

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

PRINTED: 11/12/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/30/2020
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF GLASGOW REHAB & WELLNESS C			STREET ADDRESS, CITY, STATE, ZIP CODE 220 WESTWOOD ST. GLASGOW, KY 42141		
(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	F 000			
F 880 SS=D	<p>A COVID-19 Focused Infection Control Survey was initiated on 10/29/2020 and concluded on 10/30/2020. The facility was found not to be 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 55. A deficiency was cited at a Scope and Severity of a "D".</p> <p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</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</p>	F 880			

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 880	<p>Continued From page 1</p> <p>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 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</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and facility policy review, it was determined the facility failed to ensure an effective infection control program was implemented related to the wearing gown on active COVID unit in facility.</p> <p>The findings include:</p> <p>Review of facility policy titled, "Reuseable Gowns and/or Coverall Process", dated 04/09/2020 revealed on a dedicated COVID Unit a stakeholder (staff) would don a gown provided to them at the beginning of their shift and it would be worn during their entire shift along with other PPE appropriate for caring for the COVID positive resident per CDC guidelines.</p> <p>Review of facility policy titled, "COVID-19 Guidelines", dated 06/29/2020, revealed the facility was closely monitoring CDC updates, and would continue to follow CDC guidelines and recommendations.</p> <p>Review of CDC guidelines for healthcare personnel dated 06/03/2020, revealed when caring for a patient with suspected or confirmed COVID-19, PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting). PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted. Preferred PPE was listed as face shield or goggles, one pair of clean non-sterile gloves, isolation gown,</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>N95 or higher respirator when respirators were not available, and use the best available alternative, like a facemask,</p> <p>Observation on 10/29/2020 at approximately 1:56 PM, during tour with Director of Nursing (DON), revealed while looking into the COVID UNIT of the facility, the Advanced Practice Registered Nurse (APRN) was observed on the hall wearing pink scrubs with no gown on while speaking with three (3) staff that were fully gowned. The DON stated several times she was just seeing a pink blob, and could not tell if a gown was worn by ARNP.</p> <p>Interview with Advanced Practical Registered Nurse (APRN), on 10/29/2020 at 2:02 PM, revealed she was not wearing a gown while on the COVID UNIT. She stated she removed her gown when she went into a office on the unit to do charting and had come out to speak with the nurses. She stated if she would have come out more than two (2) feet from office she would have put her gown on. She revealed she was providing care to several residents on the COVID Unit that were very sick that day.</p> <p>Interview with Director of Nursing (DON), on 10/29/2020 at 3:30 PM, revealed the APRN did not have a gown on in the COVID UNIT but she had come out of the office where she had been charting, and there was no patients on the hallway. The DON stated the APRN did not need to put a gown on because she was standing away from other staff on the hall.</p> <p>Interview with Administrator (who is also a licensed nurse), on 10/29/2020 at 2:25 PM, revealed gowns do not need to be worn in a</p>	F 880			

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F 880	Continued From page 4 break room or in offices but hallways were considered patient areas.	F 880			

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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was initiated on 10/29/2020 and concluded on 10/30/2020. There was no deficient practice identified with 42 CFR 483.73 related to E-0024 (b)(6).	E 000			
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Office of Inspector General

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

SIGNATURE HEALTHCARE OF GLASGOW REHAB & I **220 WESTWOOD ST.**
GLASGOW, KY 42141

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N 000	<p>Initial Comments</p> <p>A COVID 19 Infection Control Survey was initiated on 10/29/2020 and concluded on 10/30/2020. The facility was found not to be in compliance with 42 CFR 483.80 infection control regulations.</p>	N 000		

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