

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

PRINTED: 09/25/2020
FORM APPROVED
OMB NO. 0938-0391

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|---|--|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185141 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 07/02/2020 |
| NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF GEORGETOWN | | | STREET ADDRESS, CITY, STATE, ZIP CODE 102 POCAHONTAS TRAIL GEORGETOWN, KY 40324 | | |
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| F 000 | INITIAL COMMENTS An Abbreviated Survey investigating Complaint KY#00031896 and a COVID-19 Focused Infection Control Survey was initiated on 06/30/2020 and concluded on 07/02/2020. Complaint KY#00031896 was unsubstantiated with an unrelated deficiency cited at the highest Scope and Severity (S/S) of a "D". The facility was found not to be in compliance with 42 CFR §483.80 infection control regulations and had failed to implement 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 57. | F 000 | | | |
| F 609 SS=D | Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. | F 609 | | | |

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 609 | Continued From page 1 §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of Kentucky Revised Statute (KRS) Chapter 209.030, and review of the facility's policy, it was determined the facility failed to ensure all alleged violations involving abuse or neglect were reported immediately to State Agencies, but not later than two (2) hours after the allegation was made, if the events that caused the allegation involved abuse for one (1) of four (4) sampled residents (Resident #1). On 06/24/2020, Resident #1 was transferred to the hospital related to an injury of unknown origin. This incident was reported to the state on 06/24/2020. While at the hospital, the resident verbalized to hospital staff he/she was the victim of abuse. On 06/24/2020, the hospital called the facility and reported suspicion of abuse. An | F 609 | | | |

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| F 609 | <p>Continued From page 2</p> <p>additional call from the hospital to the facility, on 06/25/2020, revealed the hospital would be reporting their suspicion of abuse to the state. Additionally, on 06/25/2020, the Director of Nursing (DON) reviewed Resident #1's hospital records, including the resident's statement of allegation of abuse. The DON reported the resident's allegation of abuse to the Administrator. However, the facility did not report this allegation of abuse to State Agencies as per policy.</p> <p>The findings include:</p> <p>Review of KRS Chapter 209.030, revealed an oral or written report was to be made immediately to State Agencies upon knowledge of suspected abuse, neglect, or exploitation of an adult.</p> <p>Review of the facility's policy, "Abuse, Neglect, and Misappropriation of Property," last reviewed and revised 05/08/19, revealed all alleged violations involving abuse, neglect, exploitation, or mistreatment were reported immediately, but no later than two (2) hours after the allegation was made. If a State reporting requirement established a longer reporting time for certain unusual incidents other than abuse or neglect, that reporting time applied only to such incidents. In other words, all allegations and incidents of abuse or neglect, as defined in this policy, would be reported "immediately." Any abuse allegation must be reported to the State within two (2) hours from the time the allegation was received.</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident on 06/02/2020. Admitting diagnoses included Aftercare Following Joint Replacement Surgery (primary diagnosis);</p> | F 609 | | | |

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| F 609 | <p>Continued From page 3</p> <p>S/P Left Total Hip Replacement (05/09/2020); Type II Diabetes Mellitus with Foot Ulcer, Pain; Dementia Without Behavioral Disturbance; Use of Anticoagulants; Hyperlipidemia; Vitamin B12 Deficiency Anemia; Hypothyroidism; Parkinson's Disease; Insomnia; and Constipation.</p> <p>Review of Resident #1's admission Minimum Data Set (MDS) Assessment, dated 06/09/2020, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) score of two (02) out of fifteen (15), indicating severely impaired cognition. Additional review of the MDS Assessment revealed the resident had fluctuating signs and symptoms of delirium, including inattention and disorganized thinking. Further review of the MDS Assessment revealed the facility assessed Resident #1 as exhibiting other behavioral symptoms, rejection of care four (4) to six (6) days, but less than daily.</p> <p>Review of Resident #1's Progress Note, dated 06/24/2020 at 6:28 PM, revealed it was passed in report from the previous shift that the resident was restless/agitated, grabbing the side rails, and flailing his/her extremities in the bed. Further review revealed, on the current shift, the resident was restless/agitated and was grabbing and shaking the side rails. Per note, the resident's left leg was internally rotated, and the resident was able to state/point pain located in the left hip. Per note, the doctor was immediately contacted, and an order was received to send the resident out to the hospital for evaluation and treatment if indicated. Further review revealed a nurse from the receiving hospital called to notify the facility Resident #1 would be taken to another hospital where his/her previous surgery to the left hip was performed due to a diagnosis of dislocation of the</p> | F 609 | | | |

