

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185462	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2020
NAME OF PROVIDER OF SUPPLIER PARK TERRACE HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP 9700 STONESTREET ROAD LOUISVILLE, KY 40272	
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	Provide and implement an infection prevention and control program. Based on observation and interview it was determined the facility failed to implement their ongoing infection prevention and control program. Observations during survey revealed State Registered Nurse Aide (SRNA) #1 removed meal trays from two (2) of thirteen (13) separate isolation rooms in the yellow zone without donning a gown or eye protection. The findings include: Review of the policy titled, Infection Prevention and Control Program (IPCP), dated 05/22/19, revealed the facility had policies to prevent, identify, report, investigate, and contain infections or communicable diseases. The policy revealed the facility monitored the residents for infections, antibiotic usage, monitoring and reporting test results, and utilization of an IPCP surveillance program. Review of the policy titled, Enhanced Infection Prevention and Control Program for COVID-19, dated 06/01/2020, revealed the facility was responsible for procedures, audits, education, personal protective equipment (PPE) supply management, monitoring, reporting, and surveillance of COVID-19. Review of SRNA #1's employee education record revealed on 08/11/2020 SRNA #1 received policy education for blood borne pathogens, hand washing/hygiene, standard precautions, airborne precautions, droplet precautions, and contact precautions. The education record revealed proper steps for donning and doffing personal protective equipment (PPE). Observation of the yellow sign posted on residents' doors on the quarantine unit, on 09/08/2020 at 1:20 PM, revealed a gown, gloves, mask, and face shield or goggles were required to enter the yellow zone rooms. Continued observations revealed PPE supply carts, with supplies, located in the hall between every other resident room. Interview with SRNA #1, on 09/08/2020 at 1:38 PM, revealed she was educated on the proper PPE for entry to the yellow zone rooms which included a gown, mask, gloves, and eye protection or face shield. She stated she should have worn the PPE to retrieve meal trays from the rooms. SRNA #1 stated wearing the proper PPE prevented the spread of infection. Interview with Licensed Practical Nurse (LPN) #2, on 09/08/2020 at 1:22 PM, revealed the facility required staff to wear PPE, including mask, gown, gloves, goggles or face shield, to enter a yellow zone room. She stated the PPE was required any time an individual passed across the doorway threshold and it included when staff retrieved meal trays Interview with Registered Nurse (RN) #2, on 09/08/2020 at 1:46 PM, revealed staff donned gown, gloves, mask, and goggles or face shield to enter the yellow zone resident rooms. She stated failing to wear the designated PPE when entering rooms could cause COVID-19 to be transmitted to staff or other residents. Interview with the Assistant Director of Health Services (ADHS), on 09/08/2020 at 2:10 PM, revealed staff were required to wear a gown, gloves, goggles or face shield, and mask in the yellow zone rooms. She stated the ADHS and the Director of Health Services (DHS) educated the staff on PPE requirements for COVID-19 isolation. Interview with the Director of Health Services, on 09/08/2020 at 6:22 PM, revealed staff were educated on the proper PPE usage for residents in the yellow COVID-19 isolation rooms during their fourteen-day quarantine period and for residents positive for COVID-19. She stated staff were instructed on how to put on and remove the PPE. The DHS stated staff were required to wear gown, gloves, mask, and goggles or face shield to enter the yellow zone rooms. She stated PPE audits were performed weekly and any instances that required further education would be addressed immediately. Interview with the Executive Administrator (EA), on 09/08/2020, at 7:40 PM, revealed staff were required to wear a gown, gloves, mask, and goggles or face shield in the yellow zone rooms. He stated the goal of proper PPE was to protect the residents, staff, and slow the spread of COVID-19. The EA stated incorrect PPE usage was concerning and could be a contributing factor to an outbreak in the facility.		
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.