

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

PRINTED: 07/16/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185477	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/06/2020
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT STS MARY & ELIZABETH HOSPI			STREET ADDRESS, CITY, STATE, ZIP CODE 1850 BLUEGRASS AVENUE, UNIT 3C LOUISVILLE, KY 40215		
(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 Based on implementation of an acceptable Plan of Correction, the facility is deemed to be in compliance as alleged on 06/12/2020.	{F 000}			
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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PRINTED: 08/05/2020
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT STS MARY & ELIZABETH HOSPI			STREET ADDRESS, CITY, STATE, ZIP CODE 1850 BLUEGRASS AVENUE, UNIT 3C LOUISVILLE, KY 40215	
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F 000	INITIAL COMMENTS	F 000		
F 880	<p>A COVID-19 Focused Infection Control Survey was initiated on 05/26/2020 and concluded on 05/27/2020. The facility was found not to be in compliance with 42 CFR 483.80 infection control regulations. The facility implemented the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Total census 15.</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,</p>	F 880		

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

[Signature]

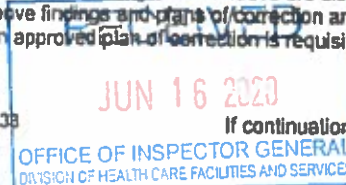
TITLE

CEO

(X5) DATE

6-12-2020

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F 880 Continued From page 1 F 880

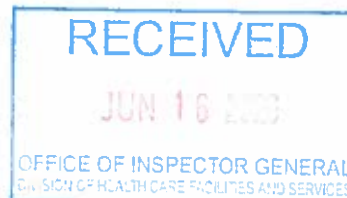
but are not limited to:

- (i) A system of surveillance designed to identify possible communicable diseases or 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.



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F 880 Continued From page 2

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, record review, and review of facility policy it was determined the facility failed to maintain a safe and sanitary environment to prevent the development and transmission of communicable disease. The facility staff failed to follow infection control practices to prevent exposure and cross contamination with the use of a medical device. Observations revealed two (2) of 2 reusable meters (meter), used to monitor multiple residents' blood sugars, were found stored in the facility medication carts with the bottoms of both meters surfaces with what appeared to be dried blood spots as identified by staff. Interview with staff revealed residents' were at risk for cross infection of bacteria or disease because of the blood on the meters and failed to follow policy and procedure for infection control.

The findings include:

Review of the Assure Glucose Meter Instruction Manual, undated, revealed to clean and disinfect the meter the recommended guideline included the use of a 2-step method. The method included to clean with one agent and to disinfect with a registered disinfectant detergent or germicidal wipe.

Review of policy, Infection Control, dated 10/2018, revealed the facility policy practices included to prevent and manage transmission of disease and infections for the residents and staff. The infection control policy included guidelines to clean and reprocess reusable resident care equipment. Further review revealed the facility

- F 880 1. Immediately, upon notification, glucometers were removed from the medication carts and cleaned and disinfected per Glucometer Cleaning & Disinfecting Policy. LPN #1, LPN #2 and LPN #3 were immediately educated on Glucometer Cleaning & Disinfecting Policy, Blood Glucose Monitoring Policy, Infection Control Policy, Glucometer Cleaning Competency, and Cleaning and Disinfection of Electronic Devices Policy. 6-12-2020
2. Immediately, upon notification, all current resident's orders were reviewed and the 6 residents that receive accu checks were immediately assessed, with no signs of symptoms of infection. Medical Director and resident responsible parties were notified.
3. Immediately, upon notification, education was initiated. Director of Nursing, Minimum Data Set Nurse and Transitional Care Nurse were educated by the Regional Nurse Consultant on Glucometer Cleaning & Disinfecting Policy, Blood Glucose Monitoring Policy, Infection Control Policy, Glucometer Cleaning Competency, and Cleaning and



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F 880 Continued From page 3
provided training of staff for infection control policies and practices for reusable equipment.

Review of policy, Meters Cleaning and Disinfecting, dated 11/4/19, revealed the purpose of the policy included to minimize the risk of transmitting Blood-Borne Pathogens (BBP) with cleaning and disinfection procedures. The procedure included to clean the outside of the meter with alcohol to remove the blood or body fluids; after cleaning staff used a disinfectant detergent wipe to disinfect the meter, and to allow the meter to air dry. The disinfection procedure provided prevention of transmission of BBP.

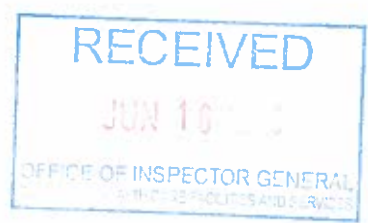
The facility failed to provide a policy regarding BBP.

