STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185234	A. BUILDING _____ B. WING _____	R 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALVERT CITY CONVALESCENT CENTER	1201 FIFTH AVE CALVERT CITY, KY 42029

(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 AMENDED An Onsite Revisit to the 05/05/2020 COVID 19 Focused Infection Control Survey determined the facility was in compliance on 07/03/2020.	{F 000}		

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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	185234	A. BUILDING _____ B. WING _____	05/05/2020

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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was initiated on 05/04/2020 and concluded on 05/05/2020. The facility was found not to be in compliance with 42 CFR 483.80 infection control regulations 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. Total census 79.	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;	F 880	1. Licensed Practical Nurse (LPN) #1 was verbally educated 5-4-2020 by the Director of Nursing (DON) on proper hand hygiene and soiled linen transport procedures. Education also included infection control guidelines to prevent infection transmission due to cross contamination. 2. The facility has determined that all residents have the potential to be affected by the deficient practice. 3. All staff have been in-serviced on preventing the spread of infection related to hand hygiene. In-service training included visual observations of staff performing hand hygiene procedures according to facility policy utilizing a validation checklist. All staff were also tested on the education provided,as completed on 6/26/2020 by the Staff Development Coordinator and/or Infection Preventionist. All staff will be in-serviced on proper procedure for handling soiled linens to prevent the spread of infection. In-service training to include random observations of staff performing linen transport per facility policy. Findings will be reviewed with the staff with corrective action provided, if indicated. Staff will be tested on the provided education. 4. The Director of Nursing (DON), and/or Staff Development Coordinator, and/or Infection Preventionist will complete 30 random visual observations of staff utilizing Validation Checklists for compliance of proper infection control practice related to hand hygiene and linen transport. The observations will be completed monthly for 2 months followed by quarterly under direction of Infection Preventionist. The above checklist will be reviewed during monthly QAPI Committee Meetings to sustain compliance with above infection control practice.	07-10-2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jennifer Lindsey, Administrator | TITLE | (X6) DATE: 06-26-2020

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F 880	Continued From page 1 §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 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.	F 880		

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F 880	Continued From page 2 §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: Based on observation, interview, record review and facility policy review, it was determined the facility failed to ensure the infection prevention and control program was followed while providing direct resident care during COVID 19 pandemic. Observation revealed Licensed Practical Nurse (LPN) #1 failed to wash/sanitize hands per facility poicy when she entered and exited Resident #2's room; after handling dirty items that were picked up off the floor; and, prior to providing care to residents. In addition, LPN #1 failed to handle a dirty towel and pillow case in a manner that prevented the transfer of microorganisms to others and to the environment per facility policy, when she carried the items in her hand from the resident's room to the dirty linen room. The findings include: Review of facility policy titled, "Standard Precautions Infection Control", dated 03/18/2020, revealed all staff are to assume that all residents are potential infected or colonized with an organism that could be transmitted during the course of providing resident care services. Therefore, all staff shall adhere to "Standard Precautions" to prevent the spread of infection.	F 880		

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F 880	Continued From page 3	F 880		

"Standard Precautions" represents the infection prevention measures that apply to all resident care, regardless of suspected or confirmed infection status of the resident, in any setting where healthcare is delivered. "Hand Hygiene" is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR).

Further review of the policy for Standard Precautions Infection Control Protocol revealed hand hygiene should be completed after touching blood, body fluids, secretions, excretions, and contaminated items; before and after removing personal protective equipment (PPE); and, between resident contacts. Gloves should be used for touching blood, body fluids, secretions excretions; contaminated items; and, for touching mucous membranes, and non-intact and intact resident skin. Textiles and laundry should be handled in a manner that prevents transfer of microorganisms to others and to the environment.

Observation on 05/04/2020 at approximately 11:07 AM revealed Licensed Practical Nurse (LPN) #1 exited a resident's room and entered Resident #2's room. LPN #1 failed to wash hands when she entered room. LPN #1 picked up a pillow and a towel off the floor and removed the pillowcase from the pillow and placed pillow in chair. Further observation revealed LPN #1 then proceeded to remove Resident #2's hand from his/her oxygen nasal cannula and placed the nasal cannula in the resident's nostrils, without washing her hands after handling the dirty towel

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F 880	Continued From page 4	F 880		

and pillowcase. LPN #1 then left the room with pillowcase and towel in her hands, stopped and talked to another resident who was sitting in alcove, and then went into soiled linen room on the isolation/COVID unit and disposed of the towel and pillowcase. LPN #1 failed to ensure the dirty towel and pillowcase were handled in a manner that prevented transfer of microorganisms to others and to the environment.

Interview with LPN #1 on 05/04/2020 at 11:25 AM and 05/05/2020 at 11:30 AM revealed she did not wash/sanitize hands when entering and exiting resident rooms; prior to placing nasal cannula (oxygen) on Resident #2; or when going to attend to another resident sitting in the alcove. LPN #1 stated she did not think about washing her hands at the time, but did wash her hands when came back to the nursing station. She revealed she had left her sanitizer at the nursing station and did not use it or have gloves on.

Interview with the Staff Development Coordinator (SDC) on 05/04/2020 at 11:12 AM and 11:17 AM revealed LPN #1 was the nurse working on the isolation unit/COVID unit with (5) five residents at this time. The SDC stated LPN #1 had received individual training and nurses were expected to wash hands before and after resident care, and before and after gloves are used. She revealed this practice was vital for infection control.

Interview with Infection Control Nurse (ICN) on 05/04/2020 at 11:43 AM revealed handwashing/sanitizing of the hands should be completed when entering/exiting resident rooms,

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F 880	Continued From page 5 prior to and after caring for a resident, and after picking up a dirty towel from the floor. She stated staff were given sanitizers to carry in their pockets. Interview with Director of Nursing (DON) on 05/04/2020 at 12:35 PM revealed staff should wash hands before and after care of residents and should wear gloves. She stated staff should wash hands after picking up items off the floor and prior to putting oxygen on a resident.	F 880		

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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was initiated on 05/04/2020 and concluded on 05/05/2020. There was no deficient practice identified at 42 CFR 483.73 related to E-0024 (b)(6).	E 000		

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

Jennifer Lindsey, Administrator — 06-26-2020

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Office of Inspector General

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	100329	A. BUILDING: _____ B. WING _____	R 08/27/2020

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{N 000}	Initial Comments AMENDED An Onsite Revisit to the 05/05/2020 COVID 19 Focused Infection Control Survey determined the facility was in compliance on 07/03/2020.	{N 000}		

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

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N 000	Initial Comments A COVID-19 Focused Infection Control Survey was initiated 05/04/2020 and concluded on 05/05/2020. The facility was found not to be in compliance pursuant to 42 CFR 483.80.	N 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jennifer Lindsey, Administrator — TITLE — (X6) DATE: 06-26-2020