STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185166	A. BUILDING _____ B. WING _____	06/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARLAN HEALTH AND REHABILITATION CENTER	200 MEDICAL CENTER DRIVE HARLAN, KY 40831

(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 06/03/2020. 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 "D" level. The total census was 140.	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; §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		

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

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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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F 880	Continued From page 1	F 880		

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.

§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,

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review of Centers for Disease Control and Prevention (CDC) guidelines, and review of the facility's policy, it was determined the facility failed to properly prevent and/or contain COVID-19 for one (1) of five (5) sampled residents (Resident #1). Resident #1 was recently admitted to the facility after being hospitalized and was residing on the facility's COVID-19 Unit. Observation on 06/03/2020 at 9:15 AM, revealed Resident #1 was observed on an ambulance stretcher being transferred from the facility's COVID-19 care unit to the dialysis clinic. The ambulance crew parked the stretcher with Resident #1 at the Rosewood Place nursing station to talk to the nursing staff. Resident #1 was not observed to have on a face mask. Prior to the ambulance service leaving from the nurses' station Registered Nurse (RN) #1 placed a face mask on the resident.

The findings include:

Review of the facility's policy titled, "Protocol: COVID-19," with a revision date of 04/01/2020, revealed all residents would be monitored daily for symptoms of COVID-19. Monitoring would include daily oxygen saturation and lung sounds. The policy also revealed that the CDC guidelines for identifying, monitoring, and treating residents with COVID-19 would be followed. The facility's Infection Preventionist would check the CDC's website on a daily basis for any updates regarding COVID-19.

Review of the CDC's COVID-19 guidelines for new admissions titled, "Responding To Coronavirus (COVID-19) in Nursing Homes," dated 2019, revealed if the resident must leave his/her room, they must reinforce adherence to universal source control policies and social

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distancing such as have the resident wear a cloth face covering or face mask and remain at least six (6) feet away from others when outside their room. The guidelines state new residents should be monitored for evidence of COVID-19 for fourteen (14) days after admission and cared for using all recommended COVID-19 personal protective equipment (PPE).

Observation of Resident #1 on 06/03/2020 at 9:15 AM, revealed the resident was observed on the ambulance stretcher being transferred from the facility's COVID-19 care unit to the dialysis clinic. The ambulance crew parked the stretcher with Resident #1 at the Rosewood Place nursing station to talk to the nursing staff. Resident #1 was not observed to have on a face mask. Prior to the ambulance service leaving from the nurses' station Registered Nurse (RN) #1 was observed to place a face mask on the resident.

Review of Resident #1's medical record revealed the facility admitted the resident on 05/29/2020, with diagnoses including End Stage Renal Disease, which requires Hemodialysis, Chronic Obstructive Pulmonary Disease, and Diabetes Mellitus. The Minimum Data Set (MDS) assessments had not yet been completed.

Review of Resident #1's baseline care plan dated 05/29/2020, revealed care plan interventions had been developed for infection related to COVID-19, for contact/droplet precautions for fourteen (14) days. Review of the baseline care plan revealed the care plan developed interventions that required staff to wear PPE (mask, gloves, and gown); however, the care plan did not address the resident coming out of his/her room.

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F 880	Continued From page 4 Review of physician's orders for Resident #1 revealed an order dated 06/02/2020, for the resident to attend dialysis on Mondays, Wednesdays, and Fridays at the dialysis clinic. Interview conducted with Registered Nurse (RN) #1 on 06/03/2020 at 9:25 AM, revealed all residents coming out of their rooms on the COVID-19 Unit were required to don a face mask prior to leaving their room. The RN stated any resident going out of the facility was required to wear a face mask. RN #1 stated Resident #1 should have been wearing a face mask before he/she left his/her room. Interview with State Registered Nursing Assistant (SRNA) #1 on 06/03/2020 at 9:33 AM, revealed she assisted SRNA #2 with transferring Resident #1 from his/her bed over to the ambulance stretcher. The SRNA stated the resident had asked them to wait a minute prior to placing the mask on the resident. The SRNA stated she then went to assist another resident. The SRNA stated she should have either waited and placed the mask on Resident #1 or reported it to the nurse. The SRNA stated she had been trained to ensure a mask was placed on residents prior to them leaving the facility. Interview conducted with SRNA #2 on 06/03/2020 at 10:04 AM, revealed she had attempted to place a face mask on Resident #1 and the resident had asked her to wait. The SRNA stated she was required to notify the nurse and should have notified the nurse that the resident did not want to wear the face mask. The SRNA stated she then went with SRNA #1 to assist another resident.	F 880		

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F 880	Continued From page 5 Interview conducted with the Infection Preventionist on 06/03/2020 at 10:30 AM, revealed residents on the COVID-19 Unit are encouraged to stay in their room and to don a face mask when out of their room. The Infection Preventionist stated all residents going to out of the facility for appointments or dialysis were required to don a face mask prior to coming out of their room. The Infection Preventionist stated she monitored daily to ensure staff and residents were donning appropriate PPE and had not identified any concerns. The Infection Preventionist stated Resident #1 should have been wearing a face mask prior to leaving his/her room. Interview conducted with the Director of Nursing (DON) on 06/03/2020 at 11:25 AM, revealed any resident coming out of their room on the COVID-19 Unit was required to don/wear a face mask. If a resident refused to wear a face mask, the SRNA was required to immediately notify the nurse. The DON stated Resident #1 should not have been taken out of his/her room without wearing a face mask. The DON stated the facility utilized CDC guidelines for isolation.	F 880		

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E 000	Initial Comments A COVID-19 focused Emergency Preparedness survey was conducted on 06/03/2020. 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		

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N 000	Initial Comments A COVID-19 focused infection control survey was conducted on 06/03/2020. Deficient practice was identified pursuant to 42 CFR 483.80.	N 000		

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