

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2025
NAME OF PROVIDER OR SUPPLIER The Seasons at Alexandria		STREET ADDRESS, CITY, STATE, ZIP CODE 7341 E Alexandria Pike Alexandria, KY 41001	

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)
<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, review of the Centers for Disease Control and Prevention (CDC) document, and review of the facility's documents, policies, and procedure, 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 for the total census of 99 residents. On [DATE], the Local Health Department (LHD) informed the facility that Resident (R) 121 had been diagnosed with Legionnaire's disease while in the hospital. Testing conducted by a third-party water specialist revealed positive areas for legionella in the facility. On [DATE] uncontrolled levels of growth were identified in the hot shower of room [ROOM NUMBER] and in the cooling tower. Before this incident, there was no written water management program in place, and the facility was not actively flushing dead legs (an area of piping system where fluid flow was minimal or nonexistent) in the water system. The resident passed away at the hospital on [DATE]. Additionally, observation on [DATE] of Registered Nurse (RN) 3 revealed she failed to clean and disinfect a glucometer according to the facility's policy, the manufacturer's instructions, and the recommended dwell time for the sanitizing wipe.Immediate Jeopardy (IJ) was identified on [DATE] and was determined to exist on [DATE], in the area of 42 CFR 483.80 Infection Control, F-880 at a Scope and Severity (S/S) of an L. The facility's Administrator was notified of the IJ on [DATE].The facility provided an acceptable Immediate Jeopardy Removal Plan, on [DATE], alleging removal of the IJ on [DATE]. The State Survey Agency (SSA) determined the IJ had been removed on [DATE] as alleged, prior to exit on [DATE], with remaining non-compliance at a S/S of an F. The findings include:Review of the Centers for Disease Control and Prevention (CDC) document Clinical Guidance for Legionella Infections, dated [DATE], revealed minimizing Legionella growth in complex building water systems and devices was key to preventing infection. The CDC recommended healthcare facilities develop and implement comprehensive water management programs (WMPs). Review of the facility's policy titled, Infection Prevention and Control Program, revised [DATE], revealed the facility created and maintained an infection prevention and control program. Per the policy, the Infection Prevention and Control Program [IPCP] was designed to prevent the development and transmission of communicable diseases and infections, in accordance with national standards and guidelines.Review of the facility's policy titled, Legionella Surveillance, revised [DATE], revealed the facility would establish primary surveillance (approaches to prevent and control legionella infections with no identified cases). The primary surveillance strategies included routine maintenance of the cooling towers; however, the policy did not address routine flushing of empty rooms. According to the policy, legionella surveillance was one component of the facility's water management plan for reducing the risk of legionella and other opportunistic pathogens in the facility's water system. Review of sign-in sheets for staff education titled, Legionella Awareness and Prevention, dated [DATE], revealed staff was responsible for helping to prevent Legionella by</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>stated that was important to prevent the spread of blood-borne pathogens. During an interview with the Administrator on [DATE] at 3:08 PM, she stated it was her expectation that staff followed the facility's infection control policies to prevent the spread of infection to residents and staff. The facility provided their Immediate Jeopardy (IJ) Removal Plan on [DATE] verbatim: 1. Corrective Action for Residents Affected: All residents with symptoms of pneumonia were tested via urine antigen test for Legionnaires' disease initiated [DATE]. No positive cases were identified at the time of testing. Out of an abundance of caution, the resident in room [ROOM NUMBER] Assisted Living was relocated to room [ROOM NUMBER] Assisted Living on [DATE] related to a positive test result in the shower head in room [ROOM NUMBER] (See Exhibit A). Urine Antigen Test done and Respiratory Monitoring put into place (See Exhibit B). Water outlets in room [ROOM NUMBER] were flushed, and the showerhead was replaced on [DATE] (See Exhibit C). 2. Identification of Others at Risk: A comprehensive risk assessment was completed by the Northern Kentucky Health Department to identify all residents, staff, and visitors potentially exposed on [DATE] (Exhibit D). Water samples were collected from all facility wings to determine the scope of contamination on [DATE] by Legionella Control Systems, Inc. (Exhibit E). Residents, families, and staff were notified and educated about signs, symptoms, and transmission risks of Legionella on [DATE] (Exhibit F). 3. Systemic Changes to Prevent Reoccurrence: [DATE] - A Legionella Environmental Assessment Form (LEAF) Assessment was conducted in partnership with the Northern Kentucky Health Department. [DATE] - The facility's Infection Preventionist completed additional training on Legionella guidance (Exhibit O). [DATE] - Flushing protocols were implemented facility-wide and are documented and monitored. (Exhibit I). A Legionella Surveillance Log was established and will be monitored by Infection Preventionist (Exhibit Z). [DATE] - Site visit conducted by Legionella Control Systems; Risk Assessment, Engineering Report, and on-site water testing performed (Exhibit G). [DATE] - Video Call with Legionella Control Systems to go over findings (Exhibit H). [DATE] - Positive Results BI 158 Hot Shower and Cooling Tower. Corporate Maintenance, Building Maintenance Director, Administrator, Director of Nursing, Infection Preventionist, [NAME] President Chief Operating Officer, Northern Kentucky Environmental Health Coordinator made aware (Exhibit E). [DATE] - Notified ChemSearch of the need for inspection and evaluation of water safety procedures. [DATE] - ChemSearch added Bio-Xile and Chlorine Pellets to cooling tower (Exhibit J). [DATE] - Testing repeated (Exhibit K). [DATE] - 12 month Surveillance Legionella started per Northern Kentucky Health Department. [DATE] - Staff Development provided education to staff including Legionella (Exhibit S). [DATE] - Staff Development continued education (Exhibit S). [DATE] - COO sent out message to staff, residents, families about Legionnaires' Disease (Exhibit Y). [DATE] - Reported to Office of Inspector General via telephone. [DATE] - Positive Results Mech Room Tower. Relevant parties informed (Exhibit K). [DATE] - Corporate Maintenance contacted OBR Cooling Towers (OBR) to schedule a cleaning and sanitization of the cooling tower. [DATE] - Notified Solid Blend, a certified water management company, for consultation and services. [DATE] - Shower Head disinfecting put in place. Started by maintenance [DATE], completed [DATE]. To be done every 6 months (Exhibit M). [DATE] - Solid Blend conducted a separate LEAF assessment and sampled water (Exhibit N). [DATE] - Kentucky Health Department came to facility to discuss risk assessment with Corporate Maintenance, Building Maintenance Director, Administrator, Director of Nursing, Infection Preventionist, [NAME] President Chief Operating Officer. [DATE] - LEAF Assessment Final Report shared Corporate Maintenance, Building Maintenance Director, Administrator, Director of Nursing, Infection Preventionist, [NAME] President Chief Operating Officer. (Exhibit N and H). [DATE] - Positive Result Cooling Tower Basin. Corporate Maintenance, Building Maintenance Director, Administrator, Director of Nursing, Infection Preventionist, [NAME] President Chief</p> <p>(continued on next page)</p>		

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