STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185165	A. BUILDING _____ B. WING _____	06/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNDON WOODS CARE & REHAB, LLC	1101 LYNDON LANE LOUISVILLE, KY 40222

(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 Survey investigating KY #31812 and a COVID-19 Focused Infection Control Survey was initiated on 06/10/2020 and concluded on 06/12/2020. Complaint KY #31812 was substantiated with deficiencies cited. The facility was found not to be in compliance with 42 CFR 483.80 infection control regulations. Total census 124.	F 000		
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview, record review, and policy review, it was determined the facility failed to protect one (1) of three (3) sampled residents from abuse. Resident #1 was physically assaulted by Resident #2. Resident #2 was	F 600		

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

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F 600	Continued From page 1	F 600		

observed by staff to push and hold Resident #1 to the floor. Resident #1 sustained a skin abrasion to the forehead.

Review of the facility policy and procedure, "Abuse and Neglect Policy and Exploitation," dated 01/23/17 defined abuse as the willful infliction of injury..with resulting physical harm.

The facility admitted Resident #1 on 05/25/2020 with the following diagnoses: Vascular Dementia with Behavioral Disturbance, Heart Disease, Diabetes Mellitus, and Major Depressive Disorder.

Review of the Social Services Progress Note, dated and signed 06/01/2020, revealed a Brief Interview for Mental Status (BIMS) exam assessed Resident #1 as moderately cognitively impaired with a BIMS score of eleven (11) and determined the resident was interviewable.

Observation of Resident #1, on 06/10/2020 at 9:40 AM, revealed the resident to be alert and walking in the hallway of the West Unit. The resident appeared clean, odor-free, and dressed appropriately for the season.

Interview with Resident #1, on 06/10/2020 at 9:41 AM, stated he/she did remember falling to the floor after someone hit him/her. The resident stated, "I feel alright."

The facility admitted Resident #2 on 05/25/2020 with the following diagnoses: Schizophrenia, Muscle Weakness, Symbolic Dysfunctions, Anxiety Disorder and Dysphagia.

Review of the Admission Minimum Data Set

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F 600	Continued From page 2	F 600		

(MDS), dated 06/10/2020, revealed the facility assessed Resident #2 with a Brief Interview for Mental Status (BIMS) exam score of thirteen (13), and determined the resident was interviewable.

Observation of Resident #2, on 06/10/2020 at 9:30 AM, revealed the resident sitting on a couch in the dayroom area on the West Unit. The resident was awake, alert and oriented to person, and place. The resident appeared clean, without odor, and was dressed appropriately for the season.

Interview with Resident #2, on 06/10/2020 at 9:31 AM, revealed on 05/31/2020, he/she hit and pushed Resident #1 to the ground after Resident #1 called him/her "a mother fucker". Resident #2 continued to state he/she liked the facility, and should not have hit and pushed Resident #1 to the ground. The resident stated the incident occurred in the area right outside of the dining room and the resident continued to state he/she helped Resident #1 to get up and off the floor.

Telephonic interview with Housekeeper #1, on 06/11/2020 at 10:00 AM, revealed he was doing housekeeping on the West Unit on 05/31/2020. He stated when he walked out of a resident's room he observed Resident #1 and Resident #2 outside of the dining area talking to each other. He stated he then observed Resident #2 hit Resident #1, and push Resident #1 to the ground. He stated he then approached the resident's and separated them.

Record review of the Skin Observation Tool dated 05/31/2020 revealed the resident incurred a skin scrape on the right side of his/her forehead during the altercation.

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F 600	Continued From page 3 Telephonic interview with Licensed Practical Nurse #1, on 06/12/2020 at 9:20 AM, revealed she immediately assessed both of the resident's after the altercation occurred. She stated Resident #1 had a two (2) to three (3) inch abrasion on his/her forehead which resembled a carpet burn, and was not bleeding. Telephonic interview with the Administrator 06/12/2020 at 11:08 AM revealed he was been notified by staff on 05/31/2020 in regards to the resident to resident altercation. He revealed he came into the facility upon notification and Resident #2 had been placed on 1:1 staff supervision.	F 600		
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	F 880		

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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 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

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transport linens so as to prevent the spread of infection.

