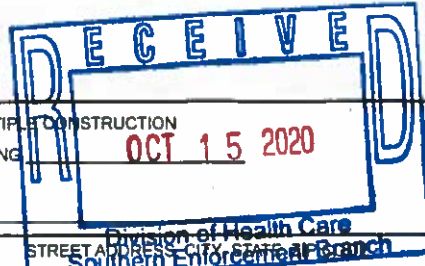


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/19/2020  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185173	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  09/08/2020
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NAME OF PROVIDER OR SUPPLIER  CUMBERLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP+4 200 NORFLEET DRIVE SOMERSET, KY 42501
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(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  A COVID-19 focused infection control survey was conducted on 09/08/2020. 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 77.	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: (i) A system of surveillance designed to identify possible communicable diseases or	F 880		10/13/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE 09/28/2020
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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.

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NAME OF PROVIDER OR SUPPLIER  CUMBERLAND NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORFLEET DRIVE SOMERSET, KY 42501	
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F 880	<p>Continued From page 1</p> <p>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> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of</p>	F 880	THE COMPLETION AND SUBMISSION	

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NAME OF PROVIDER OR SUPPLIER  CUMBERLAND NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORFLEET DRIVE SOMERSET, KY 42501		
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F 880	<p>Continued From page 2</p> <p>the facility's policies/procedures, it was determined the facility failed to prevent the possible spread of COVID-19. Observations on 09/08/2020 revealed a nurse on the facility-designated COVID Unit entering a resident's room, who was on transmission-based precautions, without donning the required Personal Protective Equipment (PPE). Housekeeping staff was observed on the B Hall with a mask positioned below the nose. In addition, laundry staff was observed on 09/08/2020 to transport a laundry cart from the designated COVID Unit and enter the designated clean side of the laundry without cleaning or sanitizing the cart.</p> <p>The findings include:</p> <p>A review of the infection control policy titled, "Infection Prevention and Control Policy and Procedure," with a revision date of 03/25/2020, revealed the facility will conduct infection control and prevention strategies to reduce the risk of transmission of the novel corona virus (COVID-19). A review of the facility guidance for use of Personal Protective Equipment (PPE) for patients who were COVID positive revealed staff were required to wear Full PPE, to include eye protection, gown, gloves, and mask. All facility staff were required to wear eye protection and a mask at all times because the facility has current active cases of COVID-19 in residents and staff.</p> <p>A review of the facility policy for transporting linen titled, "Handling, Transport and Storage of Laundry," with a revision date of 07/22/2020, revealed laundry was required to be transported and handled by staff with appropriate measures to prevent cross-contamination. Further review</p>	F 880	<p>OF THIS CREDIBLE ALLEGATION OF COMPLIANCE DOES NOT CONSTITUTE AN ADMISSION THAT THE FACILITY AGREES WITH THE ALLEGATIONS IN THE STATEMENT OF DEFICIENCY (2567). THE FACILITY IS COMPLETING THE ALLEGATION OF COMPLIANCE BECAUSE IT IS REQUIRED BY STATE AND FEDERAL LAW. THE FACILITY DISAGREES WITH AND DISPUTES THE ALLEGED DEFICIENCIES AS STATED AND THE SCOPE AND SEVERITY AT WHICH THEY ARE CITED. FURTHER, THE FACILITY DISPUTES AND DISAGREES WITH THE ACCURACY OF STATEMENTS AND OTHER INFORMATION RELIED UPON IN SUPPORT OF THE ALLEGED DEFICIENCIES. THIS INCLUDES, BUT IS NOT LIMITED TO, THE ALLEGED CONTENT/ SUMMARY OF INTERVIEWS, THE TIMING / CHRONOLOGICAL SEQUENCE OF EVENTS AND CONTACT WITH HEALTH CARE PROFESSIONALS, AND THE DESCRIPTION OF THE CARE PROVIDED TO THE RESIDENTS. THE FACILITY RESERVES ITS RIGHT TO CONTINUE DISPUTING, APPEALING AND CONTESTING THESE ALLEGED DEFICIENCIES AND ANY ACTION RELATED TO OR ARISING THEREFROM IN ANY OTHER FORUM AS NEEDED.</p> <p>1. No residents were identified in the Statement of Deficiencies as having been affected by the alleged deficient practice.</p>		

