

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185229	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2020
NAME OF PROVIDER OF SUPPLIER BARREN COUNTY NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 300 WESTWOOD STREET GLASGOW, KY 42141	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, record review, review of CDC guidelines, and facility policy and information handout review, it was determined the facility failed to ensure infection control practices to prevent the spread of COVID-19 were implemented per facility policy. Observations revealed one (1) staff failed to don personal protective equipment (gloves, gown, and face shield) when entering a resident's room (Resident #3) who was on droplet precautions; and two (2) staff failed to ensure masks covered nose and mouth when worn in facility. Review of a list of Residents in isolation provided by facility on 10/06/2020 revealed nine (9) residents were on droplet precautions. The findings include: Review of facility policy titled, Identification of Possible COVID-19 Protocol, last revised 04/09/2020 revealed the facility should provide the right supplies to ensure easy and correct use of PPE. Make PPE, including facemasks, eye protection, gown, and gloves available immediately outside of the resident room. Review of a facility information handout titled, Dos and Don'ts of COVID-19, revealed COVID-19 is currently a droplet [MEDICAL CONDITION]. If a resident is on precautions make sure you know the correct type and wear these correctly each time you enter the room. For example, for a resident on droplet precautions you would need to don gloves, gown, mask, and eye protection. Review of CDC guidelines dated July 15, 2020 revealed Health Care Professionals (HCP) should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. When available, facemasks are preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is needed. To reduce the number of times HCP must touch their face and potential risk for self-contamination, HCP should consider continuing to wear the same respirator or facemask (extended use) throughout their entire work shift, instead of intermittently switching back to their cloth face covering. 1. Record review revealed the facility admitted Resident #3 on 09/28/2020 with diagnoses, which included Heart Failure, Aftercare following Joint Replacement Surgery, Type 2 Diabetes Mellitus, and Acute [MEDICAL CONDITION]. Review of Resident #3's baseline care plan revealed Resident #3 to be on transmission-based precautions, with COVID testing initiated by facility. Observation on 10/06/2020 at 1:03 PM revealed Certified Medication Assistant (CMA) #1 entered Resident #3's room to provide coffee to the resident without donning a gown, gloves or face shield. Further observation revealed the coffee cup was placed on over bed table directly in front of resident. There was a sign on the door that read, Stop, please check with nurse before entering. Interview with CMA #1 on 10/06/2020 at 1:05 PM revealed she was supposed to wear personal protective equipment (PPE) in room to include (gown/gloves/mask). CMA #1 stated the resident is on droplet precautions for COVID 19 due to being a new admit. She revealed the distance from resident to the coffee cup placed on the table was less than six (6) feet and she should have worn the PPE (gown/gloves/mask) when going into the room. 2. Observation on 10/06/2020 at 1:50 PM revealed Certified Nursing Assistant (CNA) #1 was wearing a mask below nose while on residential hallway--providing care. In addition, observation on 10/07/2020 at 3:50 PM revealed CNA #2 standing at kiosk, putting in information with mask pulled down to chin exposing nose and mouth. Interviews on 10/06/2020 at 1:50 PM with CNA #1 and on 10/07/2020 at 3:50 PM with CNA #2 revealed masks should be worn at all times and should cover the nose and mouth. Interview with Staff Development Coordinator/Infection Control Nurse (SDC/IFCN) on 10/07/2020 at 8:40 AM revealed staff should wear gown, mask and gloves when entering residents' rooms who are on isolation precautions to protect staff from the resident (if they come from hospital) and to protect the resident from staff as well. Additionally, SDC/IFCN stated any new admits are put on isolation and if we send anyone out they are put on isolation for fourteen (14) days when they return. She further revealed she expected all staff to wear masks when in facility and to ensure the mask is covering their nose and mouth when worn. Interview with the Director of Nursing (DON) on 10/06/2020 at 3:42 PM and 10/07/2020 at 3:38 PM and 4:45 PM, revealed she expected masks to be worn above ears and over nose and mouth when in facility. The DON stated PPE is in the bins outside the door of isolation rooms to make it easier for the staff to access and should be used anytime they go into the room to provide direct care. The DON further revealed staff should wear the PPE all the time (gown, gloves, mask, face shield) if close enough to cough or sneeze on them. Interview with Administrator on 10/07/2020 at 4:55 PM revealed masks and PPE should be worn according to Center for Disease Control (CDC) guidelines.</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.