§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, and policy review, it was determined the facility failed to ensure staff maintained appropriate use of Personal Protective Equipment (PPE). A Licensed Practical Nurse (LPN) and a Certified Nursing Assistant (CNA) were observed on the West Unit resident care area not wearing facemasks.

Review of the policy and procedure, "Coronavirus," dated 03/2020 stated the facility was focused on containing the spread and mitigating the impact of Coronavirus, and the facility supports the Center for Disease Control (CDC) recommendations in preparing for emergency response plans, working on different departments and health care personnel to meet these goals including specific measures to prepare as we help the facility and community respond to local transmission of the virus that causes COVID-19.

Review of the "Employee Education" roster, dated 04/06/2020, revealed the topic Face Mask, and a summary - Staff is to wear a surgical mask while working. The mask is to stay at the facility. Place in a brown paper bag and put in designated location. The mask can be worn indefinitely.

Observation on the West Unit of Certified Nursing

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F 880	Continued From page 6	F 880		

Assistant (CNA) #1, on 06/10/2020 at 9:35 AM, revealed the CNA leaned over a couch and spoke to Resident #2. The CNA was within one (1) foot of the resident's face, and CNA #1 wore his facemask pulled down to his neck area and below his nose and mouth.

Interview with CNA #1, on 06/10/2020 at 9:35 AM, and again at 9:40 AM, revealed he thought wearing a facemask was optional now because all of the residents and staff tested negative for the Coronavirus. He continued to state staff were educated on the importance of wearing a facemask at all times when working at the facility and facemasks helped to prevent the spread of disease.

Observation on the West Wing of Licensed Practical Nurse (LPN) #2, on 06/10/2020 at 10:05 AM, revealed the nurse was not wearing a facemask.

Interview with LPN #2, on 06/10/2020, revealed she worked with the facility for about two (2) weeks. She stated she had received training on the Coronavirus, and the importance of wearing a facemask while working in the facility. She stated when she came to work this morning, she did not have access to a facemask and heard from staff that because all staff and residents previously tested negative for the Coronavirus, masks were not necessary to be worn at all times. She stated she was on duty since 7:00 AM without a facemask. She revealed she had passed resident medications, and was frequently in close contact with the residents on the unit. She stated a face mask helped to prevent the spread of the virus.

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F 880	Continued From page 7	F 880		

Telephonic interview with Housekeeper #1, on 06/11/2020 at 10:00 AM, revealed staff received training and education on COVID-19. He revealed the facility discussed and instructed employees on the importance of wearing a facemask at all times while in the facility. He stated employee masks are kept in a brown bag at the facility entrance where all employees are screened by staff before they start their shift. He stated once you have been screened, you can put on your mask.

Telephonic interview, on 06/11/2020 at 12:55 PM, with the Staff Development/Infection Control Nurse revealed all employees are screened and given their mask when they come into the facility prior to their shift. She stated staff were instructed to wear their masks in all patient care areas. She revealed facemasks were to be worn by all staff because the facility wanted to continue to protect the residents. She stated LPN #2 should have been wearing a facemask, and the facility did not have a shortage of Personal Protective Equipment (PPE).

Telephonic interview, on 06/12/2020 at 10:05 AM, with the Director of Nursing revealed it was a requirement staff wear a facemask while working in the resident care areas. She stated the Quality Assurance Performance Improvement (QAPI) Committee met monthly and had not performed paper audits on staff compliance and face mask use.

Telephonic Interview with the Administrator, on 06/12/2020 at 11:08 AM, revealed it was an expectation all staff wore a face mask while in the resident care areas. He stated it was an erroneous assumption by staff that facemasks do

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F 880	Continued From page 8 not need to be worn because the facility was COVID-19 free. He revealed the facility Administration performed informal audits on the use of facemasks and he would have hoped someone would have noticed LPN #2 worked with residents for three (3) hours without a facemask, and addressed it.	F 880		

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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was initiated on 06/10/2020 and concluded on 06/12/2020. The facility was found to be in compliance with 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 Complaint Survey investigating KY #31812 and a COVID-19 Focused Infection Control Survey was initiated on 06/10/2020 and concluded on 06/12/2020. Complaint KY #31812 was substantiated with deficiencies cited. The facility was found not to be in compliance with 42 CFR 483.80 infection control regulations with deficiency cite. Total census 124.	N 000		

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