

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER FLATIRON'S HEALTH & REHAB, LLC		STREET ADDRESS, CITY, STATE, ZIP 1107 CENTURY DR LOUISVILLE, CO 80027	
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 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, record review, and staff interviews, the facility failed to ensure the dietary department followed safe practices to prevent the potential contamination of food and the spread of food-borne illness in two of two kitchens. Specifically, the facility failed to: -Ensure the chemical sanitizer in the dish machine was at the appropriate level and was at the proper temperature; and, -Appropriate use of gloves when handling ready-to-eat foods. Findings include: I. Dish machine sanitizer and temperature A. Professional reference According to the State Board of Health Colorado Retail Food Establishment Rules and Regulations (CRFERR) revised January 2019 (pg. 24, 113-124, 133-137), read in pertinent part, Cleaning and sanitizing may be done by spray-type, immersion ware washing, or by any other type of machine or device if it is demonstrated that it thoroughly cleans and sanitizes equipment and utensils. Chemical sanitizing ware washing machines (single-tank, stationary-tank, door-type machines and spray-type glass washers) may be used provided that: 1) The temperature of the wash water shall not be less than 120°Fahrenheit (F) (49°Celsius (C)); 2) The wash water shall be kept clean; and 3) Chemicals added for sanitization purposes shall be automatically dispensed; and 4) Utensils and equipment shall be exposed to the final chemical sanitizing rinse in accordance with the manufacturer's specifications for time and concentration; and 5) The chemical sanitizing rinse water temperature shall not be less than 75°F (24°C) nor less than the temperature specified by the machine's manufacturer. When used for warewashing, the wash compartment of a sink, mechanical warewasher, or wash receptacle of alternative manual warewashing equipment, shall contain a wash solution of soap, detergent, acid cleaner, alkaline cleaner, degreaser, abrasive cleaner, or other cleaning agent according to the cleaning agent manufacturer's label instructions. The wash, rinse, and sanitize solutions shall be maintained clean. A test kit or other device that accurately measures the concentration in MG/L of sanitizing solutions shall be provided. A chemical sanitizer used in a sanitizing solution for a manual or mechanical operation at contact times shall meet the criteria specified in accordance with the EPA- registered label use instructions, and shall be used as follows: -A chlorine solution shall have a minimum temperature based on the concentration and PH of the solution as listed in the following chart: Concentration Range Minimum Temperature Minimum Temperature (MG/L) PH 10 or less PH 8 or less F (C) F (C) 25 - 49 120 (49) 120 (49) 50 - 99 100 (38) 75 (24) 100 55 (13) 55 (13) The temperature of the wash solution in spray-type warewashers that use chemicals to sanitize may not be less than 120°F. In a mechanical operation, the temperature of the fresh hot water sanitizing rinse as it enters the manifold may not be more than 194°F (90°C), or less than: -For a stationary rack, single temperature machine, 165°F; or -For all other machines, 180°F. B. Dish machine logs The dish machine sanitizer record logs for the first and second floor kitchens for July 2020 were provided by the director of nursing on 7/21/2020 at approximately 4:00 p.m. The logs indicated the sanitizer concentration of chlorine was to be tested in the morning and evening at 50 to 100 parts per million (ppm). The logs revealed the following: -No documented times the sanitizer was checked for the first and second floor dish machines; -The temperature of the dish machine was not checked on either floor; -No dates were initialed on the log for the dish machine on the first floor and only three dates were initialed on the log or the second floor; -The dish machine was not checked three times a day on either floor; and, -Incomplete log for the second floor dish machine. Due to the dish machine sanitizer logs were inconsistently documented with the chemical sanitizer level (ppm) and with the temperatures not being obtained and documented, there was a potential for food-borne illness to occur due to the dishes not being appropriately sanitized. C. Staff interviews The cook on the second floor was interviewed on 7/27/2020 at approximately 4:00 p.m. The cook said the dish machine was to be checked twice a day. He said that the only part of the machine which was tested was the chemical sanitizer. He said the temperature was not tested or recorded. He said the temperature of the dishmachine varied and he did not know the appropriate temperature. The dietary manager (DM) was interviewed on 7/29/2020 at 12:42 p.m. The DM said there were two small, low temperature dish machines in the facility. She said she had been advised by the servicing company to track the chemical level but not the temperature of the dish machine. She said the dish machines reached 120°F; however, she was unable to provide supporting documentation. She said that she would start tracking both the temperature and chemical levels of the dish machines. She said the dishmachines were to be checked three times a day. She did acknowledge there were days when the temperature logs were not completed. She said training would be provided to the staff. III. Glove use when handling ready-to-eat foods A. Professional reference The Colorado Retail Food Establishment Rules and Regulations (CRFERR), revised January 2019, read in pertinent part, "Employees prevent bare hand contact with ready-to-eat food by properly using suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment. If used, single-use gloves shall be used for only one task, such as working with