

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065276	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF EVERGREEN		STREET ADDRESS, CITY, STATE, ZIP 2987 BERGEN PEAK DR EVERGREEN, CO 80439	
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 - Many	<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 maintain an infection control program designed to provide a safe, sanitary and comfortable environment to help prevent the possible development and transmission of Coronavirus disease (COVID-19) and infection for four of four hallways including the facility kitchen. Specifically the facility failed to: -Ensure staff properly donned and doffed personal protective equipment (PPE) in the kitchen and in two of four hallways (one of which was the COVID-19 positive unit); -Ensure staff were [MEDICATION NAME] proper hand-hygiene etiquette and offering resident's appropriate hand-hygiene at meal times; and, -Ensure housekeeping was performing proper gloving technique when moving from one cleaning task to the next. Findings include: I. Professional reference According to the Centers for Disease Control (CDC) Personal Protective Equipment; Questions and Answers, last updated 8/8/2020, accessed 10/4/2020 and retrieved from https://www.cdc.gov/coronavirus/2019-ncv/hcp/respirator-use-faq.html, included the following recommendations: Gloves: It is important for HCP (healthcare personnel) to perform hand hygiene after removing PPE. Hand hygiene should be performed by using an alcohol based hand sanitizer that contains 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before returning to alcohol-based hand sanitizer. The Centers for Disease Control and Prevention (CDC), (6/25/2020) Preparing for COVID-19 in Nursing Homes, Core Practices, accessed 10/4/2020 and retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html read in pertinent part, Care must be taken to avoid touching the respirator, facemask, or eye protection. If this must occur (e.g., to adjust or reposition PPE), healthcare providers should perform hand hygiene immediately after touching PPE to prevent contaminating themselves or others. According to the CDC guidance, Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19, dated 6/3/2020, accessed 10/2/2020 and retrieved from https://www.cdc.gov/coronavirus/2019ncov/downloads/A_FS_HCP_COVID19_PPE.pdf read in part, -PPE must be donned correctly before entering the patient area. -PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted. -Face masks should be extended under the chin. -Both your mouth and nose should be protected. According to the Centers for Disease Control and Prevention (CDC) Preparing for COVID-19: Long-term Care Facilities, Hand Hygiene Recommendations, last updated 5/17/2020, retrieved on 10/6/2020 from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, included the following recommendations of using an alcohol-based hand rub (ABHR) with 60-95% alcohol in healthcare settings due to the evidence of better compliance compared to soap and water. Hands should either be washed with soap and water or an ABHR for at least 20 seconds when visibly soiled, before eating and after using the restroom. II. Facility policy and procedures The Coronavirus (COVID-19) policy, no date when initiated, was provided by the nursing home administrator on 10/1/2020 at 5:28 p.m. documented in pertinent part, the purpose was to provide a framework to minimize the risk of potential exposure to the Coronavirus COVID-19 in the long-term care facility. The facility will follow the core principles of COVID-19 infection prevention as outlined below and defined by CMS (centers of Medicare and Medicaid) and CDC (Centers of Disease Control) to mitigate COVID-19 entry into the facility. Screening of all who enter the facility for signs and symptoms of COVID-19 and denial of entry of those with signs and symptoms; Hand hygiene (use of alcohol-based hand rub is preferred); Face covering or mask (covering mouth and nose); Social distancing at least six feet between persons; Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices; Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit; Appropriate staff use of personal protective equipment (PPE); Effective cohorting or residents, and; Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20-38-NH). Use of face masks and face coverings: Healthcare personnel (HCP) should wear a facemask at all times while they are in the healthcare facility. The Personal Protective Equipment (PPE) policy, revised 5/29/2020, provided by the NHA 10/1/2020 at 5:28 p.m. documented in part: Purpose: