STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185013	A. BUILDING _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON CORNERSTONE GROUP, LLC	55 EAST NORTH STREET MADISONVILLE, KY 42431

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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was initiated on 10/27/2020 and concluded on 10/28/2020 with a deficiency cited at a Scope and Severity of a "D".. 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 50.	F 000		
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	F 880		

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F 880	Continued From page 1	F 880		

procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify 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

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IPCP and update their program, as necessary.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and facility policy review, it was determined the facility failed to implement an effective Infection Control program in place.

During meal pass on the floors Certified Nursing Assistant (CNA) #1 failed to wash and sanitize hands between tasks for different residents which involved the entry and exit to different resident rooms.

The findings include:

Review of facility policy titled, "Standard Precautions Employee Information Sheet', not dated, revealed if hands were not visibly soiled, use alcohol based hand rub for routinely decontaminating hands (up to 3 times) before having direct contact with residents after contact with a resident's intact skin, after contact with inanimate objects in the immediate vicinity of the resident or whenever in doubt. Resident care equipment soiled with blood, body fluid, secretions, and excretions should be handled in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of other microorganisms to other residents and environments.

Observation on 10/27/2020 at approximately 11:50 AM, revealed Certified Nursing Assistant (CNA) #1 served trays and did not sanitizing hands between tray deliveries. Additionally, CNA #1 entered Unsampled Resident A's room (Room

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503-A) and repositioned resident in bed; then exited and went into Unsampled Resident B's room (504-B) and acquired his/her coffee cup for refill and did not sanitize or wash hands between the rooms. CNA #1 then went to meal cart #1 to obtain refill of coffee by getting coffee pot from atop meal cart but did not have enough to fill cup so the CNA went to meal cart #2 and finished filling coffee cup. CNA #1 then took a straw retrieved from meal cart to Unsampled Resident C (room 506-A) and then took the coffee to Unsampled Resident B (Room 504-B); without washing or sanitizing hands.

Interview on 10/27/2020 at approximately 12 :00 PM, with CNA #1, revealed she should sanitize hands before handling trays and after going into each room and after each activity because of contamination.

Interview on 10/28/2020 at 5:00 PM, with Infection Control Nurse (IFCN), revealed staff were required to sanitize hands and/or wash hands before going into any room. The IFCN stated staff were to be task conscious and hand wash, if hands were visibly soiled or they had direct contact with residents or contaminated surfaces. Additionally IFCN stated staff would need to hand sanitize before and after delivering the coffee, before providing care to another room; and another residents coffee cup should not be in another resident's room.

2. Review of facility policy titled. "Visitor Screening", not dated, revealed visitors were to be screened upon entrance to the building and the nurse was responsible for the screening process and documentation findings.

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Review of the facility screening policy titled, "Coronavirus (COVID-19) Visitor Log", not dated, revealed licensed nurses must follow below: Visitor must cleanse/sanitize hands when entering facility. Licensed nurse completes visitor screening tool for each visitor and provides the visitor a copy of the COVID-19 and handwashing-how-to information sheets.

Observation on 10/27/2020 at approximately 10:30 AM, during screening process, revealed the visitor was not informed to sanitize hands and of location of sanitizing equipment; nor provided COVID-19 or handwashing-how-to information sheets, per facility guidelines for screening.

Interview on 10/28/2020 at 5:00 PM, with IFCN revealed it was her fault for not asking the visitor to sanitize hands, and she failed to provide the forms related to handwashing and COVID information. IFCN stated she slipped up and made an error when letting the visitor in.

Interview on 10/28/2020 at 5:31 PM, with Director of Nursing (DON), revealed visitors should be informed where to located sanitizer and to sanitize hands; and, the nurses should follow the facility guidelines for screening. The DON stated staff were to sanitize hands between each meal tray, when they come in/out of buildings, and between patient care and peri care, if visibly dirty. She stated the staff should have given the resident a new coffee mug and staff should have sanitized hands and then gone back with straw.

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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was initiated on 10/27/2020 and concluded on 10/28/202. There was no deficient practice identified at 42 CFR 483.73 related to E-0024 (b)(6).	E 000		

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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.

Office of Inspector General

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N 000	Initial Comments A COVID-19 Focused Infection Control Survey was initiated 10/27/2020 and concluded on 10/28/2020. The facility was found not to be in compliance pursuant to 42 CFR 483.80.	N 000		

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