ready-to-eat food. Single-use gloves shall be used for no other purpose, and discarded when damaged, when interruptions occur in the operation, or when the task is completed. Food employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and before handling or putting on single-use gloves for working with food, and between removing soiled gloves and putting on clean gloves." B. Observation On 7/27/2020 at 12:47 p.m. the activities director (AD) was observed to deliver a meal to a resident. She had gloves on when she placed his tray on the over bed table. With the same gloved hands she moved the call cord, the telephone and adjusted the bed for the resident. She then proceeded to ask if he needed help with his condiments and the resident said yes. She removed the bun from the hamburger and held it in her hand while she put the mustard on the hamburger. She then put the bun back on. -The AD did not change her gloves or hand wash prior to touching the bun on the hamburger, which is considered a ready-to-eat food. C. Staff interviews The dietary manager (DM) was interviewed on 7/29/2020 at 12:42 p.m. The DM said a ready-to-eat food should not be touched with contaminated/bare hands. She said if the ready-to-eat food was touched, it should be touched with clean, gloved hands. She said she preferred utensils be used to eliminate contact of contaminated hands on the ready-to-eat foods. She said that the AD did not have training on food handling. She said more training would be provided to the other department staff on food handling.</p>		
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, record review and interviews, the facility failed to establish and maintain an infection control program designed to provide a safe, sanitary environment and to help prevent the development and transmission of communicable diseases and infections such as COVID-19 in three of three units. Specifically, the facility: -Failed to ensure staff followed proper hand washing protocol and use of personal protective equipment (PPE); -Failed to display proper signage for the isolation unit; -Failed to ensure staff offered hand hygiene to residents at meals; and, -Failed to ensure staff and visitors were actively screened for COVID-19. I. Staff use of PPE, staff handwashing, and hand hygiene</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>offered to residents during meals. A. Professional reference According to the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, last revised 7/15/2020, retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html. Accessed on 8/6/2020. It read in pertinent part, HCP who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection should adhere to standard precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. Educate patients, visitors, and HCP about the importance of performing hand hygiene. Patients and visitors should, ideally, wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a face covering, they should be offered a facemask or cloth face covering, as supplies allow. Patients may remove their cloth face covering when in their rooms but should put it back on when around others (e.g., when visitors enter their room) or leaving their room. The Centers for Disease Control and Prevention (CDC) Hand Hygiene in Healthcare Settings, retrieved from https://www.cdc.gov/handhygiene/index.html (updated 4/29/19, retrieved on 8/6/2020), read in part, As a patient in a healthcare setting, you are at risk of getting an infection while you are being treated for [REDACTED]. Your hands can spread germs too, so protect yourself by cleaning your hands often. When should you clean your hands: -Before preparing or eating food; -Before touching your eyes, nose, or mouth -Before and after changing wound dressings or bandages; -After using the restroom; -After blowing your nose, coughing, or sneezing; and, -After touching hospital surfaces such as bed rails, bedside tables, doorknobs, remote controls, or the phone. B. Facility policy The Infection Control policy, undated, was provided by the director of nursing (DON) on 7/27/2020 at 12:55 p.m. It read in pertinent part; This facility will follow Standard Precautions for Infection Control and Prevention including but not limited to: Hand hygiene which refers to both washing with plain or antimicrobial soap and water and use of alcohol gel. Perform hand hygiene when hands are not visibly soiled, alcohol gel is the preferred method of hand hygiene, Immediately after touching blood, body fluids, non-intact skin, mucous membranes or contaminated items (even when gloves are worn during contact); Immediately after removing gloves; When moving from contaminated body sites to clean body sites during resident care; After touching objects and medical equipment in immediate resident care area; Before eating; After using restroom; and, After coughing or sneezing into a tissue. The infection control preventionist is responsible for overseeing the infection control program including but not limited to surveillance of infections and tracking and trending infections in the facility and will have primary professional training in nursing, medical technology, microbiology, epidemiology or other related field. C. Observations 1. Mt. Shavano unit On 7/27/2020 the Mt. Shavano unit was observed from 11:50 a.m. to 1:08 p.m. The unit had isolation rooms for COVID-19. -At 11:50 a.m., certified nurse aide (CNA) #3 went into room [ROOM NUMBER] to provide care. She did not perform hand hygiene before entering the room. She did not offer the resident a mask while providing care. -At 12:10 p.m., the director of nursing (DON) came into the unit and talked to the staff. She was not wearing personal protective equipment (PPE) that was required: gown, gloves or goggles. -At 12:15 p.m., there was no proper signage observed on the doors to the unit to indicate isolation precautions. -At 12:57 p.m., the first lunch tray arrived in the unit. The tray was taken to room [ROOM NUMBER]. The resident was not offered hand hygiene prior to eating their meal. -At 1:03 p.m., CNA #3 delivered a lunch tray to room [ROOM NUMBER]. She did not offer hand hygiene to the resident prior to eating their meal. -At 1:08 p.m., another lunch tray arrived at the unit and was taken to room [ROOM NUMBER]. The resident was not offered hand hygiene. 