STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445431	A. BUILDING _____ B. WING _____	07/31/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LEXINGTON HEALTH CARE AND REHABILITATION, INC	727 EAST CHURCH STREET LEXINGTON, TN 38351

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Centers for Medicare & Medicaid Services (CMS) Coronovirus Disease 2019 (COVID-19), Centers for Disease Control and Prevention (CDC), policy review, medical record review, observation, and interview, the facility failed to provide a safe environment and protect 8 of 14 (Resident #5, #7, #14, #17, #18, #19, #20, and #21) vulnerable residents from a communicable disease, COVID-19. The findings include: 1. Review of the CMS (Centers for Medicare & Medicaid Services) COVID-19 Long-Term Care Facility Guidance dated 4/2/2020 showed, .To provide critical, needed leadership for the Nation's long-term facilities to prevent further spread of COVID-19, CMS and CDC are now recommending the following immediate actions to keep patients and residents safe: .Long-term care facilities should separate patients and residents who have COVID-19 from patients and residents who do not, or have an unknown status .known COVID-19 positive and those with suspected COVID-19, ensuring they are separate from patients and residents who are COVID-19 negative; .and if possible, isolate all admitted residents (including readmissions) in their room in the COVID-19 positive facility for 14 days if their COVID-19 status is unknown .Considerations for new admissions or readmissions to the facility .Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19 .Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission .new residents could be transferred out of the observation area or from a single multi-resident room if remain afebrile and without symptoms for 14 days .Resident with new onset suspected or confirmed COVID-19: Ensure the resident is isolated and cared for using all recommended COVID-19 PPE (Personal protective equipment). Place the resident in a single room if possible pending results of [DIAGNOSES REDACTED]-CoV-2 (Severe Acute Respiratory Syndrome Coronovirus 2, COVID-19) testing . Review of the facility's Coronavirus 2019 (COVID-19) Response Plan and Facility Protocol policy revised April 27, 2020 showed, .Immediate Actions for Signs and Symptoms of COVID-19: Patients with signs and symptoms of an Infectious Respiratory Syndrome, with fever, cough, shortness of breath, myalgia or fatigue and/or other active symptoms of COVID-19, will be placed in isolation and the MD/NP (Medical Doctor/Nurse Practitioner) will be notified immediately. Preferably, the patient will be placed in a private room, with the door shut .Presumptive Positive Case: If COVID-19 is suspected, the procedures outlined above will be implemented immediately .Isolation Precautions, Presumed Positive or Laboratory Confirmed COVID-19: Residents with suspected or confirmed COVID-19 will be placed in isolation immediately .the resident will be placed in a private room with the door closed .Other Infection Control Measures and Precautions for COVID-19: Private rooms are preferred. If a private room is not available, residents with infections of the same organism/pathogen, (COVID-19), may share a semi-private room . 2. Review of the medical record showed Resident #5 was admitted on [DATE] with [DIAGNOSES REDACTED]. Resident #5 scored a 9 on the Brief Interview for Mental Status (BIMS) which indicated the resident was moderately impaired for decision making. Review of the Clinical Notes dated 7/27/2020 at 4:54 PM showed, .Resident noted this am (before midday) with a dry cough .While doing 4 (4:00) pm vital signs resident appeared warm and temp (temperature) was taken temporal and orally and was 100.2 . Review of the Clinical Notes dated 7/29/2020 at 7:35 PM showed, Obtained COVID-19 Nasopharyngeal Swab . Resident #5 was in a semi private room with Resident #7. Observations of Resident #5 in room [ROOM NUMBER] B on 7/27/2020 at 12:10 PM, revealed the resident in bed sleeping with a face mask covering. During an interview with Licensed Practical Nurse (LPN) #1 on 7/27/2020 at 12:15 PM, LPN #1 stated Resident #5 would remain in the semi-private room with the current roommate (Resident #7) who had no signs/symptoms of Covid-19. LPN #1 stated, .The Director of Nursing (DON) said to keep him (Resident #5) here because there are no rooms