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NAME OF PROVIDER OR SUPPLIER  CUMBERLAND NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORFLEET DRIVE SOMERSET, KY 42501		
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F 880	<p>Continued From page 3</p> <p>revealed clean linen must always be kept separate from contaminated linen through the use of separate rooms or designated spaces to reduce the risk of accidental contamination.</p> <p>(a) Observation of the B Wing hall during an initial tour on 09/08/2020 at 10:12 AM revealed Housekeeper #1 wearing a K95 facemask positioned below the nose with nares exposed, mopping resident room B-9.</p> <p>An interview with Housekeeper #1 on 09/08/2020 revealed he was supposed to wear the mask covering his nose and mouth but had the mask pulled down so he could breathe easier.</p> <p>(b) Observations conducted on the facility-designated COVID Unit on 09/08/2020 at 10:45 AM revealed RN #1 entered room D-10 without donning a required gown and gloves. A sign was observed on the room door for transmission-based precautions.</p> <p>An interview with RN #1 on 09/08/2020 at 10:50 AM revealed the RN was not aware she was required to wear a gown when entering the resident rooms due to a recent change in the use of PPE on the COVID Unit. Per the RN, she had been trained on the use of PPE but was confused.</p> <p>(c) Observation on 09/08/2020 at 11:00 AM revealed a laundry staff person transporting a linen cart from the facility-designated COVID Unit to the clean side of the laundry without the cart being cleaned or sanitized.</p> <p>An interview with the Laundry Worker on 09/08/2020 at 11:00 AM revealed she was</p>	F 880	<p>2. All residents would have the potential to be affected by the alleged deficient practice.</p> <p>3. Education is being provided to staff (all disciplines) by the Director of Nursing and/or the Infection Preventionist for the directed Plan of Care materials including the Keep COVID-19 Out! video and the Facemask Do's and Don'ts supplemental educational poster. A post-test will be required for all attendees, with a score of 100% required for satisfactory completion. In addition, the Director of Nursing and/or the Infection Preventionist is providing education to staff (all disciplines) in regards to the specific alleged deficient practices within the content of the statement of deficiencies. This will be completed by 10/2/2020. New employees will receive this education upon hire. The Director of Nursing provided education to the Laundry/Housekeeping Supervisor on 9/25/2020 in regards to the need to clean/disinfect the laundry cart and/or any equipment that has been on the designated COVID unit before entering another unit of the facility. The Laundry/Housekeeping Supervisor is providing this education the Laundry/Housekeeping staff and will be completed by 10/2/2020. New employees will receive this education upon hire. A Root-Cause Analysis (RCA) regarding the COVID-19 facility positivity rate and the allegation of deficient practice was completed on 10/2/2020. The RCA was completed by the Regional Director of Operations (Governing Body representative), the Chief Nursing Officer,</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>CUMBERLAND NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 NORFLEET DRIVE SOMERSET, KY 42501</b>		
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F 880	<p>Continued From page 4</p> <p>nervous because the surveyor was observing the COVID Unit. The Laundry Worker stated she did not realize she had entered the designated clean side of the laundry with the cart after leaving the COVID Unit.</p> <p>An interview with the Laundry/Housekeeping Supervisor on 09/08/2020 at 1:25 PM revealed staff were required to wear a mask at all times covering the mouth and nose, and use the required PPE when cleaning resident rooms based on the type of precautions the residents require. Further interview revealed any carts or equipment used for laundry on the COVID Unit was required to be cleaned/sanitized and should not be transported to the clean side of the laundry until cleaned/sanitized. According to the Laundry/Housekeeping Supervisor, she makes daily rounds to observe and monitor staff and to identify problems. The Laundry/Housekeeping Supervisor had not identified any concerns.