STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185229	A. BUILDING _____ B. WING _____	10/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARREN COUNTY NURSING AND REHABILITATION	**300 WESTWOOD STREET 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 A Focused Infection Control Survey was initiated on 10/06/2020 and concluded on 10/07/2020. 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 87.	F 000		
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 diseases and infections. §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,	F 880		

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

Electronically Signed

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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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This REQUIREMENT is not met as evidenced by:
Based on observation, interview, record review, review of CDC guidelines, and facility policy and information handout review, it was determined the facility failed to ensure infection control practices to prevent the spread of COVID-19 were implemented per facility policy.

Observations revealed one (1) staff failed to don personal protective equipment (gloves, gown, and face shield) when entering a resident's room (Resident #3) who was on droplet precautions; and two (2) staff failed to ensure masks covered nose and mouth when worn in facility.

Review of a list of Residents in isolation provided by facility on 10/06/2020 revealed nine (9) residents were on droplet precautions.

The findings include:

Review of facility policy titled. "Identification of Possible COVID-19 Protocol", last revised 04/09/2020 revealed the facility should provide the right supplies to ensure easy and correct use of PPE. Make PPE, including facemasks, eye protection, gown, and gloves available immediately outside of the resident room.

Review of a facility information handout titled, "Dos and Don'ts of COVID-19, revealed COVID-19 is currently a droplet spread virus. If a resident is on precautions make sure you know the correct type and wear these correctly each time you enter the room. For example, for a resident on droplet precautions you would need to don gloves, gown, mask, and eye protection.

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Review of CDC guidelines dated July 15, 2020 revealed Health Care Professionals (HCP) should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. When available, facemasks are preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is needed. To reduce the number of times HCP must touch their face and potential risk for self-contamination, HCP should consider continuing to wear the same respirator or facemask (extended use) throughout their entire work shift, instead of intermittently switching back to their cloth face covering.

1. Record review revealed the facility admitted Resident #3 on 09/28/2020 with diagnoses, which included Heart Failure, Aftercare following Joint Replacement Surgery, Type 2 Diabetes Mellitus, and Acute Respiratory Failure. Review of Resident #3's baseline care plan revealed Resident #3 to be on transmission-based precautions, with COVID testing initiated by facility.

Observation on 10/06/2020 at 1:03 PM revealed Certified Medication Assistant (CMA) #1 entered Resident #3's room to provide coffee to the resident without donning a gown, gloves or face shield. Further observation revealed the coffee cup was placed on over bed table directly in front of resident. There was a sign on the door that read, "Stop, please check with nurse before

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entering".

Interview with CMA #1 on 10/06/2020 at 1:05 PM revealed she was supposed to wear personal protective equipment (PPE) in room to include (gown/gloves/mask). CMA #1 stated the resident is on droplet precautions for COVID 19 due to being a new admit. She revealed the distance from resident to the coffee cup placed on the table was less than six (6) feet and she should have worn the PPE (gown/gloves/mask) when going into the room.

2. Observation on 10/06/2020 at 1:50 PM revealed Certified Nursing Assistant (CNA) #1 was wearing a mask below nose while on residential hallway--providing care. In addition, observation on 10/07/2020 at 3:50 PM revealed CNA #2 standing at kiosk, putting in information with mask pulled down to chin exposing nose and mouth.

Interviews on 10/06/2020 at 1:50 PM with CNA #1 and on 10/07/2020 at 3:50 PM with CNA #2 revealed masks should be worn at all times and should cover the nose and mouth.

Interview with Staff Development Coordinator/Infection Control Nurse (SDC/IFCN) on 10/07/2020 at 8:40 AM revealed staff should wear gown, mask and gloves when entering residents' rooms who are on isolation precautions to protect staff from the resident (if they come from hospital) and to protect the resident from staff as well. Additionally, SDC/IFCN stated any new admits are put on isolation and if we send anyone out they are put on isolation for fourteen (14) days when they return. She further revealed she expected all staff to wear masks when in

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F 880	Continued From page 5 facility and to ensure the mask is covering their nose and mouth when worn. Interview with the Director of Nursing (DON) on 10/06/2020 at 3:42 PM and 10/07/2020 at 3:38 PM and 4:45 PM, revealed she expected masks to be worn above ears an over nose and mouth when in facility. The DON stated PPE is in the bins outside the door of isolation rooms to make it easier for the staff to access and should be used anytime they go into the room to provide direct care. The DON further revealed staff should wear the PPE all the time (gown, gloves, mask, face shield) if close enough to cough or sneeze on them. Interview with Administrator on 10/07/2020 at 4:55 PM revealed masks and PPE should be worn according to Center for Disease Control (CDC) guidelines.	F 880		