available on the 300 hall . On 7/27/2020 the facility had 6 semi-private rooms that were unoccupied. The rooms that were unoccupied were Rooms 309, 315, 319, 321, 322, and 325. During an interview with LPN #2 on 7/27/2020 at 12:20 PM on the 200 Hall, LPN #2 stated she was working as a nurse aide and providing care to Resident #5, who was symptomatic, and Resident #7 who had no symptoms. She also stated she was providing care for other residents on the 200 Hall who had no symptoms of COVID-19. During an interview with LPN #2 on 7/29/2020 at 6:10 PM on the 300 Hall, LPN #2 stated, . (Resident #5) had developed a fever and dry cough. (Resident #7) has no symptoms . Resident #5 developed the symptoms of fever and dry cough on 7/27/2020 but was not tested for COVID-19 until after the evening meal on 7/29/2020, which was 2 days after Resident #5 developed symptoms of a cough and fever. Review of the Final Report of the COVID-19 laboratory test for Resident #5 collected on 7/29/2020 documented, .DETECTED . which confirmed a positive result for COVID-19. 3. Review of the medical record for Resident #7 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of the annual Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #7 had a BIMS of 14 which indicated the resident was cognitively intact for making decisions. Review of the Clinical Notes dated 7/1/2020-7/30/2020 revealed Resident #7 had no sign/symptoms of COVID-19. Resident #5 and #7 remained roommates after Resident #5 developed symptoms of a cough and fever. During an interview on 7/27/2020 at 11:00 AM the DON was asked why residents with COVID symptoms were not moved to a private room or cohorted with another resident with symptoms. The DON stated, .We isolate in place, leave the residents in the same room . When the DON was asked if the facility cohorted a symptomatic resident with a resident with no symptoms, she stated, Yes, isolation in place. The facility had 6 semi-private rooms that were unoccupied on 7/27/2020. The rooms that were unoccupied were Rooms 309, 315, 319, 321, 322, and 325. During an interview with the Regional Administrator, the DON, the Regional Clinical Manager, and the Regional Staff Development Coordinator on 7/29/2020 at 7:40 PM, the Regional Administrator reviewed the Census Report dated 7/27/2020 and confirmed there were available rooms and the occupancy rate in the facility was 59% (percent). Review of the medical record and during an interview with the DON on 7/27/2020 at 1:30 PM in the conference room, the DON stated the following symptomatic residents were cohorting with residents with no symptoms: a. room [ROOM NUMBER] A - Resident #7 had no symptoms and Resident #5 in 216 B developed symptoms of cough and fever on 7/27/2020. Resident #5 was tested on [DATE] and the resident was positive for COVID. b. room [ROOM NUMBER] A - Resident #19 had no symptoms and was tested on [DATE]. On 7/27/2020 the results revealed the resident was negative for COVID. Resident #20 in 316 B had symptom of a cough on 7/20/2020 and was tested on [DATE]. The test results for Resident #20 were reported to the facility on [DATE] and were positive for COVID. Resident #19 and #20 were roommates from 7/18/2020 to 7/27/2020. Resident #19 remained the roommate of Resident #20 for 7 days after the resident was symptomatic. c. room [ROOM NUMBER] A - Resident #17 had symptoms of chills and fatigue and was tested on [DATE]. When the test results were returned to the facility on [DATE], Resident #17 was positive for COVID. Resident #21 in 317 B had no symptoms and was tested on [DATE]. The results were returned on 7/27/2020 and Resident #21 was negative for COVID. Resident #17 and #21 were roommates from 7/18/2020-7/27/2020, 6 days after Resident #17 had symptoms of COVID. During an interview on 7/27/2020 at 1:45 PM, the DON confirmed the residents that exhibited no symptoms were at a minimum cohorted for six days with symptomatic residents whose COVID test results returned positive before the residents were separated and moved. The DON confirmed the facility's Coronavirus 2019 (COVID-19) Response Plan and Facility Protocol policy revised April 27, 2020 showed, .Isolation Precautions, Presumed Positive or Laboratory Confirmed COVID-19: Residents with suspected or confirmed COVID-19 will be placed in isolation immediately .the resident will be placed in a private 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.

