STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185246	A. BUILDING ______ B. WING ______	10/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKCASTLE HEALTH AND REHABILITATION CENTER	371 WEST MAIN STREET BRODHEAD, KY 40409

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F 000	INITIAL COMMENTS A COVID-19 focused infection control survey was conducted on 10/27/2020. 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 71.	F 000		
F 880 SS=D	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: (i) A system of surveillance designed to identify possible communicable diseases or	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 880	Continued From page 1 infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:	F 880		

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F 880	Continued From page 2	F 880		

Based on observation, interview, review of the facility policy and Centers for Disease Control (CDC) Guidelines, it was determined the facility failed to ensure an effective infection control program was maintained to prevent the possible spread of COVID-19. Observation, on 10/27/2020, during a tour of the facility, revealed three (3) staff who failed to either put on appropriate personal protective equipment (PPE) or failed to remove PPE before exiting a resident room.

The findings include:

Review of the facility policy, Novel Coronavirus (COVID 19), revised 08/31/2020, revealed the facility should, if possible, place all new admissions and readmissions in droplet precautions for fourteen (14) days.

Review of the facility policy, Categories of Transmission -Based Precautions, revised October 2018, revealed for droplet precautions masks should always be worn and gloves, gown and goggles should be worn if any risk spraying respiratory secretions.

Review of the CDC (Center for Disease Control) guideline, Healthcare Workers "Using Personal Protective Equipment (PPE)", dated 08/19/2020, revealed the healthcare worker was to remove gloves then gown prior to exiting a patient's room.

Observation, on 10/27/2020 while touring the facility's "yellow zone" (defined area for new or readmissions as well as residents returning from the dedicated COVID unit) at 9:00 AM, revealed Housekeeper #1 entered a resident room with signage on door. The signage stated to check

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F 880	Continued From page 3	F 880		

with the nurse's station prior to entering the room. Further observation revealed the housekeeper entered the resident's room while wearing a mask and goggles. Housekeeper #1 was not wearing a gown or gloves. Continued observation, at 9:17 AM, revealed State Registered Nurse Aide (SRNA) #2 exited a resident's room, in droplet precautions, still donned in an isolation gown. The surveyor observed the SRNA remove the gown in the hall and dispose of the gown in a biohazard bag in the hall.

Observation, on 10/27/2020 at 9:41 AM, revealed Housekeeper #2, came out of a resident's room, who was in droplet precautions, with an isolation gown still on and then returned into the room while mopping the floor. Further observation revealed the housekeeper then exited the room, with the isolation gown still on and then removed the gown and disposed of it into the biohazard bag on the housekeeping cart. Housekeeper #2 was observed to be wearing a black mask and goggles.

Interview with Housekeeper #1, on 10/27/2020 at 9:00 AM, revealed staff had to wear goggles and mask to enter any resident's room, even if the room had a sign that noted to report to nurse prior to entering. She further stated the rooms that had a box of personal protective equipment (PPE) outside of them meant the staff had to put on a gown and gloves.

Interview with SRNA #1, on 10/27/2020, at 9:12 AM, revealed all the doors with signs on them meant the residents were in precautions and staff were required to have on goggles, mask, gown and gloves prior to entering. She further stated the area was referred to as the "yellow zone" and

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F 880	Continued From page 4	F 880		

the residents had just returned from the facility's COVID unit and would be in precautions for another ten (10) days. The SRNA then revealed the boxes of PPE in the hall were for all the rooms not just certain rooms.

Interview with Housekeeper #2, on 10/27/2020 at 9:44 AM, revealed the signs on the resident's room doors meant before entering you had to have on mask, goggles, gown and gloves. He stated when staff left the room, they had to take off the gown and place it in a red (biohazard) bag. He stated he had been instructed to exit a room this way.

Interview with Licensed Practical Nurse (LPN) #1, on 10/27/2020 at 10:30 AM, revealed that all residents residing in the "yellow zone" were on droplet precautions. She stated the precautions required putting on a mask, goggles, gown and gloves prior to entering the room. She stated before staff exited the room the gown and gloves were removed and placed in biohazard bag in hall. Per the LPN, the gown and gloves were not to be worn out into the hall. The LPN then revealed there had been a lot of training regarding infection control practices and PPE.

Interview with LPN #2, Unit Manager, on 10/27/2020 at 10:45 AM, revealed the "yellow zone" included residents who had tested positive for COVID and had concluded their fourteen (14) days of isolation and were not symptomatic. She reiterated the PPE requirements of mask, goggles, gown and gloves were required prior to entering the rooms and upon exiting the room the gown and gloves would be removed in the room and placed in biohazard bag in the hall. She then stated she did monitor the staff daily for

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F 880	Continued From page 5 appropriate PPE usage and infection control practices and had not observed any concerns today. Interview with the Infection Preventionist, on 10/27/2020 at 11:00 AM, revealed the "yellow zone" were residents who had been COVID positive and recovered, new admits or readmits and those residents who been out of the facility for other reasons. She stated all these residents were placed into droplet precautions and required PPE of mask, goggles, gown and gloves to enter the rooms and provide care. She further stated upon exiting the room the staff were to remove the gown and gloves and put into a plastic bag and then place the plastic bag into biohazard bag in the hall. Further interview revealed education was an ongoing process and the most recent education on PPE usage was around the middle of October. The Director of Nursing and Administrator were present during this interview, and confirmed the procedure detailed by the Infection Preventionist was the procedure followed at the facility.	F 880		

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E 000	Initial Comments A COVID-19 focused Emergency Preparedness survey was conducted on 10/27/2020. The facility was found to be in compliance with 42 CFR 483.73 Emergency Preparedness related to E0024. No deficient practice was identified.	E 000		

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PRINTED: 11/13/2020
FORM APPROVED

Office of Inspector General

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N 000	Initial Comments A COVID-19 focused infection control survey was conducted on 10/27/2020. Deficient practice was identified pursuant to 42 CFR 483.80.	N 000		

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