

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185466	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2020
NAME OF PROVIDER OF SUPPLIER WESTPORT PLACE HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP 4247 WESTPORT ROAD LOUISVILLE, KY 40207	
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 - Many	Provide and implement an infection prevention and control program. Based on observations, record review and staff interviews, the facility failed to place caution signage on residents' doors, that exhibited signs and symptoms of COVID-19. The facility also failed to communicate effectively to ensure environmental staff was made aware, of residents' rooms that needed to be deep cleaned. This was for three (3) of four (4) residents (Resident #s 1, 2 and 3). The failures occurred during a COVID-19 pandemic. The findings include: During an observation on 06/11/2020 at 1:24 p.m., accompanied by the Director of Nursing (DON), the DON confirmed Resident #s 1, 2 and 3 exhibited signs and symptoms of COVID-19, and were pending laboratory results. The residents' doors were observed closed and the DON stated, the residents were sent to the hospital. There was no signage observed on the doors to alert one not to enter the rooms, or see the nurse for further instructions. The DON stated that she expected signage to have been placed on the doors, due to it could not be determined if the rooms had been cleaned by environmental services, since the residents were sent to the hospital. There was no staff or residents observed to enter the rooms. During an interview on 06/11/2020 at 3:00 p.m., the Environmental Services Director, after review of housekeeping staff cleaning tasks for the day, and discussions with the housekeeping staff, was unable to ascertain the aforementioned residents' rooms were deep cleaned, or if staff were made aware of the necessity. During an interview on 06/11/2020 at 4:16 p.m., the Infection Control Nurse (ICN) confirmed that if a resident exhibited signs and symptoms of COVID-19, signage should be placed on the door, not to enter the room, or instructions to use the necessary precautions, prior to entering the room. She stated that the nurse on the floor was responsible for initiating the signage on the residents' doors. The ICN also stated residents sent out to the hospital for signs and symptoms of COVID-19, rooms were expected to be deep cleaned. She clarified that just sanitizing the room was not acceptable. Review of the facility records provided by the Executive Director, confirmed Resident #s 1 and 3 tested positive for COVID-19, and Resident #2 COVID results were pending. Review of the Room Cleaning - Isolation rooms protocol, revised on 03/16/2020, revealed, . When cleaning isolation rooms extra measures are taken to minimize cross contamination to other resident rooms. Clean isolation rooms at the end of the day .All isolation rooms are to have clear labeling that identifies the room as an isolation room .		
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.