

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

PRINTED: 11/23/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185229	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/07/2020
NAME OF PROVIDER OR SUPPLIER BARREN COUNTY NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 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	F 000			
F 880 SS=D	<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		10/30/20	

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

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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	Continued From page 2 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	F 880	Preparation and execution of this plan of correction does not constitute an admission of or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This Plan of Correction is prepared and executed solely because Federal and State Law require it. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Correction. Failure to dispute or challenge the alleged deficiencies below is not an admission that the alleged facts occurred as presented in the statements. 1. Resident #3's 14 day droplet precautions were discontinued on 10-12-2020. Covid-19 Screening Tool completed by licensed nurse on 10-7-2020 showed no adverse findings were identified for resident #3. 2. All residents have the potential to be affected by the alleged deficient practice. Currently, the facility has zero positive COVID-19 residents. Precautions remain in place as recommended by the CDC and CHFS DPH for infection control practices, including monitoring staff and residents for COVID-19 symptoms, universal masking and hand hygiene. All current resident COVID assessments were reviewed for new onset of infection by the Regional Director of Clinical		

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F 880	<p>Continued From page 3</p> <p>don gloves, gown, mask, and eye protection.</p> <p>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.</p> <p>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.</p> <p>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</p>	F 880	<p>Services on 10-8-2020 with no new indication of infections identified.</p> <p>3. The SDC provided one on one education on 10-8-2020 to CMT #1 on Do's and Don'ts of wearing face masks, gloves, and gowns including guidance on how to apply and how to remove PPE. The SDC provided one on one education to C.N.As #1 and #2 on 10-7-2020. Do's and Don'ts of wearing a face mask. Education will be completed by 10-23-2020 with all staff on Do's and Don'ts of wearing face masks, gloves and gowns and on Infection Control guidelines by the SDC and Medical Records Nurse. Per the DPOC for F880, The Infection Preventionist will initiate education with all staff on Use Personal Protective Equipment (PPE) correctly for Covid-19 with an anticipated completion date of 10-30-2020 along with an attestation statement of completion. Staff who have not completed the education by 10-30-2020 will not be permitted to return to work before education listed above has been completed.</p> <p>4. An audit was developed to observe staff on the units for proper use of PPE including masks, gloves and gowns. This audit will be completed on various shifts by the Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator and or Unit Manager 5 times a week x 2 weeks then 3x a week x 2 weeks then 2x a week x 4 weeks then 1x a week x 4 weeks then monthly x 3 months. Any areas of concern will be</p>		

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F 880	<p>Continued From page 4</p> <p>read, "Stop, please check with nurse before entering".</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>	F 880	<p>addressed immediately with re-education. The results of this audit will be presented and reviewed by the QAPI committee monthly x 6 months. A root cause analysis will be conducted with the assistance of the Infection Preventionist, QAPI committee and Governing Body and will be incorporated into the intervention plan by 10-30-2020.</p>		

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F 880	<p>Continued From page 5</p> <p>she expected all staff to wear masks when in facility and to ensure the mask is covering their nose and mouth when worn.</p> <p>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.</p> <p>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.</p>	F 880			

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E 000	<p>Initial Comments</p> <p>A COVID-19 focused Emergency Preparedness Survey was conducted on 10/07/2020. There was no deficient practice identified with 42 CFR 483.73 Emergency Preparedness related to E0024.</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/19/2020
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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 on 10/06/2020 and concluded on 10/07/2020. The facility was found not to be in compliance pursuant to 42 CFR 483.80.</p>	N 000		

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