

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185211	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2020
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE OF MCCREARY COUNTY REHAB & WE		STREET ADDRESS, CITY, STATE, ZIP 58 CAL HILL ROAD PINE KNOT, KY 42635	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, review of the facility policy and Centers for Disease Control (CDC) guidelines, it was determined the facility failed to prevent the possible spread of COVID-19 on two (2) of the three (3) resident halls and also in the kitchen. Observation on Hall A and C revealed staff, State Registered Nurse Aide (SRNA) #1 and #3, without eye protection as required by current COVID infection control policy, as well as observation of SRNA #1 exit a room while wearing an isolation gown and then remove the gown in the hall. Further observation revealed Dietary Aide #1, prepping desserts, with her face mask pulled under her chin. In addition, observation revealed three (3) of twelve (12) resident's rooms on Hall A, that were on droplet precautions, without signage to alert staff. The findings include: Review of the facility policy, Novel Coronavirus (COVID-19), revised 08/31/2020, revealed under General Prevention Measures that a facility should require all direct care stakeholders (employees) to wear a surgical facemask and face shield or goggles while in the facility. Review of the facility policy, Isolation-Categories of Transmission-Based Precautions, dated October 2018, revealed when a resident was placed on transmission-based precautions, appropriate notification is placed on the room entrance. The signage would inform the staff of the type of precaution, instructions for use of PPE, and/or instructions to see nurse prior to entering the room. Review of the CDC (Center for Disease Control) guideline, Healthcare Workers Using Personal Protective Equipment (PPE), dated 08/19/2020, revealed the healthcare worker was to remove gloves then gown prior to exiting a patient's room. Observation during tour of Hall A, on 10/28/2020, between 8:55 AM and 9:15 AM, revealed rooms #3, #7 and #11 with PPE available on the doors; however, the doors were without any signage to detail the type of precautions or any directions to notify the nurse. Observation of kitchen, from outside entry door, on 10/28/2020 at 9:15 AM, revealed Dietary Aide #1, with facial mask pulled below her chin while prepping desserts and then placing the desserts on the cart. The surveyor observed the aide for nearly a minute. Observation on Hall A, of SRNA #1, on 10/28/2020 at 9:30 AM, revealed the aide exited a resident room while wearing an isolation gown and then proceeded to remove the gown while in the hall. Further observation revealed the SRNA was not wearing goggles or a face shield. Observation on Hall C, of SRNA #3, on 10/28/2020 at 10:30 AM, revealed the aide entering a resident room and was not wearing goggles or a face shield. Interview with Dietary Aide #1 and #2, on 10/28/2020 at 9:17 AM, revealed while in the kitchen, that only face masks were required. The Dietary Aides stated once they took carts to the floor or in a patient care area, they had to also have on goggles. Continued interview with Dietary Aide #1 revealed she did have her face mask pulled down and she stated she was getting ready to blow her nose. She further stated the mask falls down a lot when she is talking. Interview with the Dietary Manager, on 10/28/2020 at 11:10 AM, revealed dietary staff were to wear a face mask at all times while in the kitchen. She stated once they were in a patient care area, they had to wear goggles or a face shield. She then stated the staff should have a mask on when preparing foods. Further interview with the Dietary Manager revealed she did monitor the staff's infection control practices daily and had not noted any issues with improper wearing of face masks. Interview with SRNA #1, on 10/28/2020 at 9:30 AM, revealed that PPE should put on prior to entering a resident room and removed/discarded prior to exiting the room. The SRNA stated she had gone into the resident room just to retrieve some lotion and admitted she had removed the gown in the hall. Per the SRNA, the goggles would not fit over her eyeglasses and that she could not be heard when wearing the face shield. She then stated that she guessed she should wear a face shield. Interview with SRNA #3, on 10/28/2020 at 10:47 AM, revealed she had received education as recent as two (2) weeks ago related to PPE and infection control. She stated that all staff are required to wear face masks and goggles or a face shield. Surveyor inquired as to why she was not wearing either goggles or face shield and she stated she lost her goggles. She then added they (facility) told her they did not have any more goggles and she was told to use a face shield. She further stated she had not had a face shield on today. Interview with SRNA #2 and #4, on 10/28/2020 at 10:17 AM and 11:45 AM, respectively, both revealed that face masks and eye protection were required at all times while in patient care areas. Interview with Licensed Practical Nurse (LPN) #2, on 10/28/2020 at 10:22 AM, revealed staff know when residents are on precautions because they have a sign on the door to alert and staff. She stated all staff are to wear masks and eye protection when in a patient area. She further added nursing and management monitor to ensure infection control practices are maintained and she had not noted any problems. Interview with the Director of Nursing, on 10/28/2020 at 11:25 AM, revealed the residents who had been placed into transmission based precautions should have signage on the door to alert the staff. She stated there was a resident who had a behavior of removing signs from the resident's doors. The DON then revealed the required PPE for all staff/employees was a face mask for all areas of the facility and eye protection was added when in any patient area or patient contact. She further stated the eye protection was either goggles or a face shield. The DON stated personal eye wear (eye glasses) would not be considered eye protection. The DON added that SRNA #1 and #3 should have worn eye protection while in the resident halls and when entering the resident rooms. Further interview revealed the residents who were on droplet precautions required the additional PPE of a gown and gloves, as well as mask and eye protection. She stated this PPE should be put on prior to entering the room and to exit the room the staff were to remove gloves and gown, as close to door as possible and disposed of the items. She revealed staff should not enter the hallway from a resident's room with gown and/or gloves still on. She added she likes to round the resident care areas every two (2) hours and observes for appropriate infection control practices and if any issue noted it would be remediated at that time. Interview with Administrator/Infection Preventionist, on 10/28/2020 at 11:50 AM, revealed staff are educated on infection control and updated on COVID on a frequent bases by way of huddle staff meetings, some 1:1 training, and random spot audits. The administrator stated staff were currently having competencies rechecked. She stated the PPE staff must wear while in patient areas were a face mask and eye protection. She further stated that when a resident is placed on transmission based precautions that a sign is placed on the door as well PPE required for the precautions. Further interview revealed if a resident was on droplet precautions the PPE required would be mask, eye protection, gown and gloves. She stated prior to exiting the room, of a resident on precautions, the staff would remove gloves and gown and dispose of them in a biohazard bag prior to leaving the room. The Administrator added eye protection should always be worn as required and signage on doors should be present when a resident was on transmission based precautions.</p>		

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.