

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/27/2020
NAME OF PROVIDER OF SUPPLIER ROCKCASTLE HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 371 WEST MAIN STREET BRODHEAD, KY 40409	
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 - Few	<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 ensure an effective infection control program was maintained to prevent the possible spread of COVID-19. Observation, on 10/27/2020, during a tour of the facility, revealed three (3) staff who failed to either put on appropriate personal protective equipment (PPE) or failed to remove PPE before exiting a resident room. The findings include: Review of the facility policy, Novel Coronavirus (COVID 19), revised 08/31/2020, revealed the facility should, if possible, place all new admissions and readmissions in droplet precautions for fourteen (14) days. Review of the facility policy, Categories of Transmission -Based Precautions, revised October 2018, revealed for droplet precautions masks should always be worn and gloves, gown and goggles should be worn if any risk spraying respiratory secretions. 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, on 10/27/2020 while touring the facility's yellow zone (defined area for new or readmissions as well as residents returning from the dedicated COVID unit) at 9:00 AM, revealed Housekeeper #1 entered a resident room with signage on door. The signage stated to check with nurses station prior to entering the room. Further observation revealed the housekeeper entered the resident's room while wearing a mask and goggles. Housekeeper #1 was not wearing a gown or gloves. Continued observation, at 9:17 AM, revealed State Registered Nurse Aide (SRNA) #2 exit a resident's room, in droplet precautions, still donned in an isolation gown. The surveyor observed the SRNA remove the gown in the hall and dispose of the gown in a biohazard bag in the hall. Observation, on 10/27/2020 at 9:41 AM, revealed Housekeeper #2, came out of a resident's room, who was in droplet precautions, with an isolation gown still on and then returned into the room while mopping the floor. Further observation revealed the housekeeper then exited the room, with the isolation gown still on and then removed the gown and disposed of it into the biohazard bag on the housekeeping cart. Housekeeper #2 was observed to be wearing a black mask and goggles. Interview with Housekeeper #1, on 10/27/2020 at 9:00 AM, revealed that staff had to wear goggles and mask to enter any resident's room, even if had a sign that noted to report to nurse prior to entering. She further stated that the rooms that had a box of personal protective equipment (PPE) outside of them meant that you had to put on a gown and gloves. Interview with SRNA #1, on 10/27/2020, at 9:12 AM, revealed all the doors with signs on them meant the residents were in precautions and staff were required to have on goggles, mask, gown and gloves prior to entering. She further stated the area was referred to as the yellow zone and the residents had just returned from the facility's COVID unit and would be in precautions for another ten (10) days. The SRNA then revealed the boxes of PPE in the hall were for all the rooms not just certain rooms. Interview with Housekeeper #2, on 10/27/2020 at 9:44 AM, revealed the signs on the resident's room doors meant before entering you had to have on mask, goggles, gown and gloves. He stated that when you leave the room, you then take off the gown and place it in a red (biohazard) bag. He affirmed he had been instructed to exit a room this way. Interview with Licensed Practical Nurse (LPN) #1, on 10/27/2020 at 10:30 AM, revealed that all residents residing in yellow zone were on droplet precautions. She stated the precautions required putting on a mask, goggles, gown and gloves prior to entering the room. She then added the before exiting the room the gown and gloves were removed and placed in biohazard bag in hall. She continued to state the gown and gloves were not to be worn out into the hall. The LPN then revealed there had been a lot of training regarding infection control practices and PPE. Interview with LPN #2, Unit Manager, on 10/27/2020 at 10:45 AM, revealed the yellow zone included residents who had tested positive for COVID and had concluded their 14 days of isolation and were not symptomatic. She reiterated the PPE requirements of mask, goggles, gown and gloves were required prior to entering the rooms and upon exiting the room the gown and gloves would be removed in the room and placed in biohazard bag in the hall. She then stated she did monitor the staff daily for appropriate PPE usage and infection control practices and had not observed any concerns today. Interview with the Infection Preventionist, on 10/27/2020 at 11:00 AM, revealed the yellow zone were residents who had been COVID positive and recovered, new admits or readmits and those residents who been out of the facility for other reasons. She stated all these residents were placed into droplet precautions and required PPE of mask, goggles, gown and gloves to enter the rooms and provide care. She further stated upon exiting the room the staff were to remove the gown and gloves and put into a plastic bag and then place the plastic bag into biohazard bag in the hall. Further interview revealed education was an ongoing process and the most recent education on PPE usage was around the middle of October.</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.