

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>065257</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GOLDEN PEAKS CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1005 E ELIZABETH ST FORT COLLINS, CO 80524</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, record review and staff interview, the facility failed to implement precautions for the potential prevention of Covid-19. Specifically, the facility failed to: -Implement a comprehensive surveillance plan which allowed visitors and staff to screen themselves; -Ensure residents who resided on the memory care were encouraged by staff, to maintain social distancing; -Ensure staff completed proper hand hygiene prior to entering resident's rooms to serve the lunch tray; and -Ensure housekeeping staff followed proper hand hygiene guidelines while cleaning rooms. Findings included: I. Policy and procedure The COVID-19 Policy and Procedure created 3/27/2020 documented, in pertinent part: -Active screening of visitors and employees states all centers must follow an active screening process including: visitors must be directly screened (temperature assessment and interview) by a (facility name) employee who has been trained at screening. A designated employee will take the visitor's temperatures and ask them the screening questions. The screener is to initial each entry on the form. Centers must have staff coverage continuously for screening 24 hours daily. The Hand Hygiene Infection Control Policy, reviewed 11/15/19 documented the purpose was to improve hand hygiene practices and reduce the transmission of pathogenic microorganisms. The 5-Step Daily Room Cleaning, provided by the housekeeping supervisor (HS) on 4/7/20 at 12:40 p.m. documented use proper personal protective equipment. II. Facility Screening Staff Interview The receptionist was interviewed on 4/7/2020 at 12:30pm. She said she worked Monday through Friday from 7:30 a.m. until 4:30 p.m. She said while she was on duty she would take staff temperatures and complete the daily symptom screening forms for every staff and visitor who entered. Each morning she would add the previous day's screening forms to a binder in the nursing home administrator's (NHA) office. She stated no one should take their own temperature because people needed to be screened. She said if she was not at her desk, staff were to find a nurse to initial the sheet and review the temperature. She said the manager on duty was to take staff temperatures and complete the screening sheets on the weekends. She said, I keep my thermometer hidden when I am not using it and don't know where staff that I don't screen get their thermometer. On 4/7/2020 at approximately 12:15 p.m. certified nurse aide (CNA) #2 was interviewed. She said when she came to work at 6:00 a.m. she would check her own temperature and complete the screening form. She said if she were to have a fever she would find a nurse in the facility so she could report it. Record Review The Community Spread Daily Symptom Screening form Covid-19 dated 4/4/2020 - 4/7/2020 was reviewed and revealed: On 4/4/2020 of the 32 individuals who signed entry into the building: 17 screener initials were blank with no initials, six initialed their own screenings, and 10 boxes with pertinent questions were unchecked. On 4/5/2020 of the 29 individuals who signed entry into the building 24 screener initials were blank with no initials, four initialed their own screenings, 14 boxes with pertinent questions were left blank including four boxes of individuals who did not record their temperatures. On 4/6/2020 of the 46 individuals who signed entry into the building 19 screener initials are blank with no initials, seven individuals initialed their own screening, 18 boxes with pertinent questions are left unchecked including three temperatures were not recorded. One box checked states exclude from duty/visit. On 4/7/2020 from 5:40 a.m. - 11:40 a.m. of the 32 individuals who signed entry into the building, nine screener initial boxes were blank, seven individuals initialed their own screenings, and six boxes with pertinent questions were blank. III. Social distancing on the Memory Care Unit Observation and staff interview On 4/7/2020 at 10:20 a.m. seven of the 12 residents, who resided on the memory care unit were observed in the common area. Two residents were sitting at a table, next to one another and two other residents were sitting at a table next to one another and next to the other two residents sitting at the table. There were three residents against the wall sitting in chairs next to one another watching television; all were approximately 1.5' from one another. Licensed practical nurse (LPN) #1 and activity director (AD) were interviewed on 4/7/2020 at 10:25 a.m. while working in the memory care unit. They both agreed none of the residents were 6' apart [MEDICATION NAME] social distancing. They said they had been educated on social distancing as part of their Covid-19 training and were aware of the 6' requirement and had also been educated on the necessity of having one person at each table in the communal area for dining. Upon conclusion of the interview the AD began to rearrange the tables and encourage residents to move so they were farther apart. Residents were very compliant while moving. IV. CNA hand hygiene during meal service Observations and staff interview On 4/7/2020 from approximately 12:00 p.m. to 12:30 p.m., during the lunch meal, staff entered rooms to deliver room trays. Staff were not observed sanitizing their hands (with ABHR) or washing their hands prior to serving room trays. Staff was observed touching silverware, condiments and papers outside of a resident's room and then entering a room with a room tray without doing proper hand hygiene. On 4/7/2020 at 12:00p.m. staff was observed on each hallway delivering drinks and then retrieving meal trays. Staff did not wash their hands or use hand sanitizer before entering a resident's room to serve the lunch meal. Staff entered room [ROOM NUMBER] and did not not sanitize their hands before cutting the resident's food. In the hallway CNA #1 fixed a straw in a resident's drink and then delivered a room tray to a different resident. An unidentified staff member aided a resident's wheelchair brakes in the hallway and then served a room tray without proper hand hygiene. Staff interview On 4/7/2020 at approximately 12:15 p.m. CNA #2 was interviewed. She said she had been instructed to wash her hands prior to entering a resident's room and upon exiting. V. Housekeeper hand hygiene during room cleaning Observation and staff interview On 4/7/2020 at approximately 10:30 a.m. housekeeper (HSK) #1 was observed and interviewed while standing outside a resident's room, during the room cleaning process. He said he was instructed to use one pair of gloves to clean the entire room, including the bathroom and then switch gloves for the next room. He said during his education related to cleaning the room and education related to COVID-19 this was the directive from his supervisor. VI. Director of Nursing (DON), NHA and HS interview On 4/14/2020 at 9:00 a.m. the DON, NHA and HS were interviewed. The NHA and DON agreed ensuring proper screening to avoid the potential of COVID-19 entering the facility was important. They said that staff will be further trained to understand the screening process especially during hours when the receptionist was not working. They said having staff enter the facility to take their own temperatures and then reporting their temperature to the nurse on duty poses a risk. The DON and NHA said it was important to ensure social distancing of all residents regardless of which area of the facility they resided on because everyone was at risk for COVID-19. The DON and NHA agreed that staff should complete proper hand hygiene when entering resident rooms to deliver their room tray to avoid the transmission of any potential infection. The HS reported he had reeducated his staff about proper hand hygiene and had informed his staff they were to change their gloves when cleaning rooms, especially when cleaning a room with more than one resident and when cleaning the bathroom.</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.