

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:  <b>185485</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/11/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE SPRINGS AT STONY BROOK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2200 STONY BROOK DRIVE LOUISVILLE, KY 40220</b>		
(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=E	<p>A COVID-19 Focused Infection Control Survey was conducted by the Centers for Medicare &amp; Medicaid Services (CMS) on June 10-11, 2020. The facility was not in substantial compliance with Medicare regulations at 42CFR Part 483, Subpart B-Requirements for Long Term Care Facilities. The following deficiencies resulted in the facility's non-compliance for failure to follow the CMS and Centers for Disease Control and Prevention (CDC) recommended practices, during a COVID-19 pandemic. The census was 33.</p> <p><b>Infection Prevention &amp; Control</b> CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p><b>§483.80 Infection Control</b> 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><b>§483.80(a) Infection prevention and control program.</b> The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p><b>§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;</b></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>§483.80(a)(2) Written standards, policies, and 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.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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: Based on observations, record review and staff interviews, the facility failed to screen persons who entered the facility, for two (2) of three (3) screenings. The failures occurred during a COVID-19 pandemic.</p> <p>The findings include:</p> <p>On 06/10/2020 at 2:15 p.m., Resident Care Associate (RCA) #1 and a visitor entered the facility through the main lobby. At 2:31 p.m., screener #1 confirmed that she did not appropriately screen either person. She stated that she based her screening on previous knowledge. Screener #1 confirmed that although she had completed the log-in sheet dated 06/10/2020 for RCA #1, she did not ask, if there had been any changes. Screener #1 also confirmed the visitor was scheduled for an interview with the Director of Nursing (DON), and that she did not complete an initial screening, prior to the visitor proceeding pass the screening station.</p> <p>During an interview on 06/10/2020 at 2:56 p.m., the Executive Director (ED) and DON confirmed that screeners were to follow the facility's protocol, related to screening questions. The ED and DON stated that once the initial screening questions were completed; the screener was expected to ask if there had been any changes, as part of screening thereafter.</p> <p>Review of the facility screening protocol, updated</p>	F 880			

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F 880	Continued From page 3 on 06/04/2020, revealed, "...All visitors, vendors and employees must fill out screening questions upon their first entry to the campus...if there have been no changes, visitors, vendors and employees are to be signed in on the appropriate screening log and have the screener document their temperature..."	F 880		

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E 000	Initial Comments  A COVID-19 Focused Emergency Preparedness Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on June 10-11, 2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6). The census was 33.	E 000			
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