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| F 609 | <p>Continued From page 4 left hip.</p> <p>Review of Resident #1's Situation Background Assessment Recommendation (SBAR), dated 06/24/2020, revealed the resident had new onset of left hip pain with movement and touch. Per assessment, the resident was unable to move his/her left lower extremity. Additionally, the left hip had a healed incision scar and an abnormal appearance with internal rotation. Further, the nurse notified the doctor, and Resident #1 was sent to the Emergency Room (ER).</p> <p>Review of Resident #1's Event Report, dated 06/24/2020 at 11:10 AM, revealed the resident had a previous left hip fracture of unknown origin; injury with hospitalization. Additionally, the resident's left leg was internally rotated. Further, the MD was contacted and orders were received to send the resident to the hospital for evaluation and treatment if indicated.</p> <p>Review of the Resident #1's medical record from the hospital, dated 06/24/2020, revealed the resident stated he/she was a victim of abuse and neglect which involved two (2) healthcare workers at the Skilled Nursing Facility (SNF). The resident reported the workers had pulled on him/her hard, and he/she was worried these actions might have dislocated the hip prosthesis. Further, the resident informed hospital staff he/she was jerked around like a paper sack in bed at the SNF which hurt his/her hip.</p> <p>Review of the Long Term Care Facility-Self Reported Incident Form-Initial Report, received by the Office of Inspector General (OIG), on 06/24/2020, revealed an injury of unknown source occurred on 06/24/2020 at approximately</p> | F 609 | | | |

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| F 609 | <p>Continued From page 5</p> <p>11:00 AM which involved Resident #1. The resident evaluation revealed new inversion of the foot. Further, the resident was sent to the ER for evaluation. Further review revealed the ER called the facility and reported the resident's left foot was fractured, and he/she would be transferred to an outside hospital.</p> <p>Review of the Long Term Care Facility-Self Reported Incident Form-Five (5) Day Follow up/Final Report, received by the OIG, on 06/30/2020, revealed an injury of unknown source occurred on 06/24/2020 at approximately 11:00 AM which involved Resident #1. Additionally, the ER called the facility and reported there was no fracture, but the left hip was dislocated so the resident was transferred to an outside hospital. Further, after the facility completed their investigation, the resident did not have a fracture of the foot but a dislocation of the left hip. Per Final Report, the facility was unable to substantiate the reason for the injury of unknown origin due to the resident's cognitive status and non-compliance with modalities.</p> <p>Review of the Long Term Care Facility-Self Reported Incident Form-Five (5) Day Follow up/Final Report, received by the OIG, on 07/02/2020, revealed an allegation of physical abuse involving Resident #1. During review of the resident's hospital records, on 06/25/2020, Resident #1 stated two (2) of the nurses at the SNF "jerked him/her around like a paper sack in the bed and hurt his/her hip." Further, Resident #1 had been transferred to the hospital, on 06/24/2020, for treatment of a possible injury of unknown origin which was reported on 06/24/2020. However, this was the first report alleging physical abuse received by the (OIG)</p> | F 609 | | | |

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| F 609 | <p>Continued From page 6</p> <p>which was eight (8) days after the facility was made aware of the allegation made by Resident #1 at the hospital, on 06/24/2020.</p> <p>Observation and interview with Resident #1, on 06/30/2020 at 3:00 PM, revealed the resident was lying in bed, in semi-fowlers position, with a hip abductor pillow between his/her legs. Additionally, the resident was awake, calm, and quiet. The resident stated everyone treated him/her good and his/her pain was tolerable. Further, the resident smiled, laughed, and said several incomprehensible words.</p> <p>Interview with the DON, on 07/01/2020 at 3:15 PM, revealed she received a call, on 06/24/2020, from the Case Manager at the hospital who notified her of the hospital's suspicion of abuse related to the injury and the resident's statement. However, the DON stated the hospital Case Manager did not elaborate on the resident's statement at that time, and she did not inquire further. Additionally, the resident returned to the facility, on 06/24/2020, and the DON reviewed the printed hospital records on 06/25/2020, including the resident's statement of an allegation of abuse. Further, on 06/25/2020, the DON received a call from the hospital's Director of Quality who informed her the hospital would be reporting Resident #1's allegation of abuse to the state. Per interview, the DON reported this to the Administrator. However, she did not identify Resident #1's allegation at the hospital as an additional allegation of abuse and did not report the allegation to State Agencies immediately as per policy. Per interview, the DON stated the facility had already reported an injury of unknown origin for Resident #1, on 06/24/2020, and had begun an investigation. However, per interview, if</p> | F 609 | | | |

