

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065416	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/26/2020
NAME OF PROVIDER OF SUPPLIER CENTER AT NORTHRIDGE, LLC, THE		STREET ADDRESS, CITY, STATE, ZIP 12285 PECOS ST WESTMINSTER, CO 80234	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of harm - Immediate jeopardy 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 observations, record review and interviews, the facility failed to properly maintain an infection control program designed to prevent the spread of COVID-19. Specifically, the facility: -Failed to ensure necessary personal protective equipment (PPE) was used by staff when care was provided to residents admitted in the last 14 days; -Failed to ensure hand hygiene was completed by housekeeping when cleaning resident rooms; -Failed to ensure housekeeping staff were knowledgeable regarding the dwell times of disinfectant chemicals in order to be effective, and ensure chemicals were labeled; and -Failed to follow return to work guidelines for employees with symptoms of COVID-19. The above failures to conform to infection prevention and control measures related to COVID-19 created a situation of immediate jeopardy due to the presence of a resident that was presumptive positive for COVID-19, newly admitted residents on 14-day observation for signs and symptoms of COVID-19, and staff that returned to work from reported illness before being symptom-free as specified by guidelines. Findings include: I. Failed to ensure necessary PPE (gowns and masks) were used by staff when care was provided to residents admitted in the last 14 days A. Professional reference According to the Centers for Disease Control and Prevention (CDC), (4/14/2020) Preparing for COVID-19: Long-term Care Facilities, Nursing Homes retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html: Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options may include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Residents could be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). All recommended PPE should be worn during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn by HCP when PPE is indicated. B. Policy and procedure The policy titled Quarantine Protocol During the COVID-19, dated 4/8/2020, revised 5/8/2020, was received from the nursing home administrator (NHA) on 5/12/2020 at 4:59 p.m. The policy documented, All new admissions who enter the facility will be placed on quarantine with full PPE in room for 14 days. PPE required for new admission includes: surgical masks, gloves, gowns, and eye protection. C. Observations and interviews The NHA was interviewed on 5/11/2020 at 8:58 a.m. He said new admissions are quarantined for 14 days in their room, but the staff do not wear a gown or gloves when caring for them. He said he had a call with his corporate office last week and was waiting to hear if they had to wear full PPE or not. However the policy he provided, dated 4/8/2020, revised 5/8/2020, documented full PPE, including gowns, masks and gloves were to be worn for all new admissions for 14 days. He said the residents admitted in the last 14 days are not on droplet or contact precautions at this time. Housekeeper (HSK) #1 was interviewed on 5/11/2020 at 9:56 a.m. She said she uses the same precautions for all residents. She said there were no special precautions for new admissions. HSK #1 said she did not use a gown or a new mask when cleaning rooms for new admissions. She could not say which rooms on her assignment were new admissions. She said she could look up new admissions at the nurses station. She went to the nurses station and said the book of new admissions was not there. HSK #2 was interviewed on 5/11/2020 at 10:06 a.m. She said she did not know which residents were new admissions in the last 14 days, she said it is usually a surprise. She said there were no different precautions used for a new admission. She said she wears her mask that she keeps on all days and wears gloves for all rooms. Licensed practical nurse (LPN) #1 was interviewed on 5/11/2020 at 10:10 a.m. She said she wears a gown when she cares for new residents. She said she wears the same mask that she keeps on all day. LPN #1 said the resident in the room next to where we were standing came in yesterday. One gown was observed in the room. LPN #1 said she wears the gown but she did not know what the certified nurse aides (CNAs) wore when they went on. She said they should be doing the same thing. CNA #1 was interviewed on 5/11/2020 at 10:16 a.m. She said she did not know if they were any new admissions and pointed to a resident room maybe him. The room she pointed to did not have any signage on the door indicating isolation, or an isolation cart outside the door. The inside of the room was observed with the CNA; there were no gowns inside the room. She said they wear a mask for