

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/30/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE AT COLONIAL REHAB &amp; WELLNESS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>708 BARTLEY AVENUE BARDSTOWN, KY 40004</b>	
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F 000	INITIAL COMMENTS  An Abbreviated Survey investigating Complaint KY#00032069, Complaint KY #00032007 and a COVID-19 Focused Infection Control Survey were initiated on 07/28/2020 and concluded on 07/30/2020. Complaint KY#00032007 was unsubstantiated with no deficient practice identified, and Complaint KY#00032069 was substantiated with deficiencies cited at the highest Scope and Severity (S/S) of a "D". The facility was found not to be in compliance with 42 CFR §483.80 infection control regulations and had failed to implement the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Total census 52.	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	F 880		

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

TITLE

(X6) DATE

08/21/2020

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.

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F 880	<p>Continued From page 1</p> <p>providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</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.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 interview, record review, review of the facility's policies, and review of the Centers for Disease Control and Prevention (CDC) guidelines, it was determined the facility failed, for two (2) of seven (7) sampled residents (Resident #4 and #5), to establish and maintain an Infection Prevention and Control Program designed to provide a safe, sanitary, and comfortable environment. This program would help to prevent the development and transmission of communicable disease and prevent infection from and/or contain the COVID-19 virus.</p> <p>Observations, on 07/28/2020, revealed State Registered Nurses Aide (SRNA) #1 and #2 did not follow Infection Control protocol when entering and exiting Residents' (both on Droplet Precautions) rooms. SRNA #1 entered and exited Resident #4's room without wearing or changing required Personal Protective Equipment (PPE) and did not perform required hand hygiene and disinfection of eye goggles. SRNA #2 entered and exited Resident #5's room and did not perform required hand hygiene and disinfection of eye goggles.</p> <p>Observations, on 07/29/2020, revealed Housekeeper #3 and #4 were cleaning areas, including residents' rooms, and in hallways not</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>wearing masks as required by Infection Control protocol; the masks did not cover their noses.</p> <p>The findings include:</p> <p>Review of the facility's policy, "Isolation-Categories of Transmission-Based Precautions," dated October 2018, revealed Transmission-Based Precautions (TBP) were initiated when a resident developed signs and symptoms of a transmissible infection; arrived for admission with symptoms of an infection; or had a laboratory confirmed infection and was at risk for transmitting the infection to other residents. Additionally, standard precautions were used when caring for residents at all times regardless of their suspected or confirmed infection status. Per policy, TBP were additional measures that protected staff, visitors, and other residents from becoming infected, and were determined by how specific pathogens spread from person to person. Continued review revealed when a resident was placed on TBP, appropriate notification was placed on the room entrance and on the front of the chart so personnel and visitors were aware of the need for and the type of precaution. The signage informed the staff of the type of CDC precautions, instructions for use of PPE, and/or instructions to see the nurse before entering the room. Further, when TBP were in effect, if resident-care equipment items required re-use and could not be dedicated to a single resident, the item would be cleaned and disinfected according to current guidelines before use with another resident.</p> <p>Continued review of the policy revealed Droplet Precautions would be implemented for an individual documented or suspected to be</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>infected with microorganisms transmitted by droplets that could be generated by the individual coughing, sneezing, talking, or by the performance of procedures. Additionally, a mask, gloves, gown, and goggles should be worn when entering a resident's room with Droplet Precautions.</p> <p>Review of a procedure door signage, "Droplet Precautions; in Addition to Standard Precautions," Washington State Hospital Association, dated 04/16/2009, revealed families and visitors should follow instructions on the information sheet and go to the Nurse's Station with any questions. The information sheet was taped to the resident's doorframe. Additionally, the sheet stated everyone must clean hands when entering and leaving the room and wear a mask. Further, the information sheet listed that Doctors and Staff must use gowns, gloves and eye covers when in the room.</p> <p>Review of the facility's Education and Training records, dated 04/01/2020, revealed nursing staff received ongoing training and education regarding Donning and Doffing PPE, COVID-19 Infection Control, and Handwashing. This training and education included when to wear PPE, handwashing and sanitizing requirements, respiratory hygiene, and strategies for minimizing the spread of COVID-19.</p> <p>1. Review of Resident #4's medical record revealed the facility admitted him/her on 06/26/2020 with diagnoses which included Tracheostomy Status, Shortness of Breath, Dysphagia, Type II Diabetes, Anxiety, Pain, Viral Pneumonia, Acute and Chronic Respiratory Failure, and Muscle Weakness.</p>	F 880			

