

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>185244</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>STANFORD CARE AND REHAB, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>105 HARMON HEIGHTS STANFORD, KY 40484</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, record review, and review of the facility policy and Centers for Disease Control and Prevention (CDC) recommendations, it was determined the facility failed to prevent the possible spread of COVID-19. Observation on 08/05/2020 revealed State Registered Nurse Aide (SRNA) #1 was not wearing a face shield when exiting the room of Resident #1, who was under physician-ordered precautions/isolation. The findings include: Review of the facility policy, Coronavirus Disease (COVID-19) Prevention and Control, March 2020, revealed the facility would follow current Centers for Disease Control and Prevention (CDC) guidelines for infection prevention and control. Review of the website, <a href="https://www.cdc.gov/coronavirus/2019-ncov/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/infection-control-recommendations.html</a>, dated 07/15/2020, revealed staff who directly care for persons with suspected or confirmed COVID-19 infection would need to wear personal protective equipment (PPE) consisting of facial mask, gown, gloves, and eye protection (face shield). Observation of double doors prior to entering rooms 200-211, during initial tour, revealed a sign on the door that stated Yellow Zone. There were also gowns and gloves outside the double doors. Prior to entering this area, this surveyor was provided with a face shield. Observation on 08/05/2020 at 9:10 AM revealed SRNA #1, assigned to the Yellow Zone, was exiting the room of Resident #1 and was not wearing a face shield (eye protection). Review of the medical record revealed Resident #1 was admitted to the facility on [DATE] and had [DIAGNOSES REDACTED]. The record also revealed the resident had been readmitted to the facility on [DATE] from an acute care facility. Further review revealed a physician order, dated 07/22/2020, stating the resident was to be under Droplet/Contact/Eye Protection Precautions. The medical record also revealed the resident had tested negative for COVID-19 on 07/17/2020 and 07/29/2020. Interview with the Administrator on 08/05/2020 at 8:55 AM, revealed the facility had three zones; the Green Zone housed those residents without suspicion of COVID-19 and did not leave the facility frequently. The Yellow Zone housed those residents who had to leave the facility frequently due to physician appointments and [MEDICAL TREATMENT]. The Red Zone was the dedicated COVID-19 unit and the residents there had all tested positive for COVID-19 and were still in the recovery phase. Interview with SRNA #1 on 08/05/2020 at 9:10 AM revealed she could not find her face shield. She stated she usually worked the Red Zone and her equipment was on that unit. When asked if she had asked anyone for a face shield she replied that she had not. She further revealed that face shields were required in the Yellow Zone. Interview with SRNA #2 on 08/05/2020 at 10:44 AM, working in the Green Zone, revealed that she was instructed to wear a face shield whenever providing care to a resident and that face masks were required at all times. Interview with Licensed Practical Nurse (LPN) #1 on 08/05/2020 at 9:00 AM, assigned to the Yellow Zone, revealed the PPE required in this area was a gown, gloves, face mask, and face shield. She stated there were currently three (3) residents in this area and two (2) of them required [MEDICAL TREATMENT]. Interview with LPN #2, agency staff, on 08/05/2020 at 10:35 AM, revealed she had been instructed that while working the Green Zone she had to wear a mask at all times and when performing resident care she would need to don a face shield. Interview with Registered Nurse (RN) #1 on 08/05/2020 at 9:20 AM revealed a face shield must be worn when providing resident care. RN #1 was observed exiting a room on the Green Zone, wearing a mask and face shield. Per the RN, he had been performing oral care. Interview with the Director of Nursing (DON) on 08/05/2020 at 10:50 AM, revealed the Infection Preventionist is on medical leave and she is currently performing those duties. The DON reviewed the three (3) separate areas of the facility at present. The DON stated the Red Zone housed those residents who were COVID-19 positive and the required staff PPE was gown, glove, mask, and face shield. The Yellow Zone was for those residents who had been readmitted or required frequent travel outside the facility and the PPE requirements were the same as the Red Zone. The Green Zone was for those residents who had tested negative and were displaying no symptoms of COVID-19. She stated the Green Zone required face masks at all times and face shields when providing direct resident care. The DON stated the SRNA should have donned a face shield on the Yellow Zone as that is the required PPE for that area. The DON also revealed they perform routine surveillance, a couple of times a day, for proper PPE wear and handwashing and stated any issue observed is remediated at that time.</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.