screening area. She stated staff utilized one (1) entrance on the first floor and were screened prior to the beginning of their shift.</p> <p>2. Observation on 07/08/2020 at 1:00 PM revealed SRNA #1 walking in the hallway with her face mask below her nose.</p> <p>Interview with SRNA #1 on 07/12/2020 at 3:47 PM revealed she was trained to wear her face mask covering her nose and mouth. She stated she should have had her face mask on correctly; however, sometimes it gets hot and she needed to catch her breath.</p> <p>3. Observation on 07/08/2020 at 1:07 PM</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>revealed LPN #2 wearing a face mask covering her mouth only while at the fourth floor nurses' station. Observation of LPN #2 at 1:48 PM revealed LPN #2 exiting Resident A's room with her face mask only covering her mouth as she continued to the fourth floor nurses' station.</p> <p>Interview with LPN #2 on 07/13/2020 at 3:56 PM revealed she was trained to wear a face mask when inside the facility and that it should be covering her nose and mouth. She stated she did not recall wearing her face mask below her nose when providing resident care; however, she should have had her nose and mouth covered with the face mask.</p> <p>4. Observation on 07/08/2020 at 1:49 PM revealed SRNA #2 with her mask only covering her mouth, in Resident B's room assisting the resident with a drink.</p> <p>Interview with SRNA #2 on 07/13/2020 at 3:35 PM revealed she was trained to wear a face mask when inside the facility and that it should be covering her nose and mouth. She stated she got hot sometimes and would pull it below her nose to get fresh air.</p> <p>Interview with the Assistant Director of Nursing (ADON) on 07/08/2020 at 3:15 PM and 07/14/2020 at 8:43 AM revealed staff utilized the first floor for entrance into the facility. She stated staff were screened at the entrance prior to the beginning of their shift and their temperature is checked again at the end of their shift. The ADON stated the gate leading to the main entrance on the third floor should have been locked which would have prohibited anyone from entering the facility via the main entrance. Per</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>the ADON, the Administrator was late coming into work and used the main entrance to enter the facility; therefore, the gate was not locked as it should have been. Further interview with the ADON revealed the DON should have screened the state surveyor or sent her to the first floor entrance to be screened. Continued interview with the ADON revealed staff were required to wear a face mask at all times while in the facility. She stated staff were trained to wear their face mask covering both their nose and mouth. The ADON stated she performed rounds frequently and had observed staff not wearing their face mask correctly. She stated when that happened she would conduct on-the-spot education.</p> <p>Interview with the Administrator on 07/14/2020 at 9:10 AM revealed staff were expected to wear a face mask covering their nose and mouth at all times while in the facility.</p>	F 880			