

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2020
NAME OF PROVIDER OF SUPPLIER KENWOOD HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 130 MEADOWLARK DRIVE RICHMOND, KY 40475	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, staff interview and review of the State Provider Guidance Memo on Admission, Discharge and Transfer for Long-Term Facility Residents, the facility failed to follow their policy to ensure staff wore eye protection as required when entering the rooms of residents on Droplet precautions for unknown COVID-19 status due to being admitted from the hospital within the past 14 days for three (3) of seven (7) sample residents (Resident #5, #6 and #7) and failed to ensure one (1) of two (2) Housekeepers performed hand hygiene when exiting a resident room and before entering another room during one (1) of two (2) random observations of housekeeping. These failures occurred during a COVID-19 pandemic. The findings include: 1. During an interview with the Infection Preventionist on 9/21/20 at 4:30 p.m., she indicated that residents who were new admissions or readmissions were admitted to C Hall and placed on Droplet precautions for 14 days. She added that residents on [MEDICAL TREATMENT] remained on this hall on Droplet precautions and there were no COVID-19 positive resident's in the facility. During an observation on 9/21/20 from 5:06 p.m. - 5:16 p.m. Certified Nursing Assistant #1 (CNA #1) was observed going in and out of several rooms on C Hall to deliver beverages to residents in their rooms, prior to the evening meal. All nine (9) of the occupied rooms on C Hall had a droplet precautions sign at the door indicating that staff must wear a mask and eye protection when entering the room. CNA #1 was wearing a mask but did not put eye protection on during the observation, although she was wearing safety glasses on top of her head. One of the C Hall rooms CNA #1 was observed entering without eye protection was the room of Resident #5. CNA #1 was observed within three (3) feet of the resident while she interacted with him. On 9/21/20 at 5:11 p.m. Unit Manager #1 and CNA #1 were observed in Resident #6's room. They both brought the resident a beverage and spoke with her; Unit Manager #1 also provided some redirection to encourage the resident to remain in her room. Both Unit Manager #1 and CNA #1 were wearing mask during this interaction with the resident but they were not wearing eye protection. There was a droplet precautions sign at Resident #6's door which indicated eye protection was required when entering the room. On 9/21/20 at 5:12 p.m. and again at 5:16 p.m. Resident #7 was observed sitting in her wheelchair near the door to her room on C Hall with the over bed table in front of her. There was a droplet precautions sign at the door. Unit Manager #1 was observed inside the room standing on the other side of the over bed table, talking with Resident #7. The Unit Manager was within approximately three (3) feet of the resident and wearing a mask but she was not wearing eye protection. During an interview with the Infection Preventionist on 9/22/20 at 11:30 a.m. she stated that she was new to the role and also worked as a Unit Manager (Unit Manager #2). She stated that newly admitted residents and readmitted residents were on Droplet precautions for 14 days and staff only had to wear eye protection if they were in the room for more than 15 minutes and when providing direct care. On 9/22/20 at 4:27 p.m. CNA #2 was observed in Resident #7's room. Resident #7 was still on Droplet precautions but CNA #2 was not wearing eye protection. CNA #2 was within approximately three (3) feet of the resident while interacting with her during this observation. During an interview with CNA #2 on 9/22/20 at 4:29 p.m., she stated that the newly admitted and readmitted residents on C Hall were on Droplet precautions. CNA #2 said that Droplet precautions for these residents meant that when she was the room for 15 minutes or more, or when providing direct care to these residents she was required to wear a gown, gloves, mask and eye protection. CNA #2 said that eye protection was not required if she was in the room for less than 15 minutes and not providing personal care. On 9/22/20 at 4:30 p.m. Unit Manager #1 was observed in Resident #6's room. The resident was up wandering in her room and the Unit Manager was providing redirection. Resident #7 was still on Droplet precautions but Unit Manager #1 was not wearing eye protection during this observation. During an interview with the Director of Nursing (DON) on 9/22/20 at 4:35 p.m., she stated that Droplet precautions for newly admitted residents and readmitted residents meant that staff were to wear eye protection and a mask whenever they went in one of these rooms. She confirmed eye protection was required at all times when in these rooms and that the Droplet Precautions sign posted at these rooms and facility policy indicated this was required. She was unaware that some staff did not know eye protection was required to enter these room even when in the room for less than 15 minutes and when not providing personal care. The DON also confirmed that the facility policy for managing newly admitted and readmitted with unknown COVID-19 status was to follow the provider guidance memo dated August 28, 2020. During a telephone interview with the IP on 9/23/20 at 1:00 p.m. she indicated that she had been incorrect in her interview earlier about when eye protection was required for residents on Droplet Precautions and felt that was due to so many changes in guidelines and being new to the role. Review of the guidance memo dated August 28, 2020, which the facility used as their droplet precautions policy for newly admitted and readmitted residents revealed, Quarantine and monitor the resident for COVID-19 signs or symptoms for 14 days following admission. Wear facemask, eye protection and perform hand hygiene for all caregiver-resident interactions; add gown and gloves for any activity involving close contact with the resident or the resident's environment. 2. On 9/22/20 at 11:00 a.m. Housekeeper #1 was observed on a non-COVID unit wet mopping the floor in room D9. She exited the room, put the mop on her cart and completed some paperwork without performing hand hygiene. Housekeeper #1 got a plastic bag from the housekeeping cart and took a dust mop in Room D10 and closed the door. She exited room D10 with a plastic bag filled with garbage and placed the bag into the bin located on her cart. Another staff member then spoke with Housekeeper #1 and she used sanitizer from a dispenser on the wall in the hall to perform hand hygiene. During an interview with the Housekeeping Supervisor on 9/23/20 at 10:30 a.m., she stated that Housekeeping staff were expected to perform hand hygiene when exiting each resident room and before entering another resident room. She also indicated she had reviewed the hand hygiene guidance for housekeeping staff contained in the (Name of Housekeeping Contract Company) Infection Control Overview and Policy, and confirmed that it needed revision to include a clearly stated requirement for housekeeping staff to perform hand hygiene when leaving and before entering resident rooms.</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.