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| F 609 | Continued From page 7 there was an allegation of abuse, it was her expectation State Agencies would be notified timely as per facility policy. In addition, the DON stated she was aware of an allegation of abuse made by Resident #1, on 06/24/2020, therefore, the allegation should have been reported at that time. Interview with the Administrator, 07/01/2020 at 3:45 PM, revealed the DON informed him, on 06/25/2020, of Resident #1's allegation of physical abuse while at the hospital on 06/24/2020. However, per interview, the DON did not elaborate on the specifics, and he did not read Resident #1's hospital records, relying on what the DON had told him. Additionally, he did not identify the DON's report, on 06/25/2020, of Resident #1's allegation of physical abuse as an additional allegation of abuse. The Administrator revealed since the facility reported and investigated an injury of unknown origin, on 06/24/2020, for Resident #1, the investigation would cover the allegation made at the hospital. Further, it was his responsibility to ensure all allegations of abuse were reported to State Agencies in a timely manner. He stated, although the facility learned of the allegation of abuse on 06/24/2020, the allegation was not reported to State Agencies. | F 609 | | | |
| 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 | F 880 | | | |

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| F 880 | <p>Continued From page 8 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:</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</p> | F 880 | | | |

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| F 880 | <p>Continued From page 9</p> <p>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> <p>This REQUIREMENT is not met as evidenced by: Based on interview, review of medical records, review of facility documents, review of the Centers for Disease Control and Infection Prevention (CDC) guidelines, and review of the facility's policy, 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 disease and infections to properly prevent and/or contain COVID-19 for two (2) of four (4) sampled residents (Resident #3 and Resident #4).</p> <p>Observation, on 06/30/2020 at 2:30 PM, revealed the Physician and his Licensed Practical Nurse (LPN) #2 entered and exited Resident #3's and</p> | F 880 | | | |

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| F 880 | <p>Continued From page 10</p> <p>Resident #4's rooms in sequence without donning and doffing Personal Protective Equipment (PPE) per facility and CDC guidelines. Additional observations, on 06/30/2020, revealed lack of hand hygiene when exiting and entering resident rooms by the Physician and LPN #2. Continued observations, on 06/30/2020, revealed the computer on wheels (COW) was not disinfected after being brought out of a resident room.</p> <p>Further, interviews and review of the facility's Education and Training records, revealed no documented evidence the Physician and LPN #2 were provided training and education, until 06/30/2020, after the State Inspector identified a concern with the facility's infection control practices. This training was on Donning and Doffing PPE, COVID-19 Infection Control, Handwashing and Sanitizing, and Respiratory Hygiene and Strategies for Minimizing the Spread of COVID-19.</p> <p>The findings include:</p> <p>Review of the facility's policy, "Isolation-Categories of Transmission-Based Precautions," dated October 2018, revealed Transmission-Based Precautions (TBP) were initiated when a resident developed signs and symptoms of a transmissible infection, arrived for admission with symptoms of an infection; or had laboratory confirmed infection and was at risk for transmitting the infection to other residents. Additionally, standard precautions were used when caring for residents at all times regardless of their suspected or confirmed infection status. Per policy, TBP were additional measures that protected staff, visitors, and other residents from becoming infected, and were determined by how</p> | F 880 | | | |

