

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

PRINTED: 01/14/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185211	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 01/07/2021
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NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF MCCREARY COUNTY REHAB & WE	STREET ADDRESS, CITY, STATE, ZIP CODE 58 CAL HILL ROAD PINE KNOT, KY 42635
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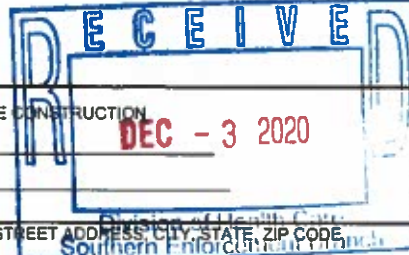
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{F 000}	<p>INITIAL COMMENTS</p> <p>Based on implementation of the acceptable plan of correction (and the revisit conducted 01/07/2021), the facility was determined to be in compliance effective 11/28/2020 as alleged, for survey completed 10/28/2020.</p>	{F 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X8) 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 OF MCCREARY COUNTY REHAB & WE	STREET ADDRESS, CITY, STATE, ZIP CODE 58 CAL HILL ROAD PINE KNOT, KY 42635
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F 000	INITIAL COMMENTS	F 000		
F 880 SS=E	<p>A COVID-19 focused infection control survey was conducted on 10/28/2020. The facility was found to be out of compliance with 42 CFR 483.80 Infection Control. Deficient practice was identified with the highest scope and severity at "E" level. The total census was 52.</p> <p>Infection Prevention &amp; 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 procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or</p>	F 880	<p>1. 10/28/2020: Director of Nursing(DON) educated State Registered Nurse Assistant(SRNA)s #1 &amp; #3 of correct use of eye protection as required by COVID Infection Control Policy. SRNA #1 was educated on proper doffing of PPE upon exiting an Isolation room. Dietary aide was educated on how to correctly wear a face mask as required by COVID Infection Control Policy. Licensed Nurses were educated on monitoring for signage on Isolation rooms at the beginning of each shift. Signage was corrected for the 3 rooms on A-Hall</p> <p>2. 10/28/2020: Signage for infection control for all residents requiring isolation was assessed signage was place at top of required doors. Goggles/face shields were provided to staff that required them. Staff present were educated on how to correctly wear a face mask, eye protection, and doffing PPE appropriately.</p> <p>3. 10/28/2020: DON, Infection Preventionist, or Staff Development Coordinator, (SDC) will provide education for all staff to include use of Personal Protective Equipment(PPE) correctly for COVID-19: You Tube video:YouTube.com/watch?v=YYTATw9yav4, Face masks do's and dont's. Any staff on FMLA or currently off work will have education provided prior to working. All newly hired staff will be provided education during orientation.</p> <p>4. 10/28/2020: Root cause determined by Governing Body and QA Committee, which includes the Infection Preventionist, that resident had removed signage from doors. Lack of education for correct eye wear and wearing masks. Eye wear- staff had been instructed to obtain eye wear, both had eye glasses, both were educated eye glasses are not considered appropriate eye protection for PPE. Staff wear also instructed to wear mask over nose and mouth. Root cause was reviewed in QAPI on 10/30/2020. Signage to be monitored at the beginning of each shift by Licensed Nurse for appropriate signage on required doors. DON, SDC or Infection Preventionist will audit staff for correct doffing/donning of PPE, appropriate eye protection, and correctly wearing masks; 4 staff 3 times a week for 1 month; then 2 staff 3 times a week for 1 month; then 1 staff 1 time a week for 1 month. Findings will be taken to monthly QAPI.</p>	11/28/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Sharon Baird* TITLE *CEO* (X6) DATE 11/20/2020

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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:ZMZ711

