

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

PRINTED: 03/11/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/01/2020
NAME OF PROVIDER OR SUPPLIER BEREA HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 601 RICHMOND ROAD BEREA, KY 40403		
(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	
E 000	Initial Comments A COVID-19 focused Emergency Preparedness survey was initiated on 11/30/2020 and concluded on 12/01/2020. 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

Electronically Signed

12/22/2020

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 000	INITIAL COMMENTS A COVID-19 focused infection control survey was initiated on 11/30/2020 and concluded on 12/01/2020. The facility was found to be in compliance with 42 CFR 483.80 Infection Control and has implemented the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. However, unrelated deficient practice was identified at "D" level. The total census was 65.	F 000			
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;	F 584		12/22/20	

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F 584	<p>Continued From page 1</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policy, it was determined the facility failed to provide housekeeping services necessary to maintain a clean, comfortable, and homelike environment on one (1) of two (2) resident floors. Observations on 11/30/2020 at 10:15 AM, 11:48 AM and 3:00 PM, revealed the hallway floors were dirty and soiled on unit two of the second floor of the facility.</p> <p>The findings include:</p> <p>Review of the facility policy, "Housekeeping Services", dated 06/06/2003, revealed in resident care areas, cleaning of non-carpeted floors and other horizontal surfaces, will be done daily and more frequently if spillage or visible soiling occurs.</p>	F 584	<p>Berea Health & Rehabilitation does not believe and does not admit that any deficiencies existed either before, during or after the survey. Berea Health & Rehabilitation reserves the right to contest the survey findings through informal dispute resolution, formal legal appeal proceedings or any administrative or legal proceedings. This plan of corrections does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds, is not</p>		

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F 584	Continued From page 2 Observation on 11/30/2020 at 10:15 AM, revealed a dried pink sticky substance in front of room 211, a dried brown substance in front of room 213, a dried brown sticky substance in front of room 216, a dried pink sticky substance in front of room 217, a dried brown sticky substance in front of room 218, a dried yellow liquid in front of room 221, and a foamy wet white substance in front of room 203. Observation on 11/20/2020 at 11:48 AM and 3:00 PM revealed the soiled areas of the hallway were still present and had not been cleaned. Interview with State Registered Nurse Aide (SRNA) #2, on 11/30/2020 at 2:07 PM, revealed she was working on unit two of the second floor, and had identified some areas with dried substances on the floor. She further stated that often she was expected to clean up areas such as spills; however, she was unable to clean due to providing resident care. The SRNA stated she had not cleaned the soiled areas identified due to limited time. Interview with SRNA #3, on 11/30/2020 at 2:25 PM, revealed she had identified soiled substances on the floor; however, she had not cleaned the areas. She further revealed that housekeeping was responsible for cleaning the floors in the hallway; however, she had not seen housekeeping till around 12:00 PM. Interview with Administrator, on 11/30/2020 at 4:25 PM, revealed the regular housekeeper wasn't working, and they had not been able to find coverage. She further stated she had observed unit two prior to this interview and identified the hallway floors as being "atrocious".	F 584	meant to establish any standard of care, contract obligation or position. Berea Health & Rehabilitation reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan or correction should be considered as a wavier of any potentially applicable peer review, quality assurance or self-examination privileges which Berea Health & Rehabilitation does not waive, and reserves the right to assert in any administrative, civil or criminal claim action or proceeding. Berea Health & Rehabilitation offers its responses credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to our residents. It is and was on the date of survey at Berea Heath & Rehabilitation to provide Housekeeping services necessary to maintain a sanitary, orderly and comfortable environment/interior for our residents. It is the expectation that this requirement be met to promote the highest quality of life for the residents in which we serve. 1. On 11/30/2020 Facility staff		

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F 584	Continued From page 3 Further interview on 12/01/2020 at 3:08 PM, revealed that she was aware the regular housekeeper was not available for work; however, was unable to get coverage to ensure the second floor was cleaned until approximately 1:00 PM - 2:00 PM.	F 584	<p>immediately mopped the 2nd floor in its entirety giving focus to rooms #203, #211, #213, #216, #217, #218 and #221.</p> <p>2. All floors at BHC were immediately assessed by QAPI/Staff Development Nurse and noted to be clean and free from dried spots or visible soiling.</p> <p>3. Education was provided by Regional Nurse consultant/Infection preventionist on 12/16/2020 to Administrator and Environmental Service Director on the expectation of cleanliness in the facility, floors being appropriately mopped and the requirement to provide appropriate Housekeeping services including infection control measures. Administrator and Director of Environmental services completed a post test with 100% accuracy on 12/16/2020. On 12/16/2020 housekeeping staff education initiated per Environmental Service Director on the above with post test given and 100% accuracy obtained. Total staff completion on 12/21/2020.</p> <p>4. On 12/16/2020 an audit of 100% facility hallway floors was conducted on both 2nd and 1st floors and found to be clean with no visible soiling. Additionally 5 resident's rooms on 1st and 2nd floor was audited by licensed nursing staff and found to be free of signs of visible soiling. Additionally, licensed nursing staff will audit all patient hallways on 1st and 2nd floor will be assessed daily x 2 weeks with 3 resident's rooms on each floor assessed daily x 2 weeks as well. Then hallways on</p>		

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F 584	Continued From page 4	F 584	1st and 2nd floor will be assessed 3 times a week x 2 weeks with rooms on each unit being assessed three times a week for cleanliness and any visible soiling. With no further concerns, all hallways and 3 residents rooms will be assessed for cleanliness monthly x 2 months then with no further concerns through the QAPI process. All audits will be reviewed through QAPI		

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 11/30/2020 and concluded on 12/01/2020. Deficient practice was identified pursuant to 42 CFR 483.10-483.95. No deficient practice was identified related to the infection control survey.</p>	N 000		

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