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F 880	Continued From page 5  Review of Resident #4's Progress Note, dated 06/27/2020, revealed the resident was admitted to the facility after a rehabilitation hospital stay related to a motor vehicle accident, placement of a tracheostomy, and treatment of Pneumonia with antibiotics. Further, the resident's breath sounds were diminished.  Review of Resident #4's Admission Minimum Data Set (MDS) Assessment, dated 07/03/2020, revealed the facility assessed the resident as having a Brief Interview of Mental Status (BIMS) score of thirteen (13) indicating cognition was intact. Additional review revealed the facility assessed the resident as requiring extensive to total assistance with Activities of Daily Living (ADL's). Further review revealed the facility assessed the resident as having Acute and Chronic Respiratory Failure.  Review of Resident #4's Comprehensive Care Plan (CCP), dated 07/13/2020, revealed the resident was at risk for active infection related to potential exposure to COVID-19. The goal was for the resident not to demonstrate signs and symptoms of an active COVID-19 infectious process through the next review. Interventions included placing the resident on Droplet Isolation related to appointments and educating the resident on hand washing, social distancing, the reason(s) for possible future isolation, and visitor limitation. Further review revealed staff were to maintain appropriate PPE use according to state requirements and availability and were to report any changes of condition to the Physician, i.e. new/worse cough, fever (100.4 degrees Fahrenheit or greater), shortness of breath, and sore throat.	F 880			

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F 880	<p>Continued From page 6</p> <p>Observation, on 07/28/2020 at 5:00 PM, revealed Resident #4's hallway door had Droplet Precautions and Standard Precautions information sheets taped to the resident's door. An additional observation showed a PPE organizer beside the door in the hallway which included gowns, gloves, and masks. A further observation revealed the hallway door was closed.</p> <p>Observation of SRNA #1, on 07/28/2020 at 5:00 PM, revealed SRNA #1 knocked on Resident #4's door, opened the door while standing in the hallway, and asked the resident why the call light was on; SRNA # 1 was wearing a dedicated mask and goggles. Resident #4 stated he/she needed to be changed. SRNA #1 then donned gown and gloves; however, she did not perform hand hygiene prior to donning the PPE and entering Resident #4's room.</p> <p>Continued observation of SRNA #1, on 07/28/2020 at 5:05 PM, revealed SRNA #1 exited Resident #4's room wearing a mask and goggles; she walked down the hallway and into a supply room without changing her mask or disinfecting her goggles.</p> <p>Further observation of SRNA #1, on 07/28/2020 at 5:08 PM, revealed SRNA #1 entered Resident #4's room again without performing hand hygiene prior to donning gloves and a gown. An additional observation also revealed SRNA #1 exited Resident #4's room, on 07/28/2020 at 5:13 PM; however, she did not change her mask or disinfect her goggles before she walked to the staff restroom to wash her hands and then down the hallway into other residents' rooms.</p>	F 880			

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F 880	Continued From page 7  Interview with SRNA #1, on 07/28/2020 at 5:20 PM, revealed she had worked at the facility for two (2) years. Additionally, the facility had provided recent and ongoing training and education related to COVID-19, TBP, PPE, and Infection Control procedures. Per interview, she was trained by the facility on how to don and doff PPE correctly according to CDC guidelines. Per interview, she stated first she should have removed her dedicated mask outside Resident #4's room, performed hand hygiene, and donned a new mask with PPE before entering the room. SRNA #1 continued, each time she exited the isolation room she should have doffed the mask worn in the isolation room, disinfected the eye goggles, performed hand hygiene, and donned a new mask to wear in the hallway. She stated she knew what to do correctly but did not do so because she was nervous. SRNA #1 stated it was important to maintain CDC guidelines related to donning and doffing PPE and hand hygiene to ensure staff did not bring germs into the hallway and contaminate other residents or staff.  2. Review of Resident #5's medical record revealed the facility admitted him/her on 06/18/2020 with diagnoses which included Sepsis, Chronic Kidney Disease Stage IV, Dysphagia, Chronic Obstructive Pulmonary Disease (COPD), Respiratory Failure, and Muscle Weakness.  Review of Resident #5's Progress Note, dated 07/07/2020, revealed the resident was re-admitted to the facility after a hospital stay related to a pacemaker infection and abnormal laboratory values. Additionally, the note revealed the resident's respirations were eighteen (18)	F 880			

