

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>065229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MINNEQUA MEDICENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2701 CALIFORNIA ST PUEBLO, CO 81004</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>Based on observations, record review, and interviews, the facility failed to properly maintain an infection control program designed to prevent the spread of COVID-19 in four of six neighborhoods. Specifically, the facility: -Failed to ensure residents had face masks or face covering while staff were assisting them in their rooms; and -Failed to properly discard isolation gowns after use. Findings include: I. Resident face masks/covering A. Professional standards According to the Center for Disease Control (CDC), Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (4/28/2020), <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#minimize">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#minimize</a> (updated 4/13/2020): Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others (e.g., HCP, visitors) enter the room. Screening for symptoms and appropriate triage, evaluation, and isolation of individuals who report symptoms should still occur. Healthcare Personnel: As part of source control efforts, HCP should wear a facemask at all times while they are in the healthcare facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. If there are anticipated shortages of facemasks, face masks should be prioritized for HCP and then for patients with symptoms of COVID-19 (as supply allows). Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required. HCP should have received job-specific training on PPE and demonstrated competency with selection and proper use (e.g., putting on and removing without self-contamination). According to the Center for Disease Control (CDC), Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs) (4/30/2020), <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html</a>: Prevent spread of COVID-19: Actions to take now: -Cancel all group activities and communal dining. -Enforce social distancing among residents. -Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. -Ensure all HCP wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required. B. Observations and interviews On 5/27/2020 at 8:44 a.m. certified nurse aide (CNA) #1 was observed in Resident #2's room. CNA #1 was talking to Resident #1 while providing care. Resident #1 did not have a mask while the CNA was providing care. CNA #1 said residents were supposed to wear masks while they were out of their rooms. CNA #1 said residents did not require a mask when staff was providing care. On 5/27/2020 at 9:12 a.m. the housekeeper supervisor (HSKS) was observed cleaning a resident's room. HSKS #1 was talking to the resident within a close proximity. HSKS swept under the resident's bed while the resident was sitting in his wheelchair. She said residents were supposed to wear masks when they were outside of their rooms. She said she had not received specific training on face coverings for residents when receiving care in their rooms. On 5/27/2020 at 9:25 a.m., CNA #2 was providing care to a resident in their room, who was not wearing a mask or face covering. As CNA #2 exited the resident's room, the CNA said residents were supposed to wear masks when they were out of their rooms. CNA #2 said residents did not require a mask when they were in their rooms. On 5/27/2020 at 9:51 a.m. the activity assistant (AA) was observed handing out and offering snacks. The AA knocked on room #D2. The AA entered and asked the resident if she wanted something to drink. The resident stated, Yes I would. The AA exited the resident's room and retrieved a cup of coffee. The AA reentered the resident's room and placed the coffee on the bedside table next to the resident. The AA stayed in the resident's room conversing about how his day was going. The AA repeated this process in all rooms in the facility. The AA said residents were to wear face masks when they were out of their rooms. She said, I have not received any training on face coverings for residents when receiving care in the rooms. On 5/27/2020 at 10:09 a.m., hospice registered nurse (HRN) #2 entered room D7. HRN #2 asked the resident how she was feeling and asked if she could do anything for her. HRN #2 provided assistance to the resident and exited the resident's room. The resident did not have a mask on while care was provided. HRN #2 knocked on the door of room D8 and repeated the process. HRN #2 said residents were to wear face masks when they were out of their rooms. She said, I have not received any training on face coverings from this facility for residents wearing masks when receiving care in the rooms. C. Staff interviews The nursing home administrator (NHA) and director of nursing (DON) were interviewed on 5/27/2020 at 10:31 a.m. The DON said the staff were trained to encourage the residents to wear face masks at all times to include their rooms. She said it would be her expectation staff would introduce themselves before providing care and offer a mask or tissue to all residents when they were going to provide care to all residents. III. Failed to properly discard isolation gowns after use A. Observations of isolation rooms On 5/27/2020 at 8:48 a.m., three isolation rooms were observed on C-hall. Each one of the isolation rooms had an isolation cart next to the door and a metal box which stored the rubber gloves. Each one of the isolation rooms had a used yellow gown hanging off the side of the metal box. The DON was observed removing the gowns from each one of the isolation rooms. B. Staff interviews The DON was interviewed 5/27/2020 at 8:50 a.m. The DON said she had posted notes next to each isolation room, stating that all personal protective equipment (PPE) gowns should be thrown away after every use. She said, PPE should not be stored or reused after exiting the residents' isolation room and they should not be hung on the door. She said the facility's PPE supply was at conventional status, which allowed them to have enough PPE for one-time use. She said it was her expectation the PPE would not have been hung on the doors but discarded immediately after staff's use.</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.