Facility ID: 100635

If continuation sheet Page 1 of 7

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NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF MCCREARY COUNTY REHAB & WE			STREET ADDRESS, CITY, STATE, ZIP CODE 58 CAL HILL ROAD PINE KNOT, KY 42635		
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F 880	<p>Continued From page 1 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; (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.</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> <p>This REQUIREMENT is not met as evidenced by:</p>	F 880	
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F 880	<p>Continued From page 2</p> <p>Based on observation, interview, review of the facility policy and Centers for Disease Control (CDC) guidelines, it was determined the facility failed to prevent the possible spread of COVID-19 on two (2) of the three (3) resident halls and also in the kitchen. Observation on Hall A and C revealed, State Registered Nurse Aide (SRNA) #1 and #3, were not utilizing eye protection as required by current COVID infection control policy. SRNA #1 was observed to exit a resident room while wearing an isolation gown and then removed the gown in the hall. Further observation revealed Dietary Aide #1, prepping desserts, with her face mask pulled under her chin. In addition, observation revealed three (3) of twelve (12) resident's rooms on Hall A, that were on droplet precautions, without signage to alert staff.</p> <p>The findings include:</p> <p>Review of the facility policy, Novel Coronavirus (COVID-19), revised 08/31/2020, revealed under "General Prevention Measures" a facility should require all direct care stakeholders (employees) to wear a surgical facemask and face shield or goggles while in the facility.</p> <p>Review of the facility policy, Isolation-Categories of Transmission-Based Precautions, dated October 2018, revealed when a resident was placed on transmission-based precautions, appropriate notification was placed on the room entrance. The signage would inform the staff of the type of precaution, instructions for use of PPE, and/or instructions to see a nurse prior to entering the room.</p> <p>Review of the CDC (Center for Disease Control)</p>	F 880		
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F 880	<p>Continued From page 3</p> <p>guideline, Healthcare Workers "Using Personal Protective Equipment (PPE)", dated 08/19/2020, revealed the healthcare worker was to remove gloves then gown prior to exiting a patient's room.</p> <p>1. Observation of the kitchen, from outside the entry door, on 10/28/2020 at 9:15 AM, revealed Dietary Aide #1, with facial mask pulled below her chin while prepping desserts and then placing the desserts on the cart. The surveyor observed the aide for nearly a minute.</p> <p>Interview with Dietary Aide #1 and #2, on 10/28/2020 at 9:17 AM, revealed while in the kitchen, only face masks were required. The Dietary Aides stated once they took carts to the floor or in a patient care area, they had to also have on goggles. Continued interview with Dietary Aide #1 revealed she did have her face mask pulled down and she stated she was getting ready to blow her nose. She further stated the mask falls down a lot when she was talking.</p> <p>Interview with the Dietary Manager, on 10/28/2020 at 11:10 AM, revealed dietary staff were to wear a face mask at all times while in the kitchen. She stated once they were in a patient care area, they had to wear goggles or a face shield. She then stated the staff should have a mask on when preparing foods. Further interview with the Dietary Manager revealed she did monitor the staff's infection control practices daily and had not noted any issues with improper wearing of face masks.</p> <p>2. Observation during tour of Hall A, on 10/28/2020, between 8:55 AM and 9:15 AM, revealed rooms #3, #7 and #11 with PPE available on the doors; however, the doors were</p>	F 880		
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F 880	<p>Continued From page 4 without any signage to detail the type of precautions or any directions to notify the nurse.</p> <p>Observation on Hall A, of SRNA #1, on 10/28/2020 at 9:30 AM, revealed the aide exited a resident room while wearing an isolation gown and then proceeded to remove the gown while in the hall. Further observation revealed the SRNA was not wearing goggles or a face shield.</p> <p>Observation on Hall C, of SRNA #3, on 10/28/2020 at 10:30 AM, revealed the aide entering a resident room and was not wearing goggles or a face shield.</p> <p>Interview with SRNA #1, on 10/28/2020 at 9:30 AM, revealed that PPE should be put on prior to entering a resident room and removed/discarded prior to exiting the room. The SRNA stated she had gone into the resident room just to retrieve some lotion and admitted she had removed the gown in the hall. Per the SRNA, the goggles would not fit over her eyeglasses and that she could not be heard when wearing the face shield. She then stated that she "guessed she should" wear a face shield.</p> <p>Interview with SRNA #3, on 10/28/2020 at 10:47 AM, revealed she had received education as recent as two (2) weeks ago related to PPE and infection control. She stated that all staff were required to wear face masks and goggles or a face shield. Surveyor inquired as to why she was not wearing either goggles or face shield and she stated she lost her goggles. She then added they (facility) told her they did not have any more goggles and she was told to use a face shield. She further stated she had not had a face shield on today.</p>	F 880	