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| F 880 | <p>Continued From page 11</p> <p>specific pathogens spread from person to person. Continued review revealed when a resident was placed on TBP, appropriate notification was placed on the room entrance and on the front of the chart so personnel and visitors were aware of the need for and the type of precaution. The signage informed the staff of the type of CDC precautions, instructions for use of PPE, and/or instructions to see the nurse before entering the room. Further, when TBP were in effect, if resident-care equipment items required re-use and could not be dedicated to a single resident, then the item would be cleaned and disinfected according to current guidelines before use with another resident.</p> <p>Continued review of this policy revealed "Droplet Precautions" would be implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplets that could be generated by the individual coughing, sneezing, talking, or by the performance of procedures. Additionally, mask, gloves, gown, and goggles should be worn when entering a resident's room with Droplet Precautions.</p> <p>Review of a procedure door signage, "Droplet Precautions; in addition to Standard Precautions," from Washington State Hospital Association, dated 04/16/2009, revealed families and visitors should follow instructions on the information sheet and go to the Nurse's Station with any questions. The information sheet was taped to a resident's doorframe. Additionally, the sheet stated everyone must clean hands when entering and leaving the room and wear a mask. Further, the information sheet listed that Doctors and Staff must use a gown, glove and eye cover when in</p> | F 880 | | | |

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| F 880 | <p>Continued From page 12 the room.</p> <p>Review of the facility's Education and Training records revealed nursing staff received ongoing training and education regarding Donning and Doffing PPE, COVID-19 Infection Control, and Handwashing and Sanitizing, Respiratory Hygiene and Strategies for Minimizing the Spread of COVID-19. However, there was no documented evidence of training for the Physician or LPN #2 until 06/30/2020.</p> <p>1. Review of Resident #3's medical record revealed the facility admitted the resident on 06/24/2020 with diagnoses including, but not limited to, Dementia, Encephalopathy, Personality Disorder, Urinary Tract Infection, Pulmonary Hypertension, Anxiety Disorder, Pain related to Psychological Factors, Disorder of Skin and Subcutaneous Tissue, and Constipation.</p> <p>Review of Resident #3's "Skilled Documentation," dated 06/30/2020, revealed the facility assessed the resident as being alert to him/herself only, very anxious and forgetful. Additionally, the resident had no respiratory symptoms or pain. Further, the resident was able to transfer with minimal assistance of staff.</p> <p>Review of Resident #3's admission records, dated 06/17/2020 through 06/24/2020, revealed the resident was admitted to the facility after an acute hospital stay for Acute Urinary Tract Infection (UTI) and Acute Toxic Metabolic Encephalopathy secondary to UTI.</p> <p>Review of Resident #3's "Comprehensive Care Plan," dated 06/25/2020, revealed the resident was at risk for active infection related to potential</p> | F 880 | | | |

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| F 880 | <p>Continued From page 13</p> <p>exposure to COVID-19. The goal was for the resident to not demonstrate signs and symptoms of active COVID-19 infectious process through next review. Interventions included but were not limited to reporting any changes of condition to the Physician, i.e. new/worse cough, fever (100.4 degrees Fahrenheit or greater), shortness of breath, and sore throat. Also, another intervention was to maintain appropriate PPE use according to state requirements and availability.</p> <p>Observations, on 06/30/2020 at 1:00 PM, revealed Resident #3's hallway door had a "Droplet Precautions; in addition to Standard Precautions" information sheet taped to the resident's door. Additional observation revealed an over the door PPE organizer which included gowns, gloves, and masks. Further observations revealed the hallway door was open, and the pod had a sink and two rooms inside, the right side room and room B which had an open door.</p> <p>2. Review of Resident #4's medical record revealed the facility admitted the resident on 06/18/2020 with diagnoses including, but not limited to, Novel Coronavirus, Dementia, Metabolic Encephalopathy, Acute Bronchitis due to Mycoplasma Pneumoniae, Pneumonia due to Severe Acute Respiratory Syndrome Associated Coronavirus, Chronic Kidney Disease, Muscle Weakness, Viral Pneumonia, Altered Mental Status, End Stage Renal Disease, Diabetes Mellitus Type II, Hypertension, Hyperlipidemia, and Pain.</p> <p>Review of Resident #4's "Skilled Documentation," dated 06/30/2020, revealed the facility assessed the resident as having no respiratory symptoms. Additionally, the resident was participating in</p> | F 880 | | | |

