STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185052	A. BUILDING _____ B. WING _____	04/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE AT SUMMIT MANOR REHAB & WELLN	460 BOMAR HEIGHTS COLUMBIA, KY 42728

(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 COVID-19 focused infection control survey was initiated on 04/07/2020 and concluded on 04/08/2020. 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 "D" level. The total census was 87.	F 000	1. The facility Chaplain was educated by the Signature Care Consultant on 4/7/20 on the policy for Novel Coronavirus which includes the proper utilization of PPE to include utilization of surgical masks to be worn while in the facility and how the virus is spread. Chaplain verbalized understanding of policy at time education was completed. 2. All current elders residing in the facility were assessed for any s/s of adverse reaction related to improper utilization of PPE that could lead to contamination by reviewing of nurses notes/labs and antibiotic stewardship for the last 30 days starting on 4/12/20 and 4/14/20 with no issues noted by the Signature Care Consultant. 3. Facility staff were educated by DON, SDC, Unit Manager and/or SCC on policy for Novel Coronavirus to include how it spreads and proper utilization of PPE, when to utilize PPE and removal of PPE to include	
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, but are not limited to: (I) A system of surveillance designed to identify	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Laurnie Baum — TITLE: Administrator — (X6) DATE: 4/30/20

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SIGNATURE HEALTHCARE AT SUMMIT MANOR REHAB & WELLN	400 BOMAR HEIGHTS COLUMBIA, KY 42728

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F 880	Continued From page 1 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. This REQUIREMENT is not met as evidenced by:	F 880	masks. Education was started on 4/12/20 and will be completed on all staff by 4/31/20. All new employees will receive this education in orientation prior to working the floor. 4. Ongoing monitoring and compliance will be achieved by Admin, DON, ADON, or designee observing utilization of face mask for 10 stakeholders daily on random shifts properly for 2 weeks starting week of 4/8/20, then decreasing to 3 X week for 2 weeks starting on 4/23/20 and weekly x 12 weeks starting week of (5/14/20). Any identified issues will be addressed immediately by the DON/Designee. Results from these observations will be reviewed by the QAPI committee monthly x 3 months for further review and recommendations. Compliance date 5/1/20.	

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	185052	A. BUILDING _____ B. WING _____	04/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE AT SUMMIT MANOR REHAB & WELLN	400 BOMAR HEIGHTS COLUMBIA, KY 42728

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F 880	Continued From page 2 Based on observation, interview, and a review of facility policy, it was determined the facility failed to properly prevent the possible spread of COVID-19. On 04/07/2020, the facility chaplain was sitting in the downstairs resident dining room, not wearing a facemask as required in accordance with facility policy and The Centers for Medicare and Medicaid Services (CMS) Guidance. The findings include: A review of COVID-19 Long-Term Care Facility Guidance Dated 04/02/2020 revealed all long-term care facility personnel should wear a facemask while they are in the facility. A review of facility policy titled "Novel Corona Virus (COVID-19)" with a revision date of 04/03/2020 revealed all stakeholders should wear a facemask while they are in the facility. Observation during the initial tour on 04/07/2020 at 10:23 AM revealed the facility chaplain was sitting in the downstairs resident dining room with a facemask that was hanging free from one ear, not covering the mouth and nose. Interview with the Chaplain on 04/07/2020 at 10:23 AM revealed he had removed the facemask to get a breath of air. An interview with the Acting Director of Nursing (DON) on 04/07/2020 at 10:46 AM revealed all staff were required to wear a facemask at all times when in the building to help prevent the spread of the Coronavirus. The policy was initiated on 04/03/2020 and all staff were trained. According to the Acting DON, she made rounds	F 880		

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F 880	Continued From page 3 to monitor if staff were following the policy and she was providing on-the-spot education if needed. The Acting DON stated she had not identified that the chaplain was removing his mask when in the building. An interview with the Administrator on 04/08/2020 at 9:05 AM revealed the Administrator was aware of the CMS Guidance, had revised the facility policy, and implemented the guidance on 04/03/2020. According to the policy, all staff were required to wear a mask when inside the building. According to the Administrator, the chaplain should wear a mask at all times when in the building to help prevent the spread of the Coronavirus.	F 880		

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SIGNATURE HEALTHCARE AT SUMMIT MANOR REHAB & WELLN	400 BOMAR HEIGHTS COLUMBIA, KY 42728

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E 000	Initial Comments A COVID-19 focused Emergency Preparedness survey was initiated on 04/07/2020 and concluded on 04/08/2020. The facility was found to be in compliance with 42 CFR 483.73 Emergency Preparedness related to E0024. No deficient practice was identified.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 04/30/2020

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Office of Inspector General

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	100003	A. BUILDING: _____ B. WING _____	04/08/2020

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SIGNATURE HEALTHCARE AT SUMMIT MANOR REHA	400 BOMAR HEIGHTS COLUMBIA, KY 42728

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N 000	Initial Comments A COVID-19 focused infection control survey was initiated on 04/07/2020 and concluded on 04/08/2020. Deficient practice was identified pursuant to 42 CFR 483.80.	N 000		

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