To reduce the risk of and prevent the spread of infection to patients, visitors and staff. The facility should train associates on personal protective equipment (PPE), this training should include but not limited to; Appropriate don/doff process Appropriate use, based on care activities Appropriate extended or reuse of PPE, based on national/local recommendations How to obtain PPE supplies and who to contact when replacements are needed. The Hand Hygiene for Residents policy, reviewed on 4/16/2020, was provided by the nursing home administrator (NHA) on 9/30/2020 at 10:45 a.m. It documented the purpose of this policy was to decrease the risk of transmission of infection by enabling residents to perform appropriate hand hygiene. It documented staff would encourage and assist the residents as needed to ensure proper hand hygiene through handwashing or the use of an alcohol-based hand rub. It documented hand hygiene should be offered/performed prior to the handling and/or consumption of food or drink. III. Observations and interviews Room tray pass was observed on 1 North (yellow status hall) on 9/28/2020 from 4:45 p.m. through 5:30 p.m. During this observation period, CNA #2 was observed serving trays to residents in three separate rooms without offering any type of hand hygiene to the residents prior to eating their meals. The meal served that evening were soft shell tacos, a ready-to-eat food On 9/28/2020 beginning at 4:53 p.m. through 5:20 p.m. supper meal pass was observed on 2 South (yellow zone hall). CNA #7 and the activity director (AD) were observed delivering trays to residents in five rooms without offering any hand hygiene to the residents prior to eating their meals. The residents in these rooms received the main entree which was soft shell tacos and a cupcake for dessert, which were considered ready-to-eat foods. On 9/29/2020 at 11:10 a.m. cook (#1) was in the kitchen at the back prep table. He had his mask down underneath his chin while preparing dessert cups for the supper meal. He then pulled his mask back up over his mouth and nose and touched the front of the mask with his bare hands and continued to prepare the dessert cups. He did not sanitize his hands before preparing the dessert cups. After replacing the mask over his mouth and nose, one strap of the respirator was pulled up and around the top of his head; the other strap was dangling loose and not properly placed around the back of his neck. Following the observation the cook was interviewed. He said that he had pulled his mask down to take a drink of water and acknowledged that he had not sanitized his hands. He said the mask was to be worn at all times covering the face fully. A room tray pass was observed on 1 North on 9/29/2020 from 12:05 p.m. through 12:35 p.m. At 12:12 p.m., RN #1 was observed not offering one of the male residents in room [ROOM NUMBER] a way to sanitize his hands prior to eating his lunch. The lunch was sloppy joes, which was a ready-to-eat food On 9/29/2020 beginning at 12:12 p.m. through 12:35 p.m. lunch meal pass was observed on 2 North (yellow zone hall). CNA #4 and the director of nursing (DON) were observed delivering trays to residents in five rooms without offering any hand hygiene to the residents prior to eating their meals. The residents in four of the five rooms received the main entree which was sloppy joe sandwiches, considered a ready-to-eat food. On 9/29/2020 at 4:00 p.m. certified nurse aide (CNA #6) exited room [ROOM NUMBER] wearing her full PPE (gown, gloves) walked down the hallway and went into the dirty utility room. She exited the room thirty seconds later without her gown and gloves. The entire hallway was under isolation precautions requiring full PPE usage according to the facility's COVID-19 outbreak precautions. Although there were no COVID-19 positive</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065276	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF EVERGREEN		STREET ADDRESS, CITY, STATE, ZIP 2987 BERGEN PEAK DR EVERGREEN, CO 80439	