Interview with Certified Nursing Assistant (CNA) #1, on 05/28/2020 at 11:50 AM, revealed all staff received education for infection control cleaning techniques for reusable resident equipment. She stated staff responsibilities included to complete infection control practices per policy to prevent cross infections whenever staff walked into the unit to work. She stated poor cleaning and disinfection technique might lead to a resident illness when exposed to blood, bacteria, or the COVID-19 virus.

Observation, on 05/27/2020 at 2:30 PM, revealed Licensed Practical Nurse (LPN) #3 opened her assigned Medication (Med) Cart #2 drawer, which revealed one (1) meter. The LPN turned the meter over which revealed a reddish brown smear to two (2) areas of the underside of the meter. The LPN identified the smears as blood.

Interview with LPN #3, on 05/27/2020 at 2:30 PM,

F 880 Disinfection of Electronic Devices Policy. Director of Nursing, Minimum Data Set Nurse and Transitional Care Nurse immediately began training all other current licensed nursing staff. Education was performed face-to-face, in order to facilitate discussion and questions. This process continued until all current licensed nurses complete their competency. No other licensed nurses can work in the facility, including Flex Path, until education on Glucometer Cleaning & Disinfecting Policy, Blood Glucose Monitoring Policy, Infection Control Policy, Glucometer Cleaning Competency, and Cleaning and Disinfection of Electronic Devices Policy have been completed. If the Licensed Nurse did not pass the competency then the Licensed Nurse was immediately re-educated and competency re-administered. This process continued until Licensed Nurses obtained competency.



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F 880 Continued From page 4
revealed the facility meters appeared dirty and verbally stated the smears appeared as dried blood. The LPN stated she used the meters earlier to obtain blood sugar levels and cleaned after each use but apparently not well enough. The LPN stated the meters remained dirty and hazardous because of the blood. The LPN stated she did not follow protocol for infection control.

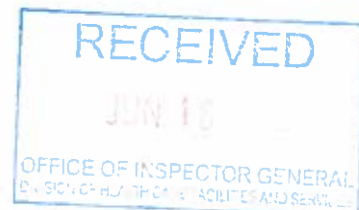
Continued interview with LPN #3, on 05/27/2020 at 2:44 PM, revealed the LPN stated she completed online education for infection control and disinfection of equipment as well as completion of physical competency check offs. The LPN stated the process to clean and disinfect the meters included to clean with a bleach, wipe to all sides, and allow drying on a clean paper towel for 3 minutes. The LPN stated staff responsibility included to ensure equipment received proper disinfection to prevent the spread of bacteria. The LPN stated infection control and the prevention of the spread of disease included proper cleaning and disinfection of equipment used for multiple residents. The LPN stated improper cleaning caused a risk to the residents because of the transfer of infection from one resident to another. The LPN stated risks for infection could lead to sepsis (a body infection). The LPN stated it concerned her to find the blood because it meant she did not protect the residents from cross infection.

Observation, on 05/27/2020 at 2:35 PM, revealed LPN #2 opened the assigned med cart #1 top drawer, removed the meter, and placed the meter upside down. The bottom surface had a large reddish brown mark with ridged lines. LPN #2 identified the red mark as blood and stated it looked like a thumbprint.

F 880 Education on Glucometer Cleaning & Disinfecting Policy, Blood Glucose Monitoring Policy, Infection Control Policy, Glucometer Cleaning Competency, and Cleaning and Disinfection of Electronic Devices Policy will be included in the orientation process for all newly hired Licensed Nurses. No newly hired Licensed Nurse will be allowed to work until this education and competencies are completed.

All current non-licensed staff were educated on Infection Control Policy and Disinfection of Electronic Devices Policy.

- To validate understanding of policies and competency, Director of Nursing or Transitional Care Nurse or MDS nurse will audit Licensed Nurses while completing accu checks at the following intervals:



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F 880 Continued From page 5

Interview with LPN #2, on 05/27/2020 at 2:35 PM, revealed she completed education for infection control for equipment used for multiple residents provided by the facility. The LPN stated blood remained on the meters and identified the reddish brown mark as blood. The LPN stated the facility used the meters to obtain the blood sugar levels on multiple diabetic residents. The LPN stated the medication carts each contained one (1) meter. The LPN stated cleaning and disinfection of the meters included to obtain a bleach wipe, clean down all sides, and wrap the meter with the bleach wipe for three (3) minutes. The LPN stated infection control prevention included disinfection to the meters between residents. The LPN stated staff's responsibility for infection control included proper disinfection of equipment to prevent the transfer of bacteria or disease from one resident to another. The LPN stated when the equipment remained dirty the exposure to the residents may lead to an adverse outcome, which included death. The LPN further stated the blood on the meters concerned her and she would not want it used on her because the blood meant she did not cleanse properly and remained nasty.