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| F 880 | <p>Continued From page 14</p> <p>therapy and dialysis after hospitalization for Coronavirus. Further, the resident had no pain.</p> <p>Review of Resident #4's admission records, dated 05/29/2020 through 06/18/2020, revealed the resident was admitted to the facility after an acute hospital stay for COVID-19 and Acute Encephalopathy.</p> <p>Review of Resident #4's "Comprehensive Care Plan," dated 06/30/2020, revealed the resident was at risk for active infection related to potential exposure to COVID-19. The goal was for the resident to not demonstrate signs and symptoms of active COVID-19 infectious process through next review. Interventions included but were not limited to reporting any changes of condition to the Physician, i.e. new/worse cough, fever (100.4 degrees Fahrenheit or greater), shortness of breath, and sore throat. Also, another intervention was to maintain appropriate PPE use according to state requirements and availability.</p> <p>Observations, on 06/30/2020 at 12:50 PM, revealed Resident #4's hallway door had a "Droplet Precautions; in addition to Standard Precautions" information sheet taped to the resident's door. Additional observation revealed an over the door PPE organizer which included gowns, gloves, and masks. Further observations revealed the hallway door was open, and the pod had a sink and two (2) rooms inside, the left side room and room A which had an open door.</p> <p>Continued observations, on 06/30/2020 at 2:30 PM, revealed the Physician and LPN #2 rounding on the Transitional Care Unit (TCU) where Resident #3 and Resident #4 resided.</p> <p>Observation of Resident #3's room revealed LPN</p> | F 880 | | | |

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| F 880 | <p>Continued From page 15</p> <p>#2 was standing in the doorway with a COW in room B; LPN #2 was wearing a gown and mask, but there was no eye covering and no gloves. The Physician was in room B and exited into the pod adjoining the two rooms; the Physician was wearing gloves, gown, mask, and booties, but there was no eye covering. Further observations revealed the Physician removed his gloves and used hand sanitizer; LPN #2 did not perform hand hygiene before exiting the room. Continued observations revealed the Physician and LPN #2 exited the room into the hallway without doffing gown, mask, and booties. They also did not wash their hands or disinfect the COW. Then, the Physician and LPN #2 walked through the hallway to the next room.</p> <p>Continued observations, on 06/30/2020 at 2:35 PM, revealed the Physician and LPN #2 entered Resident #4's pod and then Resident #4's room. Neither the Physician nor LPN #2 performed hand hygiene upon entering the room. LPN #2 was wearing a gown and mask, but there was no eye covering or gloves. The Physician was wearing a gown, mask, and booties, but there was no eye covering or gloves. Both the Physician and LPN #2 were wearing the same PPE worn in Resident #3's room. Additional observations revealed the Physician and LPN #2 exited Resident #4's room, after seeing the resident, into the pod and then directly into the hallway without doffing PPE or performing hand hygiene. The Physician and LPN #2 walked through the hallway past the therapy gym and the nurse's station wearing the PPE worn in Resident #3 and Resident #4's rooms. The State Inspector alerted the Assistant Director of Nursing (ADON), who was standing in the hallway near the nurse's station, of the above observations.</p> | F 880 | | | |

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| F 880 | Continued From page 16 Interview with the Assistant Director of Nursing (ADON), on 06/30/2020 at 2:45 PM, revealed all residents on the TCU were on "Droplet Precautions." Therefore, all staff were required to don and doff PPE per facility and CDC guidelines before entering room (including mask, gloves, eye covering, and gown), and perform hand hygiene before entering and exiting rooms. Additionally, the ADON revealed she witnessed the above observations of the Physician and LPN #2 and stated the Physician and LPN #2 should be wearing all PPE and donning and doffing per facility and CDC guidelines. She stated hand hygiene and disinfecting the COW should be done after exiting each resident's room to minimize spread of infection and cross contamination. Continued interview revealed her surveillance and audit process did not identify problems/concerns with staff donning and doffing PPE per CDC Guidelines; however, the audit did not include observing the Physician and LPN #2 during rounds. Interview with the Physician, on 07/01/2020 at 12:00 PM, revealed the facility had not provided him training or education on Donning and Doffing PPE, COVID-19 Infection Control, Handwashing and Sanitizing, Respiratory Hygiene and Strategies for Minimizing the Spread of COVID-19, until 06/30/2020 at approximately 2:45 PM. Per interview, he received training on the above from other work he did and his office. Additionally, he was disconnected from the facility and was not made aware of the facility's processes/protocols for transmission-based precautions. Per interview, he was not up-to-date on what supplies (PPE) were available at the facility. However, he was familiar with CDC | F 880 | | | |

