

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2020
NAME OF PROVIDER OF SUPPLIER RIDGEWOOD TERRACE NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 150 CORNWALL DRIVE MADISONVILLE, KY 42431	
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 facility policy review, it was determined the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The State Surveyor entered the front entrance to the facility on [DATE] to conduct a complaint survey related to Infection Control during Coronavirus Disease 2019 (COVID-19). However, the surveyor was not screened related to COVID 19 per facility policy until three (3) hours after she entered the facility. The findings include: Review of the facility policy titled, Concord Health Systems, Coronavirus Surveillance, dated 03/31/2020, revealed increased surveillance activities will be implemented to limit the transmission of COVID-19. These include, but are not limited to, screening all visitors (including essential vendors), staff, and residents. Observation on 04/29/2020 at 9:45 AM, revealed the surveyor entered the facility front entrance for a complaint related to Infection Control during COVID-19. The Assistant Administrator was already inside the front entrance and greeted the surveyor at that time. She informed the surveyor that the conference room near the front entrance of the facility was available for use and lead the surveyor directly to this area. There was already a person set up in the conference room, but she was relocated to another area of the building. The Assistant Administrator then went to find the Administrator. The Assistant Administrator did not screen the surveyor related to COVID-19 until 1:00 PM, over three (3) hours later. Interview with the Assistant Administrator, on 05/04/2020 at 2:20 PM, revealed she did not understand the deficient practice when the surveyor was not in a resident care area on 04/29/2020. Interview with the Administrator, on 04/29/2020 at 10:00 AM, revealed there was only one (1) entrance/exit for the facility's employees at the back of the building, and all staff get screened upon entrance. She stated that any other people who use the front door get screened there as well. However, further interview with the Administrator on 05/01/2020 at 1:13 PM, revealed she stated, we have a person at the front desk; however, we don't have a screening site set up at the front door, and the door to the front lobby has a keypad. She stated they do have the means to screen at the front entrance of the building.</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.