

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN SOCIETY - BONELL COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP 706 23RD ST GREELEY, CO 80631	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to implement an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the possible development and transmission of Coronavirus (COVID-19). Specifically, the facility failed to: -Follow proper protocol for use of personal protection to ensure compliance with recommended standards for respiratory hygiene and cough etiquette were provided to residents; and, -Ensure staff performed hand hygiene in-between caring for multiple residents Findings include: I. Face masks use A. Professional reference 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 (4/30/2020), https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#minimize, (Update April 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. B. Observation On 5/21/2020 at 12:31 p.m. Dietary aide (DA) #1 was observed in the satellite dining area wearing her mask below her nose as she served the noon meal on the plates. On 5/21/2020 at 2:14 p.m. Speech therapist (ST) #1 was observed in room [ROOM NUMBER] of the summit west hallway. The ST sat on the same bed with a resident in a very close range (face to face) and was having a conversation with the resident without wearing a mask. The resident she was talking to had no facemask or anything to protect her face. The ST was within a proximity that was less than the recommended six feet from the resident. Upon sighting the surveyor, the ST quickly grabbed her facemask which sat on her lap and strapped it on her face. II. Hand hygiene A. Professional reference According to the Centers for Disease and Prevention (CDC) Hand Hygiene in Healthcare Settings, last updated 1/31/2020, retrieved from https://www.cdc.gov/handhygiene/providers/index.html, included the following recommendations: Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an alcohol-based hand sanitizer immediately before touching a patient, before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids or contaminated surfaces, and immediately after glove removal. Wash with soap and water when hands are visibly soiled, after caring for a person with known or suspected infectious diarrhea, and after known or suspected exposure to spores. When using alcohol-based hand sanitizer, put the product on hands and rub hands together. Cover all surfaces until hands feel dry. This should take around 20 seconds. When cleaning hands with soap and water, wet hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use a towel to turn off the faucet. Avoid using hot water, to prevent drying of skin. Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right times. B. Observation On 5/21/2020 at 12:48 p.m. Licensed practical nurse (LPN) #1 was observed on the summit west hallway of the facility as she served the noon meal to the residents. LPN #1 started serving in room [ROOM NUMBER] above mentioned hallway. Prior to serving the meal to the residents, LPN #1 did not offer handwashing or any type of hand hygiene to the residents. She took the meal tray from the cart, opened the resident's door, greeted the residents, placed the meal tray on the table and left the room. LPN #1 was observed as she repeated the sequence explained above in rooms number 315, 314, 313 and 308 on the said hallway. She also did not perform hand hygiene between going in and out of the residents room as well as touching door knobs to each room. III. Interview On 5/21/2020 at 1:50 p.m., DA #1 was interviewed. She said she had been trained on the need to use face masks when in and about the facility and especially during meal service. She agreed she was wearing her mask below her nostril as observed. Specifically, DA #1 said her face mask tends to fall below her nose each time she talked whilst wearing the face mask. She said she would get a better fitting face mask going forward. On 5/21/2020 at 1:57 p.m., LPN #1 was interviewed, she said she received hand hygiene training daily. Specifically, LPN #1 said she had been trained to wash her hands for 20 seconds when visibly soiled and also to use alcohol based hand rub (ABHR) till it was dry. She added that she was required to perform hand hygiene in between caring for residents, after toilet use, and when in contact with frequently high contact touch surfaces. She agreed she did perform hand hygiene while she performed the activities described above. She said she did not know to perform hand hygiene when she did not make contact with the residents. She agreed however, that she had touched door handles when she opened and closed the doors leading into the residents rooms, and that she touched her clothes multiple times which had now contaminated her hands and thus, necessitating that she performed hand hygiene. She said she would make amends going forward. On 5/21/2020 at 2:07 p.m., ST #1 was interviewed. She said when she was around residents, she was required to wear her face mask. She however verified she was not wearing her face mask. She said she was concerned about ensuring that her information to the resident was properly relayed and that wearing her facemask might hinder that. She said she would ensure her face mask was on going forward. On 5/21/2020 at approximately 2:27 p.m. The nursing home administrator (NHA) and the director of nursing (DON) were both interviewed. The NHA said the facility commenced infection control training specific to COVID-19 in the early week of March 2020. He said, although the facility never stopped training on infection control practices, they were reinforced to fit the Center for Disease Control and Prevention (CDC) guidelines and other health regulatory agencies. The DON said hand hygiene training was provided everyday, and on every shift. She said staff should perform hand hygiene in between residents regardless of whether or not they touched the residents. The NHA said the use of facemask when in and about the facility was mandatory. He said staff had been trained to use face masks when caring for residents and that there was no excuse to fall short of the facility's directive. He said the facility would follow-up with training.</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.