</p> <p>Interview with the Director of Nursing on 09/08/2020 at 2:25 PM revealed nurses on the COVID Unit were required to wear a K95 mask and face shield at all times and were required to don a gown and gloves when entering resident rooms. The DON further stated the nurses were required to remove and discard the gloves and gown when exiting the resident rooms. According to the DON, since the facility no longer had a shortage of gowns, the facility was no longer reusing gowns and now used disposable gowns. The DON stated the change in PPE use (use of disposable gowns) had occurred last week and staff were trained on this change. Further interview with the DON revealed RN #1 should have donned a gown and gloves prior to entering room D-10. The DON stated she had not been</p>	F 880	<p>Regional Quality Manager, Clinical Regulatory Risk Manager, the facility Administrator (QAPI Committee Member) and Director of Nursing (Infection Preventionist and QAPI Committee Member). Root Cause Analysis revealed that extensive education on Infection Control practices had been provided to staff, specifically in regards to COVID-19. However, there was not a formalized monitoring system post education to ensure understanding and compliance with the education. RCA initiatives of establishing a PPE and Infection Control practices monitoring system will be followed by the facility Quality Assurance Process Improvement (QAPI) committee as detailed below.</p> <p>4. The Director of Nursing, the Infection Preventionist and/or assigned department manager (that has already received education) will observe and document a minimum of 10 employees daily Monday-Friday to observe/ensure the appropriate use of face masks. Any identified area of concern will be addressed with any required re-education provided at this time. This audit, with any needed follow-up, will be completed on weekends by the designated member of the clinical or management team (that has already received the education). The audit will begin 9/28/2020, and continue weekly x 4 weeks.</p> <p>The Director of Nursing and/or the Infection Preventionist will observe and document a minimum of 5 employees daily Monday-Friday to observe/ensure the appropriate use of PPE when entering</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>CUMBERLAND NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 NORFLEET DRIVE SOMERSET, KY 42501</b>		
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F 880	Continued From page 5 on the COVID Unit to monitor and was not aware of any concerns.  An interview with the Administrator on 09/08/2020 at 2:37 PM revealed the facility had experienced an outbreak of COVID-19 starting on 08/14/2020 when a resident tested positive. As of 09/08/2020, the facility had 39 current resident cases of COVID-19. Testing was being done weekly to identify any additional positive cases and if a resident tested positive, they were moved to the COVID Unit on the C and D Hall. According to the Administrator, she made rounds throughout the day in the facility to include the COVID Unit and addressed problems. However, the Administrator stated she was not aware of staff (RN #1 and Housekeeper #1) not utilizing PPE as required (masks, gown, and gloves) or of staff transporting a contaminated laundry cart to the clean side of laundry.	F 880	a designated isolation room. Any identified area of concern will be addressed with any required re-education provided at this time. This audit, with any needed follow-up, will be completed on weekends by the designated member of clinical team or assigned licensed nurse (that has already received education). The audit will begin 9/28/2020, and continue weekly x 4 weeks. The Director of Nursing and/or the Infection Preventionist will review and validate with laundry services daily Monday-Friday that no laundry carts are to be/have been transferred from the designated isolation unit to other areas without cleaning/disinfecting. Any identified area of concern will be addressed with any required re-education provided at this time. This audit, with any needed follow-up, will be completed on weekends by the designated member of clinical team or assigned licensed nurse (that has already received education). The audit will begin 9/28/2020, and continue weekly x 4 weeks. The results of the audits will be presented to the Quality Assurance Process Improvement (QAPI) committee by the Director of Nursing for review and recommendation. The QAPI committee consists of, but is not limited to, the Administrator, Director of Nursing, Infection Preventionist, Dietary Supervisor, Business Office, MDS, Therapy, Social Services, Activities and the Medical Director.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  <b>CUMBERLAND NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 NORFLEET DRIVE SOMERSET, KY 42501</b>		
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E 000	Initial Comments  A COVID-19 focused Emergency Preparedness survey was conducted on 09/08/2020. 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

09/28/2020

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.

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>100373</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/08/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CUMBERLAND NURSING AND REHABILITATION CEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 NORFLEET DRIVE SOMERSET, KY 42501</b>
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N 000	<p>Initial Comments</p> <p>A COVID-19 focused infection control survey was conducted on 09/08/2020. Deficient practice was identified pursuant to 42 CFR 483.80.</p>	N 000		

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

Electronically Signed

TITLE

(X6) DATE

09/28/20