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| F 880 | <p>Continued From page 17</p> <p>guidelines for appropriate transmission based precautions related to PPE. Continued interview revealed "Droplet Precautions" required gown, gloves, mask, eye covering and hand hygiene before entering and before exiting a resident's room to decrease the spread of infectious disease. Further, he was distracted on 06/30/2020 when making rounds because he received texts and calls and was talking with patients. However, he stated he should have changed PPE per CDC guidelines. Further interview revealed he rarely touched patients with ungloved hands and always practiced hand hygiene. Per interview, he did not see face shields or eye covering available in residents' rooms until after he talked with the ADON, on 06/30/2020 at approximately 2:45 PM.</p> <p>Interview with LPN #2, on 07/01/2020 at 12:23 PM, revealed the facility had not provided her with training or education on Donning and Doffing PPE, COVID-19 Infection Control, Handwashing and Sanitizing, Respiratory Hygiene and Strategies for Minimizing the Spread of COVID-19, until 06/30/2020 at approximately 2:45 PM. Additionally, she was not aware of the facility's processes/protocols for transmission based precautions such as "Droplet Precautions" until 06/30/2020 at approximately 2:45 PM; however, she was knowledgeable and used CDC guidance. Per interview, "Droplet Precautions" required hand washing before and after entering a resident's room and use of a mask, gown, gloves and eye covering. Also, the nurse stated equipment should be cleaned and disinfected after each resident's use. Further, she revealed it was important to maintain infection control standards of practice to minimize the spread of infection from one patient to another to keep</p> | F 880 | | | |

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| F 880 | <p>Continued From page 18 everyone healthy.</p> <p>Continued interview with LPN #2, on 07/01/2020 at 12:23 PM, revealed she did not see face shields available in Resident #3's and Resident #4's rooms. Eye coverings were not made available to her until the ADON spoke with her and the Physician, on 06/30/2020 at approximately 2:45 PM. Additionally, she stated she should have donned PPE per the signage recommendations. Further, she revealed she did not disinfect the COW after being taken in each resident's room, only upon entry and exit at the facility. However, LPN #2 stated she should have cleaned and disinfected the COW after being taken in each resident's room.</p> <p>Interview with the Director of Nursing (DON), on 07/01/2020 at 3:15 PM, revealed it was her expectation that all staff should be trained and educated on facility policy and procedures related to infection control. Per interview, she expected all staff to don and doff PPE per facility policy and CDC Guidelines each time they entered an isolation room. Additional interview revealed she expected staff to practice proper hand hygiene each time they entered and exited a resident's room. Further, the DON stated she expected resident-care equipment items to be disinfected according to current guidelines before use with another resident. Per interview, it was important to maintain infection control per the facility's policies and procedures to prevent transmission of disease.</p> <p>Interview with the Administrator, On 07/01/2020 at 3:45 PM, revealed he expected staff to maintain the facility's policies and regulations related to infection control practices specific to donning and</p> | F 880 | | | |

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| F 880 | Continued From page 19 doffing PPE, hand hygiene, and disinfecting resident-care equipment. Further, he stated it was important to train and educate all staff on infection control practices to reduce the chance of spreading contagious diseases. | F 880 | | |

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| E 000 | <p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness Survey was initiated on 06/30/2020 and concluded on 07/02/2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6).</p> | E 000 | | |
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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.

Office of Inspector General

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100381 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/02/2020 |
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| N 000 | <p>Initial Comments</p> <p>An Abbreviated Survey investigating Complaint KY#00031896 and a COVID-19 Focused Infection Control Survey was initiated on 06/30/2020 and concluded on 07/02/2020. Complaint KY#00031896 was unsubstantiated with an unrelated deficiency cited. The facility was found not to be in compliance with 42 CFR §483.80 infection control regulations and had failed to implement 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 57.</p> | N 000 | | |

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