

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>185246</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ROCKCASTLE HEALTH AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>371 WEST MAIN STREET BRODHEAD, KY 40409</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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. A laundry worker was observed folding clean laundry without wearing a facemask 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 of the facility laundry on 04/06/2020 at 10:18 AM revealed a laundry worker was folding clean laundry and had a face mask that was pulled down under the chin and was not covering the mouth and nose. Interview with Laundry Worker #1 on 04/06/2020 at 10:18 AM revealed the Laundry worker was aware she was supposed to wear a mask at all times when in the building but had pulled the mask down so she could get fresh air. An interview with the Laundry Supervisor on 04/06/2020 at 10:22 AM revealed on 04/03/2020, all staff were provided a mask and instructed to wear the mask at all times while in the facility. The Laundry Supervisor stated she made rounds to monitor and was not aware that Laundry Worker #1 was not wearing a facemask as instructed. An interview with the Administrator on 04/06/2020 at 2:00 PM revealed the Administrator was aware of the CMS guidance dated 04/03/2020 requiring all staff to wear a mask when in the facility. The Administrator had ensured all staff were provided masks and instructed to wear masks at all times when in the building to prevent the spread of the Coronavirus. According to the Administrator, the Laundry Worker should have been wearing the mask at all times when in the building.		
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.