

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2020
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE AT SUMMIT MANOR REHAB & WELLN		STREET ADDRESS, CITY, STATE, ZIP 400 BOMAR HEIGHTS COLUMBIA, KY 42728	
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, and a review of facility policy, it was determined the facility failed to properly prevent the possible spread of COVID-19. On 04/07/2020, the facility chaplain was sitting in the downstairs resident dining room, not wearing a facemask as required in accordance with facility policy and The Centers for Medicare and Medicaid Services (CMS) Guidance. The findings include: A review of COVID-19 Long-Term Care Facility Guidance Dated 04/02/2020 revealed all long-term care facility personnel should wear a facemask while they are in the facility. A review of facility policy titled Novel [MEDICAL CONDITION] (COVID-19) with a revision date of 04/03/2020 revealed all stakeholders should wear a facemask while they are in the facility. Observation during the initial tour on 04/07/2020 at 10:23 AM revealed the facility chaplain was sitting in the downstairs resident dining room with a facemask that was hanging free from one ear, not covering the mouth and nose. Interview with the Chaplain on 04/07/2020 at 10:23 AM revealed he had removed the facemask to get a breath of air. An interview with the Acting Director of Nursing (DON) on 04/07/2020 at 10:46 AM revealed all staff were required to wear a facemask at all times when in the building to help prevent the spread of the Coronavirus. The policy was initiated on 04/03/2020 and all staff were trained. According to the Acting DON, she made rounds to monitor if staff were following the policy and she was providing on-the-spot education if needed. The Acting DON stated she had not identified that the chaplain was removing his mask when in the building. An interview with the Administrator on 04/08/2020 at 9:05 AM revealed the Administrator was aware of the CMS Guidance, had revised the facility policy, and implemented the guidance on 04/03/2020. According to the policy, all staff were required to wear a mask when inside the building. According to the Administrator, the chaplain should wear a mask at all times when in the building to help prevent the spread of the Coronavirus.</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.