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F 880	<p>Continued From page 8</p> <p>breaths per minute and oxygen saturation was ninety-two (92) percent. Further, per note, the resident had complaints of shortness of air and required the use of oxygen.</p> <p>Review of Resident #5's MDS Assessment, dated 07/13/2020, revealed the facility assessed the resident as having a BIMS score of fifteen (15) indicating cognition was intact. Additional review revealed the facility assessed the resident as requiring supervision to limited assistance with ADL's. Further review revealed the facility assessed the resident as having Respiratory Failure with Hypoxia.</p> <p>Review of Resident #5's CCP, dated 07/21/2020, revealed the resident was at risk for active infection related to potential exposure to COVID-19. The goal was for the resident not to demonstrate signs and symptoms of an active COVID-19 infectious process through the next review. Interventions included educating the resident on hand washing, social distancing, the reason(s) for possible future isolation, and visitor limitation. Further review revealed staff were to maintain appropriate PPE use according to state requirements and availability and were to report any changes of condition to the Physician, i.e. new/worse cough, fever (100.4 degrees Fahrenheit or greater), shortness of breath, and sore throat.</p> <p>Observation, on 07/28/2020 at 5:00 PM, revealed Resident #5's hallway door had Droplet Precautions and Standard Precautions information sheets taped to the resident's door. An additional observation showed a PPE organizer beside the door in the hallway which included gowns, gloves, and masks. A further</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>observation revealed the hallway door was closed.</p> <p>Observation of SRNA #2, on 07/28/2020 at 5:02 PM, revealed SRNA #2 approached Resident #5's room wearing a mask and goggles; SRNA #2 donned gloves and a gown, knocked on the resident's door, and entered to deliver a meal tray. Further, the observation revealed she did not perform hand hygiene before donning PPE and entering Resident #5's room.</p> <p>Further observation of SRNA #2, on 07/28/2020 at 5:05 PM, revealed SRNA #2 opened Resident #5's door; doffed her gloves, gown, and mask in the doorway; stepped into the hallway wearing goggles; and donned a new mask. This observation showed she did not perform hand hygiene before donning a new mask. An additional observation revealed SRNA #2 then walked down to the next doorway, sanitized her hands, and walked down the hallway into other residents' rooms; however, she did not disinfect her goggles when she exited Resident #5's room.</p> <p>Interview with SRNA #2, on 07/28/2020 at 5:30 PM, revealed she had worked at the facility for one (1) year. Additionally, the facility had provided her with training related to COVID-19, TBP, PPE and Infection Control procedures. Per interview, she was trained by the facility on how to correctly don and doff PPE according to CDC guidelines, and PPE and disinfectant were always available as needed. Continued interview revealed masks and goggles were worn in the facility at all times. She stated for residents who were on Droplet Precautions, staff were supposed to take off their extended use regular masks and hang them on the doorway outside</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>COVID-19 and how to properly wear a face mask, but wearing a mask over her nose at all times made it hard for her to breathe. Further, she stated it was important to wear PPE to decrease the risk of passing illness along to people.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 07/28/2020 at 5:40 PM, revealed she had worked at the facility for three (3) years and was assigned to the hallway where Resident #4 and #5 resided. Per interview, the facility had provided training/education on COVID-19, TBP, PPE and Infection Control procedures. Additionally, she revealed she had been the facility Staff Development Coordinator and Infection Preventionist for a while. Further, she stated she was constantly watching all staff to ensure compliance with Infection Control practices and would provide re-education as necessary; however, she had not identified any concerns with SRNA #1 and #2's infection control practices. Continued interview revealed anytime a staff member entered an isolation room, hand hygiene should be performed and new PPE should be donned. She stated she expected SRNA #1 and #2 to perform hand hygiene before donning PPE; each time they entered a resident's room; each time they exited a resident's room; before donning a new dedicated mask; and after cleaning eye protection. LPN #1 stated not maintaining guidelines for infection control increased the risks and sources of cross contamination to other residents and staff.</p> <p>Interview with the Director of Nursing (DON), on 07/30/2020 at 12:15 PM, revealed she expected staff should don and doff PPE per facility policy and CDC guidelines each time they entered and exited an isolation room, including washing their</p>	F 880			

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/30/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE AT COLONIAL REHAB &amp; WELLNESS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>708 BARTLEY AVENUE BARDSTOWN, KY 40004</b>		
(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 880	<p>Continued From page 12</p> <p>hands prior to donning and after doffing PPE. Additional interview revealed eye protection should be disinfected each time staff exited an isolation room. Further, she stated it was important to maintain Infection Control policy and procedure to prevent transmission of disease. Continued interview revealed her surveillance and audit process did not identify problems/concerns with staff performing hand hygiene, disinfecting eye protection, or wearing masks per CDC guidelines.</p> <p>Interview with the Administrator, on 07/30/2020 at 12:45 PM, revealed he had worked at the facility for six (6) weeks. Additionally, he stated he expected staff to maintain facility policies and regulations related to infection control practices. Specifically, he mentioned hand hygiene before donning and after doffing PPE; wearing PPE (masks) correctly; and disinfecting eye protection after being in an isolation room. Further, the Administrator stated it was important to maintain infection control practices to ensure residents' safety and decrease the risk of infection.</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE AT COLONIAL REHAB &amp; WELLNESS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>708 BARTLEY AVENUE BARDSTOWN, KY 40004</b>
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E 000	<p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness Survey was initiated on 07/28/2020 and concluded on 07/30/2020. It was determined there were no concerns with 42 CFR §483.73 related to E-0024 (b)(6).</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		08/21/2020

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>100347</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/30/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE AT COLONIAL REHAB &amp; V</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>708 BARTLEY AVENUE BARDSTOWN, KY 40004</b>
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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) COMPLETE DATE
N 000	<p>Initial Comments</p> <p>A Complaint Survey investigating Complaint KY#00032069, Complaint KY #00032007 and a COVID-19 Focused Infection Control Survey were initiated on 07/28/2020 and concluded on 07/30/2020. Complaint KY#00032007 was unsubstantiated with no deficient practice identified, and Complaint KY#00032069 was substantiated with deficiencies cited. The facility was found not to be in compliance with 42 CFR §483.80 infection control regulations and had failed to implement the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Total census 52.</p>	N 000		

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

TITLE

(X6) DATE

08/21/20