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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>065283</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                      | (X3) DATE SURVEY COMPLETED<br><b>04/01/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>RIDGEVIEW POST ACUTE</b>  |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>5230 E 66TH WY<br/>COMMERCE CITY, CO 80022</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<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Some</b>             | <p><b>Provide and implement an infection prevention and control program.</b><br/>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br/>Based on observation, record review and interviews, the facility failed to maintain an infection control program designed to prevent possible spread of the Corona disease (COVID-19). Specifically, the facility failed to ensure: -Four Resident (#1, #2, #3 and #4) were six feet apart, to maintain social distancing, while they smoked outside to minimize the spread of infection; and, -All staff were provided education on COVID-19. Findings include: I. Facility policy and procedure The infection control policy and procedure, dated on 3/9/2020 was provided by the director of nursing (DON) on 3/31/20 at 10 a.m. It read in pertinent parts. It is the policy of this facility to include preparatory plans and action to respond to the threat of the covid-19, including but not limited to infection prevention and control practices in order to prevent transmission. Provide healthcare professionals (HCP) with job or task specific education and training on preventing transmission of infectious agents, including refresher training. II. Observation On 3/31/2020 at 10:15 a.m., four Residents (#1, #2, #3 and #4) were observed at the smoking area with a certified nurse aide (CNA) #1 present. They were sitting close together (approx two feet) and did not follow the social distancing guidelines (six feet apart) to prevent/minimize the spread of infection. III. Record review The in-service attendance record for COVID-19 was provided by the clinical nurse consultant (CNC) on 3/31/20 at 11:00 a.m. Review of the in-service attendance record for COVID-19, the facility had not trained/educated all staff on COVID-19. However, about 45 percent (%) of the staff had been trained. IV. Interviews CNA#1 was interviewed on 3/31/2020 at 10:20 a.m. She said she was responsible for monitoring the smoking area. She said she was aware of the social distancing guidelines, but the residents wanted to sit in the sunny area. She said it was important for residents to follow the social distancing guidelines because it would help to minimize/prevent the spread of germs from one resident to the other. She immediately instructed the residents to move six feet apart. The DON and the CNC were interviewed on 3/31/2020 at 10:25 a.m. They said social distancing was important to prevent the spread of infection. The DON said if the residents were sitting close together and one resident was sick and coughing or sneezing, that resident could potentially spread germs to the other residents close by. The DON said CNA#1 should have ensured the residents were six feet apart while they smoked. She said she would provide education to CNA#1 and continue to educate all staff. Housekeeper (HK) #1 was interviewed on 3/31/2020 at 10:05a.m. She was observed cleaning a resident 's room. She said she was not provided education on COVID-19. She had no knowledge of what COVID-19 was, such as the signs and symptoms, how [MEDICAL CONDITION] was transmitted and how to prevent the spread of [MEDICAL CONDITION]. The CNC was interviewed on 3/31/2020 at 11:15 a.m. She said she had been assisting the DON with ordering supplies and educating staff on abuse since she (DON) started in her position a month ago. She said she started educating/training staff on COVID-19 on 3/27/2020 and it was still in progress(see DON interview below). She said she would work with the DON to ensure all the staff were trained/educated. The nursing home administrator (NHA) was interviewed on 4/1/2020 at 9:30 a.m. via phone. He said he had put interventions in place in the facility regarding social distancing, but had not put interventions in place for the smoking area. He said since he was made aware during the survey, he had put intervention in place. He said he marked X ' s on the ground six feet apart to ensure social distancing guidelines were followed while residents smoked to prevent the spread of infection. The DON, who was also the infection control preventionist was interviewed again on 4/1/2020 at 10:00 a.m. via phone. She said she had been in her position for about a month. She said when she started at the facility, they were out of supplies (hand sanitizer, gloves, soap). She said she was focusing on getting supplies at the facility. She said there were resident to resident altercations and she was educating staff on abuse and focusing on the altercations so she did not have time to train/educate staff on COVID-19. She said she had started training/educating staff and it was still in progress. She said all staff should have been trained but it was still in progress and she would ensure all staff would be trained/educated.</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.