

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100644	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/02/2020
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT JEFFERSON PL	STREET ADDRESS, CITY, STATE, ZIP CODE 1705 HERR LANE LOUISVILLE, KY 40222
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{N 000}	Initial Comments Based upon implementation of the acceptable Plan of Correction, the facility was deemed to be in compliance, 10/02/2020 as alleged.	{N 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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

PRINTED: 10/29/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185349	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/02/2020
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT JEFFERSON PLACE REHAB & WE			STREET ADDRESS, CITY, STATE, ZIP CODE 1705 HERR LANE LOUISVILLE, KY 40222		
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{F 000}	INITIAL COMMENTS Based upon implementation of the acceptable Plan of Correction, the facility was deemed to be in compliance, 10/02/2020 as alleged.	{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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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT JEFFERSON PLACE REHAB & WE	STREET ADDRESS, CITY, STATE, ZIP CODE 1705 HERR LANE LOUISVILLE, KY 40222
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F 000 INITIAL COMMENTS

F 000

F 880

A COVID-19 Focused Infection Control Survey was conducted on 09/08/2020. The facility was found not in compliance with 42 CFR 483.80 infection control regulations and has not 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 was 36.

1. No residents effected by the cited deficiency.
2. The receptionist and screener were informed by CEO that masks should be in place. This occurred when infraction identified by surveyor.

F 880 Infection Prevention & Control
SS=D CFR(s): 483.80(a)(1)(2)(4)(e)(f)

F 880

§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.

3. The following education for all staff was initiated on 9/25/20 by Infection Preventionist. The topics included Keep COVID Out and Using PPE Correctly for COVID 19. Education will be ongoing for new hires prior to working. The Receptionist and Business Office Manager were reeducated at the time

§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,

10/2/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CEO	(X8) DATE 9-25-20
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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.

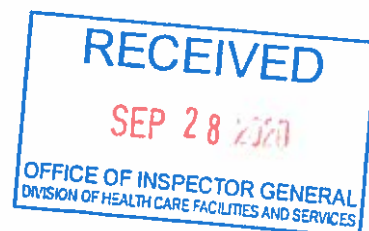
§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.

of survey by Infection Preventionist. A QAPI meeting was held on 9/23/2020 to discuss Root Cause Analysis and continued guidance related to COVID 19 prevention practices.

- 4. Ongoing, observations and monitoring of ppe use with emphasis on wearing masks as required will occur during daily rounds conducted by DON and Staff Development Coordinator. Results of these rounds will be discussed monthly at QAPI meetings for further review and any further recommendations. Any infractions by staff will be managed with reeducation and/or coaching and counseling.

10/2/20



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F 880 Continued From page 2

F 880

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and record review it was determined the facility failed to maintain and implement an effective infection prevention and control program to provide a safe, sanitary environment and help prevent the transmission of communicable diseases and infections, including the COVID-19 virus. Observations during survey revealed staff not wearing masks in the reception area of the facility.

The findings include:

Review of facility policy "Novel Coronavirus (COVID-19)," revised 08/18/2020, revealed the policy provided clarification of the steps the facility took to insure the health and safety of the facility's residents. In addition, review of the policy revealed for the duration of the state of emergency/COVID-19 pandemic, all direct care stakeholders wore a surgical facemask and face shield or goggles in the facility. Non-direct care workers utilized a microbe safety mask when working in non-resident care areas.

Observation, on 09/08/2020 at 8:10 AM, upon entering the facility, revealed staff at a screening table and a receptionist behind a half wall and neither person was wearing a mask.

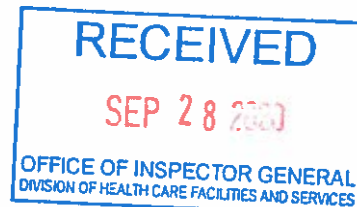
Interview with the Receptionist, on 09/08/2020 at 9:30 AM, revealed it was her understanding she did not have to wear a mask when at her desk, not in a resident care area. Continued observation and interview with the Receptionist revealed without a mask she walked out from

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<p>F 880</p> <p>Continued From page 3</p> <p>behind the half wall and directed the State Survey Agency staff down the hallway. The Receptionist stated it was important to wear masks to prevent transmission of disease between people.</p> <p>Interview with the Director of Nursing (DON), on 09/08/2020 at 2:00 PM, revealed everyone in the facility was to wear a mask even in the front area of the building. Additionally, the DON stated the receptionist should wear a mask as that position is in contact with multiple persons. The DON stated it was important to wear masks to prevent the spread of COVID-19.</p> <p>Interview with the Administrator, on 09/08/2020 at 2:00 PM, revealed his understanding of the mask policy was that staff did not have to wear a mask when not providing direct resident care.</p>	<p>F 880</p>
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N 000	Initial Comments A COVID-19 Focused Infection Control Survey was conducted 09/08/2020 and found the facility not in compliance pursuant to 42 CFR 483.80 with deficiencies cited.	N 000		
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E 000 Initial Comments

E 000

A COVID-19 Focused Emergency Preparedness Survey was initiated on 09/08/2020 and concluded on 09/08/2020. The facility was found to be in compliance with 42 CFR 483.73 related to E-0024 (b)(6).



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