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NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE OF MCCREARY COUNTY REHAB &amp; WE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>58 CAL HILL ROAD PINE KNOT, KY 42635</b>	
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F 880	<p>Continued From page 5</p> <p>Interview with SRNA #2 and #4, on 10/28/2020 at 10:17 AM and 11:45 AM, respectively, both revealed face masks and eye protection were required at all times while in patient care areas.</p> <p>Interview with Licensed Practical Nurse (LPN) #2, on 10/28/2020 at 10:22 AM, revealed staff know when residents were on precautions because an isolation sign on the door alerted staff. She stated all staff were to wear masks and eye protection when in a patient area. She further added nursing and management monitored to ensure infection control practices were maintained and she had not noted any problems.</p> <p>Interview with the Director of Nursing, on 10/28/2020 at 11:25 AM, revealed the residents who had been placed into transmission based precautions should have signage on the door to alert the staff. She revealed at least one of the residents in each of the three rooms, A3, A7 and A11, were in droplet precautions. She stated there was a resident who had a behavior of removing signs from the resident's doors. The DON then revealed the required PPE for all staff/employees was a face mask for all areas of the facility and eye protection was added when in any patient area or with patient contact. She further stated the eye protection was either goggles or a face shield. The DON stated personal eye wear (eye glasses) would not be considered eye protection. The DON added that SRNA #1 and #3 should have worn eye protection while in the resident halls and when entering the resident rooms. Further interview revealed the residents who were on droplet precautions required the additional PPE of a gown and gloves, as well as mask and eye protection. She</p>	F 880		
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F 880	<p>Continued From page 6 stated this PPE should be put on prior to entering the room and upon exiting the room, staff were to remove gloves and gown, as close to the door as possible and disposed of the items. She revealed staff should not enter the hallway from a resident's room with gown and/or gloves still on. She added she liked to round the resident care areas every two (2) hours to observe for appropriate infection control practices and if any issue were noted it would be remediated at that time.</p> <p>Interview with Administrator/Infection Preventionist, on 10/28/2020 at 11:50 AM, revealed staff were educated on infection control and updated on COVID on a frequent basis by way of huddle staff meetings, some one to one training, and random spot audits. The administrator stated staff were currently having competencies rechecked. She stated staff must wear a face mask and eye protection when in patient areas. She further stated when a resident was placed on transmission based precautions, a sign was placed on the door as well as the PPE required for the precautions. Further interview revealed if a resident was on droplet precautions the PPE required would be mask, eye protection, gown and gloves. She stated prior to exiting the room, of a resident on precautions, the staff would remove gloves and gown and dispose of them in a biohazard bag prior to leaving the room. The Administrator stated eye protection should always be worn as required and signage on doors should be present when a resident was on transmission based precautions.</p>	F 880		
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E 000	<p>Initial Comments</p> <p>A COVID-19 focused Emergency Preparedness survey was conducted on 10/28/2020. The facility was found to be in compliance with 42 CFR 483.73 Emergency Preparedness related to E0024. No deficient practice was identified.</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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Office of Inspector General

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N 000	<p>Initial Comments</p> <p>A COVID-19 focused infection control survey was conducted on 10/28/2020. Deficient practice was identified pursuant to 42 CFR 483.80.</p>	N 000		

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

TITLE

(X6) DATE