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) with the door closed Private rooms are preferred. If a private room is not available, residents with infections of the same organism/pathogen, (COVID-19), may share a semi-private room . During an interview on 7/27/2020 at 1:55 PM, the DON was asked why the residents were not moved when the roommate exhibited symptoms of COVID. The DON stated, .we isolate in place, leave the residents in the same room . The DON was asked if the facility was cohorting symptomatic/suspected residents with residents that had no symptoms of COVID. She stated, Yes, isolation in place. The DON was asked what residents can cohort and she stated .Two positive COVID .Do not cohort a positive and a negative . Review of the Census Report dated 7/20/2020 showed, the facility had 5 semi private rooms that were unoccupied. The rooms were 319, 320, 321, 322 and 325. Review of the Census Report dated 7/27/2020 showed the facility had 6 semi private rooms that were unoccupied. The rooms were 309, 315, 319, 321, 322, 325. During an interview with the Regional Administrator, the DON, the Regional Clinical Manager, and the Regional Nurse Educator on 7/29/2020 at 7:40 PM in the conference room, the Regional Administrator reviewed the census dated 7/27/2020 and confirmed they had open rooms and only had an occupancy rate of 59%. 4. Review of the medical record showed Resident #14 had [DIAGNOSES REDACTED]. Resident #14 scored a BIMS of which indicated the resident was severely impaired for decision making. Resident #14 was readmitted to the facility on [DATE] and removed from isolation on 7/14/2020. The facility failed to follow the CDC COVID Guidelines for maintaining isolation for 14 days after admission. Resident #14 was kept in isolation for 7 days. 5. Review of the medical record showed Resident #17 had [DIAGNOSES REDACTED]. Resident #17 scored a BIMS of 12 which indicated the resident was moderately impaired for decision making. Resident #17 was re-admitted on [DATE] and was removed from isolation on 6/8/2020. Resident #17 was not in isolation for 14 days after readmission. Resident #17 was in isolation for 6 days which did not follow CDC Guidelines for admission. 6. Review of the medical record showed Resident # 18 had [DIAGNOSES REDACTED]. Resident #18 scored a BIMS of 12 which indicated the resident was moderately impaired for decision making. Resident #18 was admitted to the facility on [DATE] and removed from isolation on 6/6/2020. Resident #18 was not in isolation for 14 days after admission per CDC Guidelines. Resident #18 was in isolation for 4 days. 7. Review of the medical record showed Resident #19 had [DIAGNOSES REDACTED]. Resident #19 scored a BIMS of 4 which indicated the resident was severely cognitively impaired for decision making. Resident #19 was admitted to the facility on [DATE] and removed from isolation on 6/11/2020. Resident #19 was not in isolation for 14 days after admission per CDC Guidelines. Resident #19 was in isolation 3 days. 8. Review of the medical record showed Resident #20 had [DIAGNOSES REDACTED]. Resident #20 scored a BIMS of 10 which indicated her cognition was moderately impaired for decision making. Resident #20 was admitted to the facility on [DATE] and removed from isolation on 6/17/2020. Resident #20 was not in isolation for 14 days after admission per CDC Guidelines. Resident #20 was in isolation 7 days. 9. Review of the medical record showed Resident #21 had [DIAGNOSES REDACTED]. Resident #21 scored a BIMS of 5 which indicated her cognition was severely impaired for decision making. On 7/18/2020 Resident #21 was placed in the room with Resident #17, who had symptoms of fever, and tested positive for COVID on 7/21/2020.