new admissions. She said they do not gown or use a new mask for new admissions. She said, We try to keep them in their rooms for 14 days. LPN #2 was interviewed on 5/11/2020 at 10:25 a.m. She said she did not know which residents were new admissions in the last 14 days. She said she had been off for a week. She said today, the facility is starting a new program and marking the doors of new admissions with a seedling picture. She said today they were just told to start using gowns for new admissions. She said they were supposed to have one per staff member per resident and dispose of them at the end of their shift. Registered nurse (RN) #1 was interviewed on 5/11/2020 at 10:31 a.m. She said she did not know who the new admissions were in the last 14 days. She said the facility started putting up pictures of seedlings on the doorways this morning to indicate who the new admissions were. She said they were told today to wear a gown for new admissions for 14 days. She said before today we were only told to keep them in their rooms for 14 days. The facilities director (FD) was interviewed on 5/11/2020 at 10:46 a.m. She said the facility began a new program today, putting a picture of a seedling on the door of new admissions. She said the housekeepers have not been educated regarding the need to wear a gown and new mask for new admissions on quarantine/isolation for 14 days. She said the plan was for the housekeepers to have a gown per room with their name on it. The director of nursing (DON) was interviewed on 5/11/2020 at 11:00 a.m. She said an email was sent out from the corporate office last Friday documenting the facility needed to use full PPE for new admissions including gowns. She said they were told to use strict isolation with gowns, masks and gloves. The DON said the staff do not change masks for the new admission quarantine rooms. She said the staff should wear a face shield over the mask they have on. She said the facility had started educating their staff on Saturday through their homepage. She did not know which staff had read it and been educated as of today. She said the housekeeper would not be assigned their own gown and would have to ask the nurse for one for each room. II. Failed to ensure hand hygiene was completed by housekeeping when cleaning resident rooms A. Professional reference According to the Centers for Disease Control and Prevention (CDC), (1/31/2020), Hand Hygiene in Healthcare setting, Glove Use retrieved from https://www.cdc.gov/handhygiene/providers/index.html: Gloves are not a substitute for hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, before touching the patient or the patient environment. Perform hand hygiene immediately after removing gloves. B. Observations and interviews On 5/11/2020 at 9:56 a.m., HSK #1 was observed cleaning a resident's room. She left the room and went to the housekeeping cart at the doorway of the room. She removed her gloves and donned new gloves. She did not perform hand hygiene. She went back into the resident room. On 5/11/2020 at 10:06 a.m., HSK #2 was cleaning a resident's room. She left the room and went to the housekeeping cart at the doorway of the room. She removed her gloves and donned new gloves. She did not perform hand hygiene. She went back into the resident room. On 5/11/2020 at 10:35 a.m., HSK #3 was observed cleaning a resident's bathroom. She was observed to change her gloves twice but did not perform hand hygiene. HSK #3 said she only washes her hands or uses hand sanitizer with about every two glove changes. The FD was interviewed on 5/11/2020 at 10:46 a.m. She said the housekeepers should change gloves and perform hand hygiene each time they put on new gloves. She said they are expected</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 - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 1)</p> <p>to perform hand hygiene two to three times per room with each glove change. III. Failed to ensure housekeeping staff were knowledgeable regarding the dwell times of disinfectant chemicals in order to be effective and label chemicals A. Professional reference According to the Colorado Department of Public Health and Environment COVID-19 Preparation and Rapid Response Checklist for Long Term Care Facilities (LTCF's), revised 4/24/2020, retrieved from:https://COVID19.colorado.gov/ltrcf on 4/30/2020. Environmental Cleaning and Disinfection. Validate environmental services staff members processes (1) Follow label instructions on the hospital grade disinfectant; (2) Validate disinfection procedures. According to manufacturer's information regarding Clorox Pro, germicidal bleach, (2020) retrieved from:https://www.cloroxpro.com/products/clorox/germicidal-bleach/ Causes severe [MEDICAL CONDITION] serious eye damage. Dwell times ranged from 30 seconds to five minutes. B. Observations and interviews On 5/11/2020 at 9:56 a.m. two unlabeled