2. Mt. Evans unit On 7/27/2020 the Mt. Evans unit was observed from 1:19 p.m. to 1:54 p.m. The unit had isolation rooms for COVID-19. -At 1:19 p.m., a staff member took a lunch tray to room [ROOM NUMBER]. No hand hygiene was offered to the resident prior to eating their meal. -At 1:34 p.m., CNA #3 brought an empty cart to the unit and collected the trays from the resident rooms. She was not wearing any PPE except for a mask. -At 1:45 p.m., CNA #4 went into room [ROOM NUMBER] to provide care. She was not wearing goggles or gloves. She did not offer a mask to the resident while providing care. -At 1:54p.m., licensed practical nurse (LPN) #1 went into room [ROOM NUMBER]. She was not wearing goggles or a face shield. She did not offer the resident a mask. 3. Second floor On 7/27/2020 the second floor was observed which did not have resident isolation rooms. The following observation were made during the lunch meal: -At 12:47 p.m., the activity director (AD) served a meal tray to Resident #13. The AD placed the tray on his over bed table. She proceeded to assist him with the condiments. She did not offer the resident hand hygiene prior to eating. -At 12:50 p.m., CNA #2 was observed to deliver a tray to Resident #2. The CNA served the tray, however, she did not offer the resident hand hygiene prior to eating. -At 12:56 p.m., the AD served a tray to Resident #1. The AD placed the tray on the over bed table, however, she did not offer the resident hand hygiene prior to eating. C. Staff interviews Registered nurse (RN) #1 was interviewed on 7/27/2020 at 12:25 p.m. she said all personnel must wear the paper gown and mask while in the unit. She said that both units (Mt. Shavano and Mt. Evans) on the first floor were isolation units due to new admissions. She said after two weeks, a resident with no signs or symptoms of COVID-19 would be moved up to the second floor that had no isolation rooms. She said the residents must wear a mask when they were out of their room and when the staff was in their room providing care. She said the staff were to don the cloth gown over the paper gown when entering the residents room and perform hand hygiene when donning and doffing gloves. She included there was no COVID-19 positive staff or residents in the facility. The director of nursing (DON) was interviewed on 7/27/2020 at 3:55 p.m. She said the first floor which had Mt. Evans and Mt. Shavano units of the facility were in isolation due to residents being new admissions. She acknowledged there should a signage indicated on the isolation units. She said the staff should be wearing gloves and goggles when inside the isolation rooms and performing hand hygiene. She said that all staff had training on performing hand hygiene recently when working on the isolation units. The DON said the residents were supposed to be offered hand washing prior to the meal. She said either a alcohol based hand rub (ABHR) or washing for 20 seconds at a sink should be used. The DON said training had been provided to the staff in regards to offering hand hygiene to residents before they eat. II. Active COVID-19 screening of staff and visitors A. Professional reference According to the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, last revised 7/15/2020, retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html. Accessed on 8/6/2020. It read in pertinent part; Screen everyone (patients, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature =100.0F or subjective fever. Ask them if they have been advised to self-quarantine because of exposure to someone with [DIAGNOSES REDACTED]-CoV-2 infection. Limit and monitor points of entry to the facility. B. Staff interviews RN #1 was interviewed on 7/27/2020 at 3:32 p.m. She said she arrived for work at 6:00 a.m. and screened herself. She said she takes her own temperature and signs the form. She said staff knew how to do the screening process since they had to complete the process themselves. She said the building doors were unlocked at 6:00 a.m. allowing staff and visitors into the facility without being screened until 8:00 a.m. when the front desk attendant arrived. The administrative assistant (AA) was interviewed on 7/27/2020 at 3:20 p.m. She said the screening process began with asking the visitor to go wash their hands when coming into the facility. The front desk attendant took the visitor's temperature and recorded it on the form. She said the front desk attendant asked the visitor questions about if they had left the state or traveled out of the country. She said the visitor was asked if they had been exposed to COVID-19. She said if the visitors temperature was above 100 degrees then the visitor had to leave the facility. She said the front desk attendant left work at 5:00 p.m. and the doors were locked at 6:00 p.m. She said any visitor after 6:00 p.m. must ring the doorbell and be allowed entry into the facility by the charge nurse after being screened. The charge nurse was to screen staff and visitors until the front desk attendant arrived at 8:00 a.m. The director of nursing (DON) was interviewed on 7/27/2020 at 3:55 p.m. She said she was not aware that staff were screening themselves due to the doors being opened. She acknowledged that staff screening should not be completed by themselves and the doors should not be unlocked to allow staff and visitors to bypass screening. She said she was going to train staff on appropriate screening procedures.</p>		