

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

PRINTED: 06/03/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185252</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/21/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHADY LAWN NURSING AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2582 CERULEAN ROAD CADIZ, KY 42211</b>
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F 000	INITIAL COMMENTS  A COVID-19 Focused Infection Control Survey was initiated on 05/21/2020 and concluded on 05/21/2020. The facility was found not to be in compliance with 42 CFR 483.80 infection control regulations and implementation of the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Total census 39.	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,	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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>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 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, and facility policy review, was determined the facility failed to ensure infection control practices were implemented.</p> <p>The Advanced Registered Nurse Practitioner (ARNP) failed to remove personal protective equipment (PPE) prior to leaving a resident's room where the resident was on isolation precautions.</p> <p>The findings include:</p> <p>Review of facility policy titled, "Novel Coronavirus" last revised 03/25/2020, revealed isolation gowns should be removed before leaving the patient care area to prevent possible contamination of the environment outside the patient's room. Remove PPE at doorway before leaving patient room or in anteroom, which includes gown, gloves, goggles, and mask.</p> <p>Review of facility policy titled, "Personal Protective Equipment Guidance for COVID 19, revealed to remove all PPE before exiting the room except for respirator.</p> <p>Observation on 05/21/2020 at 10:30 AM revealed the ARNP exited Resident #1's room who was on isolation precautions wearing PPE (gown gloves, and mask), then removed the PPE outside of the room. The ARNP stood outside of Resident #1's room door, looked at surveyor, and stated she did not see the bin to dispose of the PPE in the room,</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>only a red bin that had dirty linen written on it. ARNP was then observed to roll up PPE in her hands and go down hall to the back exit hallway and then go back up the hall past Resident #1's room and ask the Activities Director about disposal of the PPE, The ARNP then walked past the next room (room past Resident #1's room) to ask an aide about disposal of PPE. Certified Nursing Assistant (CNA) #2 informed the ARNP, the PPE disposal bin should be in Resident #1's room. The ARNP then returned to Resident #1's room donning another set of PPE and went in the room to dispose of the PPE she was wearing and the PPE still in her hand.</p> <p>Interview with the ARNP, on 05/21/2020 at 4:08 PM revealed she normally takes off PPE at the door and normally there is a red bag to drop the used PPE in, but she did she did not see one in Resident #1's room. The ARNP stated that she had the PPE in her hand and went to the left where no other patient rooms were located. The ARNP revealed the PPE is usually taken off in resident room and disposed of in resident room.</p> <p>Interview with Registered Nurse (RN) #1 on 05/21/2020 at 3:40 PM revealed, if have PPE on in a room, staff should take the PPE off in the room and put in the red bag before exiting the room.</p> <p>Review of Specific Facts provided to state entity on 05/22/2020 by Administrator revealed: Psychiatric ARNP donned PPE and entered Resident #1's room (located at the very end of the hallway) to visit a resident for an assessment. It</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>should be noted that this resident is a dialysis patient, and is in an observation room as a precautionary measure due to required trips to dialysis; upon exiting the room, the ARNP doffed the PPE and was unable to locate the red trash bin. Unknown to the ARNP, Resident B (roommate/spouse) had moved the red trash bin into the bathroom as the ARNP was preparing to leave the room. ARNP reports stepping out of the room with clean gloves to go dispose of PPE in the Janitor closet next door, which was locked. The ARNP immediately returned to room, donned new PPE and discarded all PPE (prior use PPE and the PPE just donned) properly in the red bin, and exited the room. Again, this room is considered "observation," with isolation PPE in use only as precaution for the dialysis resident.</p> <p>Interview on 05/21/2020 at 3:15 and on 05/21/2020 at 3:17 PM with Administrator and Director of Nursing (DON) revealed Resident #1 was on isolation precautions as she was a dialysis patient and left the facility routinely for dialysis. The Administrator stated all resident that leave the facility on dialysis are placed on isolation precautions. The DON and Administrator further revealed PPE is to be removed at the door and disposed of inside the resident's room, before exiting. The Administrator stated it is not acceptable to be going up/down the hallway carrying PPE.</p>	F 880			