spray bottles of fluid were noted on the housekeeper's cart at the doorway of a resident room. One bottle had yellow fluid, one half full, and one bottle had blue fluid, one half full. HSK #1 came to the cart. She said the bottle with yellow fluid was bleach and the bottle with blue fluid was deodorizer. She said her supervisor did not have the box of labels available this morning for her to put a label on the bottles. She said the bleach comes premixed from a company and she was not sure of the dwell time (time the product must remain wet on surfaces to be effective) but thought it was two minutes. She could not recall the product's specific name. She said the chemicals should be labeled with the name and product information. HSK #2 was interviewed on 5/11/2020 at 10:06 a.m. She said she used Clorox to clean. She had a bottle of Germicidal Ultra Bleach on her cart. She said she thought the dwell time was around 10 minutes. HSK #3 was observed in a resident room on 5/11/2020 at 10:35. She said she was using bleach to clean the high touch surfaces in the resident's room. However, the bottle she had in her hand said Hydrogen Peroxide. She said she must have grabbed the wrong bottle. She could not locate a bottle of bleach spray on her cart. She said the hydrogen peroxide spray was for the floors. She said the bleach spray was a five minute dwell time, but she was unsure of the hydrogen peroxide dwell time. She said, Maybe five or eight minutes. The FD was interviewed on 5/11/2020 at 10:46 a.m. She said the chemicals had to be labeled. She said she just spoke with HSK #1 and labeled the chemicals on her cart. She said there is a risk of accidental exposure, and it can be dangerous or could be mixed with the wrong chemicals. She said the bleach was a three minute dwell time and used for high touch surfaces. She said the peroxide was a 10 minute dwell time and used for floors. She said only bleach was to be used on the high touch surfaces. VI. Failed to follow return to work guidelines for employees with symptoms of COVID-19 A. Facility policy and procedure The policy titled Testing for COVID-19 for Patients and Staff-Colorado was received from the NHA on 5/11/2020 at 10:50 a.m. The policy documented in pertinent part, Health care staff professionals confirmed or suspected of COVID-19 may return to work based on guidance of test based criteria and cleared by a physician. Symptom based strategy, at least 72 hours have passed since recovery defined as resolution of fever without use of fever reducing medications and improvement in respiratory symptoms and at least 10 days have passed since symptoms first appeared. B. Professional reference According to the Colorado Department of Public Health and Environment (CDPHE), COVID-19 Preparation and Rapid Response Checklist for Long-Term Care Facilities, revised 4/24/2020, All staff should be screened at the beginning of their shift for fever, symptoms (cough, shortness of breath, difficulty breathing, fever, chills, rigors, myalgia, headache, sore throat, new smell or taste disorders, rhinorrhea, diarrhea, nausea or vomiting. Any staff member with identified illness (as defined above) should be excluded from work based on return to work criteria. Test-based criteria, resolution of fever without fever reducing medications, and improvement in respiratory symptoms and negative results of an FDA emergency use authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected greater or equal to 24 hours apart (total of two negative specimens). Non test criteria, at least 3 days (72 hours) after recovery defined as resolution of fever without use of fever reducing medications and improvement in respiratory symptoms and at least 10 days have passed since symptoms first appeared. Remind staff not to work when ill with even mild symptoms. C. Record review The Employee Illness Log was reviewed for the last 30 days and documented the following: Certified nurse aide (CNA) #2 called off of their shift on 4/11/2020 with stomach ache and temperature of 99.5 degrees fahrenheit. The line listing documented date employee can return to work 4/13/2020. This would have been 48 hours after symptoms started. There was no documentation of a COVID-19 test. HSK #4 called off of their shift on 4/13/2020 with fever and diarrhea. There was no documented temperature. The line listing documented date employee can return to work, 4/15/2020. This would have been 48 hours after symptoms started. There was no documentation of a COVID-19 test. Dietary aide (DA) #1 called off of their shift on 4/21/2020 with fever of 101.2 degrees fahrenheit. The line listing documented date employee can return to work, 4/23/2020. This would have been 48 hours after symptoms started. There was no documentation of a COVID-19 test. DA #2 called off of their shift on 4/26/2020 with diarrhea. The line listing documented date employee