

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 11/13/2020
NAME OF PROVIDER OR SUPPLIER PARKVIEW POST-ACUTE AND REHABILITATION CENTER			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	F 000		
F 880 SS=D	<p>A COVID-19 focused infection control survey was initiated on 11/09/2020 and concluded on 11/13/2020. 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 103.</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> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify</p>	F 880		

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

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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>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			

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

PRINTED: 11/30/2020
FORM APPROVED
OMB NO. 0938-0391

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F 880	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, review of the facility policy, review of Centers for Medicare and Medicaid (CMS) guidance and review of Centers for Disease Control (CDC) guidance, it was determined the facility failed to ensure one (1) of three (3) kitchen staff implemented and maintained infection control practices to prevent to the spread of COVID 19 to the residents and staff. Observation in the kitchen, on 11/09/2020, revealed the cook was observed to have on a cotton, non-medical mask, that was hanging below the nose.</p> <p>The findings include:</p> <p>Review of the facility policy, Consulate Healthcare-Emergency Procedure-Pandemic COVID-19, undated, revealed staff were required to use Standard, Contact and Droplet precautions.</p> <p>Review of the Centers for Medicare and Medicaid Services (CMS) information, COVID-19 Long Term Care Facility Guidance, dated 04/02/2020, revealed CMS and the CDC recommended that all long-term care facility staff should wear a face mask while in the facility.</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 both the "mouth and nose should be protected."</p> <p>Observation of the kitchen, on 11/09/2020 at 2:55</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>PM, revealed the cook to be wearing a pink, cotton mask and it was hanging below her nose. Further observation revealed the cook was placing food in small bowls.</p> <p>Interview with the Cook, on 11/09/2020 at 2:55 PM, revealed she was aware the mask should cover the mouth and nose but believed it was okay to wear a cotton mask.</p> <p>Interview with the Dietary Manager, on 11/10/2020 at 8:35 AM, revealed the dietary staff had received education (within the last couple weeks) related to personal protective equipment (PPE) use and how to properly wear PPE. She stated the dietary staff were to wear KN95 masks while in the kitchen. She further stated a cotton masks was not appropriate and that masks should cover both the nose and mouth.</p> <p>Interview with the Administrator, on 11/10/2020 at 8:50 AM, revealed the facility monitored the staff for proper infection control practices, including PPE usage daily. He stated this was done by the interim Director of Nursing, the charge nurse or another assigned staff. He further stated he was not aware of any infection control issues for the last week.</p>	F 880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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PRINTED: 12/01/2020
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E 000	<p>Initial Comments</p> <p>A COVID-19 focused Emergency Preparedness survey was initiated on 11/09/2020 and concluded on 11/13/2020. The facility was found to be in compliance with 42 CFR 483.73 Emergency Preparedness related to E0024. No deficient practice was identified.</p>	E 000		
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Office of Inspector General

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N 000	<p>Initial Comments</p> <p>A COVID-19 focused infection control survey was initiated on 11/09/2020 and concluded on 11/13/2020. Deficient practice was identified pursuant to 42 CFR 483.80.</p>	N 000		

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