

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

PRINTED: 06/29/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185326	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/07/2020
NAME OF PROVIDER OR SUPPLIER CLINTON-HICKMAN COUNTY NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 366 SOUTH WASHINGTON STREET CLINTON, KY 42031		
(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 05/06/2020 and concluded on 05/07/2020. 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 40.</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 procedures for the program, which must include,</p>	F 880			

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

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05/29/2020

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>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 IPCP and update their program, as necessary.</p>	F 880			

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F 880	<p>Continued From page 2</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 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>Observation and interview revealed most staff enter the building through the facility's lower level patio entrance at the back of the building to clock in for work, then go up to the second level of the facility to the Nurses Station to be screened for signs/symptoms of COVID-19. Further observation revealed the Nurse's Station where staff were screened was in the middle of the hallway where resident rooms were located and not at an entrance to facility.</p> <p>The findings include:</p> <p>Review of the facility policy titled, "Infection Control Measures during Pandemic Influenza/Novel Virus", last revised April 2011, revealed to screen all employees for influenza-like illness before coming on duty. Train staff to verbally and visually screen visitors at facility entry points for pandemic illness.</p> <p>Observation and interview with the Administrator on 05/06/2020 at 4:30 PM, revealed there were two (2) entrances to the facility during the COVID-19 pandemic: one (1) at the upper level front entrance, and one (1) at the lower level patio entrance. Observation of the upper level of the facility's front entrance revealed, once a person</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>was in the lobby of the facility, where he or she was screened, there was a locked door with a coded keypad, and only facility staff knew the code.</p> <p>Further observation and interview with the Administrator on 05/06/2020 at 4:30 PM revealed the facility's lower level patio entrance at the back of the building was used by most of the staff to clock in for work. Once clocked in, the staff would go by stairway or elevator to the facility's second level to the Nurses Station, in order to be screened for signs/symptoms of COVID-19. If staff went up by elevator, the elevator door opened to an area where residents normally used to watch television or have activities, etc., and staff have to walk by resident rooms to get to the Nurses Station. If staff go up the stairs, the door opened directly at the Nurse Station, but they were still in a resident care area before being screened. All residents' rooms were on the second level of the facility, and the Nurses Station was in the middle of the hallway in the resident care area, where employee screening took place.</p> <p>Phone interviews on 05/07/2020 with Certified Nurse Aide (CNA) #1 at 3:31 PM, Licensed Practical Nurse (LPN) #1 at 3:48 PM, and Medication Technician (MT) #1 at 5:18 PM, revealed they entered the facility on the lower level at the patio door, wearing their masks; however, they were not screened until they were in the resident care area, near the Nurses Station.</p> <p>Phone interview with the Social Services Director (SSD), on 05/07/2020 at 3:12 PM, revealed she had used both entrances to the facility at different times. She revealed if she entered at the front</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>entrance of the facility, she was screened in the front lobby; if she entered at the patio entrance on the lower level, she was screened at the Nurses Station on the upper level, in the resident care area.</p> <p>Phone interview with the Infection Control (IC) Nurse, on 05/07/2020 at 4:42 PM, revealed she voiced understanding that staff were not being screened upon entrance at the patio door downstairs, before coming to the upper level at the Nurses Station, in the middle of the resident care area. She stated "we should probably have someone at the patio door to screen".</p> <p>Phone interviews on 05/07/2020 with Maintenance at 2:47 PM, and the Dietary Manager (DM) at 2:59 PM, revealed no visitors were allowed in the building at this time, except vendors, who were screened downstairs before coming through the door, and they "never went upstairs". Further interview with the Dietary Manager revealed Dietary staff never went in the resident care area, and she screened her staff downstairs in the kitchen area.</p> <p>Phone interview with the Director of Nursing (DON), on 05/07/2020 at 2:30 PM, revealed "staff hand sanitize at the time clock on the lower level, use Windex on the time clock, and clock in, sanitize again, and come up the stairs or elevator to the Nurses Station for screening. Sometimes they can get screened by Dietary, who's on the lower level of the facility".</p> <p>Interview with the Administrator, on 05/06/2020 at 3:50 PM, revealed the upper level front entrance was used for screening people working in the front office, for the most part. She stated</p>	F 880			

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F 880	Continued From page 5 "contract therapists and probably half of us working the front, used the front door. The front door was opened 9:00 AM through 4:00 PM, Sunday through Saturday, and someone was there to screen, but locked otherwise". Further interview revealed the majority of the staff used the lower level back patio entrance to the facility, which has a keypad on both sides of the door. She stated there was no one at this entrance to monitor or screen the employees. She added the lower level was where the staff clocked in, and then go to the upper level by way of stairs or elevator, to the Nurses Station for screening. She further stated, "once the staff come up the stairs or the elevator, they stand in line six (6) feet apart on "X" markers, social distancing with their masks on, and lined up for screening at the Nurses Station".	F 880			

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E 000	<p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness Survey was initiated on 05/06/2020 and concluded on 05/07/2020. There was no deficient practice identified at 42 CFR 483.73 related to E-0024 (b)(6).</p>	E 000		
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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 initiated 05/06/2020 and concluded on 05/07/2020. The facility was found not to be in compliance pursuant to 42 CFR 483.80.</p>	N 000		

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