can return to work, 4/28/2020. This would have been 48 hours after symptoms started. There was no documentation of a COVID-19 test. DA #3 called off of their shift on 4/28/2020 with stomach pain and diarrhea. The line listing documented date employee can return to work, 4/29/2020. This would have been 24 hours after symptoms started. There was no documentation of a COVID-19 test. HSK #5 called off of their shift on 5/7/2020 with temperature of 100.9 degrees fahrenheit. The line listing documented date employee can return to work, 5/9/2020. This would have been 48 hours after symptoms started. There was no documentation of a COVID-19 test. D. Interview The NHA was interviewed on 5/11/2020 at 11:52 a.m. He said HSK #5 had been having trouble with their diabetes and working with her physician. He did not feel her symptoms of a temperature of 100.9 were related to COVID but to diabetes. He said the facility had also had a Norovirus outbreak in the last few weeks. He reviewed the Employee Illness Log and the return to work dates set on the log. He said the log was not correct. Employees could not return to work until 72 hours after the last symptoms had resolved. However, the facility policy said at least 72 hours have passed since recovery defined as resolution of fever without use of fever reducing medications and improvement in respiratory symptoms and at least 10 days have passed since symptoms first appeared. The NHA said the infection preventionist (IP) was the person responsible for setting the return to work date. He could not say what date each of the employees actually returned to work. The IP was not available at the facility on 5/11/2020 for an interview. The IP was unable to be reached by phone on 5/13/2020 and 5/15/2020 for an interview. VII. Facility notification of Immediate Jeopardy On 5/26/2020 at 5:00 p.m., the NHA was notified of the Immediate Jeopardy under F880, infection prevention and control. A. Facility plan to remove Immediate Jeopardy On 5/26/2020 6:30 p.m., the NHA provided a plan to remove the Immediate Jeopardy. The plan read: 1. Staff not wearing full PPE in quarantine rooms of new admissions. Staff unaware of the rooms under quarantine and what PPE they should be wearing. -The immediate remedy was all rooms of patients admitted within 14 days were labeled and appropriate signet was placed on each room showing the date of admission, quarantine, and date of discontinuation of quarantine. (5/9/20) -Staff educated on 5/9/20 regarding use of quarantine signage and the appropriate use of full PPE including gowns, gloves, face shield and mask. Education included: 'All new admissions will be placed on a 14 day strict isolation quarantine. This will require PPE to be used for all cares provided. Staff are to wear gloves, mask, cloth hospital gown and eye protection when indicated. Supplies are located at the charge desk/nurse's station.' -On 5/22/20 the system was updated to reflect the newer signage and process. All staff were educated on the new signage process and any remaining must complete the education prior to working (15 total remaining out of 220). -On 5/26/20 at 6:13 p.m., the Regional Clinical Director audited all rooms of new admissions <14 days for appropriate signage and PPE availability. All rooms were signed appropriately and PPE was available and in use. This was completed as of 5/9/20; however, the audit was completed to demonstrate continued compliance. 2. Housekeeping not using cleaning products correctly, and did not know dwell times for leaving bleach on surfaces, one housekeeper using peroxide on surfaces instead of bleach. -On 5/18/20 the NHA did an in-person in-service with all members (100%) of housekeeping regarding dwell times, glove use and quarantine. 3. Housekeeping not performing hand hygiene between rooms and using same gloves from room to room. -On 5/18/20 the NHA inserviced 100% of housekeeping staff on dwell times, hand hygiene and quarantine. They all signed that they attested to understanding how to don and doff all appropriate PPE while performing any tasks in isolation rooms. 4. Not following guidance for staff with symptoms to return to work. -An education was completed for 100% of department heads on 5/13/20 regarding employee screening and return to work including. Employee will not be able to return to work until they are symptom free (without medication) for 72 hours and 10 days have passed since their first symptom unless they have a clear alternative [DIAGNOSES REDACTED]. -All staff were educated starting on 5/13/20 regarding the same policy on return to work noted above. (22 remaining out of 220.) All staff are required to complete the education prior to working. B. Removal of Immediate Jeopardy On 5/26/2020 at 9:30 p.m. the ANHA was notified the Immediate Jeopardy situation was removed. However, deficient practice remained at an E level.</p>		

