

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

PRINTED: 07/23/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185366	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/09/2020
NAME OF PROVIDER OR SUPPLIER CORBIN HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 270 BACON CREEK ROAD CORBIN, KY 40702	
(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 An abbreviated standard survey (KY31937) and a COVID-19 focused infection control survey was initiated on 07/08/2020 and concluded on 07/09/2020. The complaint was unsubstantiated. 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 "E" level. The total census was 92.	F 000		
F 880 SS=E	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:	F 880		
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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F 880	<p>Continued From page 1</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	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, it was determined the facility failed to prevent the possible spread of COVID-19. Per an administrative interview, the facility utilized the protocol, "COVID-19 Employee Screening at Change of Shift," for screening staff prior to the staff member entering the resident care area. However, a review of the COVID-19 Employee Screening at Change of Shift forms and staff interviews revealed staff entered the building without taking/recording their body temperature on 06/26/2020, 07/05/2020, and 07/06/2020.</p> <p>The findings include:</p> <p>Interview with the Facility Administrator on 07/09/2020 at 2:53 PM revealed the facility did not have a specific policy regarding screening and taking temperatures of staff but the facility did have a protocol. According to the Administrator, the facility utilized the "COVID -19 Employee Screening at Change of Shift" form and staff were required to take their temperature when arriving at work and before entering resident care areas of the facility. The Administrator stated staff were then required to document the temperature on the form and if any signs of COVID-19 illness were present, staff were to notify Management for further guidance.</p> <p>A review of Page 5 of the facility protocol titled, "Protocol: COVID-19," with a revision date of 04/01/2020, revealed under the section titled, "Monitor and Manage Healthcare Personnel," staff were to be screened at the entrance to the facility prior to the start of their shift. Each staff member was to be questioned about symptoms,</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>travel, and exposure, and temperature taken. Further review revealed if an employee presented with a fever of 100.4 they would be sent home and advised to contact their healthcare provider.</p> <p>A review of twenty (20) undated COVID-19 Change of Shift Screening of Employees Forms revealed eight entries with no evidence of an employee's temperature being documented prior to the employee starting work.</p> <p>A review of a COVID-19 Change of Shift Screening of Employees Form dated 06/26/2020 revealed Physician #1 entered the building and there was no evidence of a temperature documented on the form.</p> <p>Interview with Physician #1 on 07/09/2020 at 9:53 AM revealed the physician had entered the building on 06/26/2020 but could not recall why his temperature was not documented. According to the physician, he may have taken his own temperature and not documented the temperature on the log or may have been in the building earlier and had his temperature taken. Further interview revealed sometimes when the physician enters the building staff will do the screening and the temperature and sometimes when no staff are at the door, the physician will take his own temperature and write it on the log. Further interview with the physician revealed he had not provided care for any COVID positive patients and he was assigned to this facility only to prevent possible spread from facility to facility.</p> <p>An interview with State Registered Nurse Aide (SRNA) #1 on 07/08/2020 at 3:01 PM revealed that when staff arrive at work and there is no one to take temperatures, staff take their own</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>temperatures but only if a thermometer is available. According to the SRNA, the thermometer is often not available and staff have to try to find it.</p> <p>Interview with SRNA #2 on 07/08/2020 at 4:38 PM revealed he recalled a day when a thermometer was not available to take temperatures but he could not recall the date. Per the SRNA, since a thermometer was not available, staff signed in and went to the nurses' station, and took their temperatures before starting work. SRNA #2 stated that often there were no probe covers available for the ear thermometer to utilize to take temperatures. Further interview revealed the facility did have a no-touch forehead thermometer that was often not at the screening location when the SRNA came to work.</p> <p>Interview with SRNA #4 on 07/09/2020 at 9:02 AM revealed when staff come to work they screen themselves, take their own temperature, and document it on the log prior to starting work. Further interview revealed a thermometer is often not available and staff have to contact the nurse on the radio to find the thermometer.</p> <p>Interview with SRNA #5 on 07/08/2020 at 4:13 PM revealed a thermometer was not available when she arrived at work for her shift starting at 6:00 PM on 07/06/2020. The SRNA stated she was not able to take her temperature until she went to the nurses' station and found a thermometer. Further interview revealed the SRNA did not go back and document the temperature on the log. The SRNA stated she did not have a fever or any signs and symptoms of COVID-19 on 07/06/2020.</p>	F 880			

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F 880	Continued From page 5 Interview with SRNA #6 on 07/08/2020 at 4:55 PM revealed she was required to take her temperature and document on the log when she arrived at work. The SRNA stated she was not aware why her temperature was not documented. According to the SRNA, a thermometer is not always available at the screening location. The SRNA stated staff entered the building and went to the nurses' station to find the thermometer in order to take their temperature. Interview with SRNA #7 on 07/08/2020 at 5:04 PM revealed the SRNA had come to work on 07/05/2020 at 6:00 PM and a thermometer was not available in the screening area. Per the SRNA, she started work and took her temperature later in the shift but did not document the temperature. According to the SRNA, staff takes the thermometer from the screening location to use to take residents' temperatures on the floor and does not put the thermometer back at the screening location. Interview with Licensed Practical Nurse (LPN) #1 on 07/09/2020 at 12:54 PM revealed staff check their own temperatures before they start work. According to the LPN, she had not had any problems with the facility thermometers being available in the screening area. The LPN stated she may have forgotten to document her temperature on the log and this might be why there was no temperature recorded by her name. Interview with the Director of Nursing (DON)/Infection Preventionist on 07/09/2020 at 2:26 PM revealed she had not identified any concerns with the staff screening procedure or with staff failing to obtain/document their	F 880			

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F 880	<p>Continued From page 6</p> <p>temperatures prior to starting work. According to the DON, all staff were trained to check their temperatures and to self-screen prior to starting work. The DON stated if there were any concerns, a walkie-talkie radio was available at the screening area to reach someone for assistance.</p> <p>Interview with the facility Administrator on 07/09/2020 at 2:53 PM revealed staff were required to check their temperatures and self-screen prior to starting work. The Administrator stated staff were to sign acknowledging they were free of symptoms and document their temperature before starting work and providing care. According to the Administrator, he checked the COVID-19 change of shift screening of employees form daily but did not check every form. The Administrator stated he was not aware that employees were having problems finding a thermometer to take their temperatures or starting work without taking their temperature.</p>	F 880			