Interview with LPN #1, on 05/28/2020 at 11:30 AM, revealed the facility provided education and competency check off for infection control prevention for meters. The LPN stated each cart should contain two (2) meters to allow one to dry efficiently while staff continued to obtain glucose levels for diabetic residents. However, the LPN stated both medication carts recently did not have a second meter available. The LPN stated previous techniques for infection control included to wrap the meters for three (3) minutes. She stated the proper procedure for infection control

- F 880
- a. 2 different Licensed Nurses/shift for 1 week (Total 5/day)
 - b. 2 different Licensed Nurses/shift for 1 week (Total 3/day)
 - c. 1 different Licensed Nurses/shift for 1 week (Total 2/day)
 - d. 1 Licensed Nurse/shift for 1 week (Total 2/day)

To ensure glucometers are being cleaned per policy, Licensed Nurses will audit and check off glucometer machines with oncoming/off going nurse at the beginning and end of each shift. DON will monitor audits 5 days per week.

Results of audits will be reported weekly, for 4 weeks, to the Quality Assurance Performance Improvement Committee and then monthly to determine the need to increase, decrease or discontinue these audits based on findings to ensure compliance.



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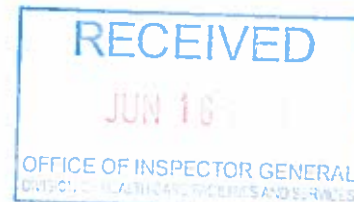
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F 880 Continued From page 6 F 880

with reusable equipment included to first clean with alcohol, then a bleach wipe to clean all surface areas, and to allow the equipment to dry on a clean paper towel. The LPN stated the facility staff responsibilities included to ensure the reusable equipment received proper infection control disinfection to prevent cross contamination to a resident. The LPN stated the facility risked resident exposure to blood because staff did not disinfect adequately. She stated the exposure risk included death. The LPN stated the facility goal for infection control included to maintain safety and to prevent infection from the facility. The LPN stated if she saw the blood on the meters as a resident, she would feel unsafe. The LPN further stated the facility administration did not complete random check for infection control audits of the meters when she worked on the unit.

Interview with the Director of Nursing (DON), on 05/27/2020 at 3:10 PM, revealed the DON did not find documented audits for infection control practices by staff for the facility. The DON stated as a previous floor staff, the facility did not complete, with her, random audits of the meters for infection control review.

Continued interview with the DON, on 05/28/2020 at 1:54 PM, revealed she did not locate previous documentation of infection control audits. The DON stated her expectations for staff included to clean and disinfect the meters after each use. The DON stated the infection control process included to clean with an alcohol wipe, to use a bleach wipe on all surface areas of the meters, and to allow the meters to dry on a clean paper towel. The DON stated the facility placed a second meter on the medication carts to allow



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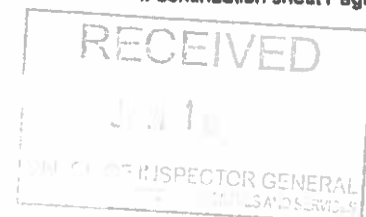
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F 880 Continued From page 7

F 880

staff to follow infection control procedures, which included proper drying time of the meter after disinfection. She stated as DON the responsibility included education and training of staff. The DON stated her responsibilities included to ensure staff followed infection control procedures every day. The DON stated the facility educated staff to prevent cross contamination for infection. The DON stated residents' exposure to bacteria or diseases may lead to an infection, which may lead to death. The DON further stated it concerned her the meters surfaces contained blood because this meant contact of the area could cause cross contamination to residents. The DON stated she would be upset if staff used a dirty meters on her.

Interview with the Administrator, on 05/28/2020 at 2:28 PM, revealed she expected staff to follow policy and procedures for infection control practices at all times. She stated to her knowledge, the facility did not complete infection control audits of meters. She stated she and the DON's responsibility included to provide education for infection control and provide staff with polices for infection control to ensure staff remained knowledgeable. She stated the resident might have a negative effect and outcome with an acquired infection from the facility. She stated if staff presented to her as a resident with a dirty meters she would not be happy. She further stated her full responsibilities included to ensure staff and residents remained safe while in the facility.



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E 000 Initial Comments

E 000

A COVID-19 Focused Emergency Preparedness Survey was initiated on 05/26/2020 and concluded on 05/27/2020. The facility was found to be in compliance with 42 CFR 483.73 related to E-0024 (b)(6).

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Office of Inspector General

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

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 101233	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT STS MARY & EL	STREET ADDRESS, CITY STATE, ZIP CODE 1850 BLUEGRASS AVENUE, UNIT 3C LOUISVILLE, KY 40215
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(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) COMPLETE DATE
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N 000	Initial Comments A COVID-19 Focused Infection Control Survey was initiated 05/28/2020 and concluded on 05/27/2020. The facility was found not to be in compliance pursuant to 42 CFR 483.80.	N 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

J. [Signature]

STATE FORM

TITLE

CEO RECEIVED

(X5) DATE

6/12/2020

8000

K08K11

If continuation sheet 1 of 1

OFFICE OF INSPECTOR GENERAL
OF HEALTH CARE SERVICES