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 - Many	<p>(continued... from page 1)</p> <p>residents on the hallway, the facility was under the direction of their local county health department guidance for precautionary guidelines during an active COVID-19 outbreak. The CNA was interviewed immediately following the observation. She said that she had received training regarding the proper use of PPE and that she should have removed her PPE inside the room prior to exiting the room. The COVID-19 positive red hall was observed on 9/29/2020 from 4:45 p.m. to 6:30 p.m. CNA #5 was observed at 5:48 p.m. She applied some ABHR to her hands and rubbed them for five seconds, then began flapping her hands to finish drying them. At 5:50 p.m., she again rubbed ABHR into her hands for five seconds, then waved her hands around to dry them. At 5:53 p.m., the CNA practiced hand hygiene with ABHR for 10 seconds before donning gloves. On 9/29/2020 at 4:38 p.m. housekeeper (HSK #1) was observed preparing to enter an isolation room. She did not sanitize her hands with the hand sanitizer available on the isolation cart. She donned her disposable gown and then donned her gloves and entered the resident room. She first took a clean rag that was soaking in a bleach solution and wiped down the resident's over bed table. She then took another clean rag (without doffing her gloves or sanitizing hands) and started wiping down the inside of the sink, sink counter, and the surfaces of the sink drawers and handles and nearby dresser. She then moved to wiping down the closet door and handle. She then took another clean rag, without doffing her gloves and wiped the door handle of the bathroom, the hand rail and then ended with the toilet. She exited the bathroom, did not change her gloves or sanitize her hands and with the same gloves took the toilet bowl brush and went in and cleaned the inside of the toilet. She exited the bathroom, did not doff her gloves or sanitize her hands and then began to sweep the floor in the room, then went to the bathroom and swept the bathroom floor and out of the room towards the doorway. She did not doff her gloves or sanitize her hands and with the same gloves took a clean mop sponge and mopped the bathroom floor. She exited the bathroom and discarded the mop sponge, did not doff her gloves or sanitize her hands, took a clean mop sponge and mopped the inner room floor. HSK #1 was interviewed immediately following the observation. She said that she donned her PPE and sanitized her hands before entering a room to clean. She said she sanitized her hands before and after exiting a room and that she washed her hands with soap and water after every third room. She said she had received training on how to properly use PPE and that she would sanitize her hands with alcohol based hand rub (ABHR) for ten seconds. She said she changed gloves in between rooms or if they were damaged or soiled. On 9/29/2020 at 5:35 p.m., certified nurse aide (CNA) #8 was observed coming out of room [ROOM NUMBER] on the COVID-19 positive red hall still donned in her gown. She removed her gown</p> <p>in the hall between the resident's room instead of the room the staff were working in. On 9/29/2020 at 6:04 p.m., CNA #3 was observed entering the COVID-19 Red Unit to start her shift. She did not have any type of mask donned when she entered the unit. She proceeded to sign in on the screening forms with no PPE at all donned. Registered nurse (RN) #3, who was working as the COVID-19 unit manager asked CNA #3 to don a mask and CNA #3 said she had thrown her N95 mask away. Two or three minutes passed before CNA #3 donned a surgical mask to go down to the staff room to get another N95 mask. All PPE required to work on a COVID-19 positive unit were stored outside the door CNA #3 had just entered in order to work on the COVID-19 Red Unit. On 9/29/2020 at 6:20 p.m., CNA #3 was observed passing a third room tray on the COVID-19 red hall without offering hand hygiene to the resident. During this observation, no other staff member was observed offering hand hygiene to this resident prior to the resident eating his meal. IV. Administrative interviews The nursing home administrator (NHA) was interviewed on 9/30/2020 at 10:15 a.m. She said CNA #3 had just returned from a COVID-19 quarantine after she tested positive for COVID-19 and thought 9/29/2020 was the CNA's second shift working in the facility after recovering from COVID-19, but it was probably the first time she had worked on the COVID-19 positive red hall. The NHA said, to her knowledge, there had been no refresher training provided by the director of nursing (DON) for staff who had recently returned back to work from their COVID-19 quarantine. She said the facility would look at adding a refresher training to staff dedicated to the COVID-19 positive unit prior to them returning to work after recovering from COVID-19 themselves. The director of nursing (DON) was interviewed on 9/30/2020 at 10:55 a.m. She said that in both the Red and Yellow zones staff were required to don PPE before entering a room to assist residents. She said in the Red, COVID-19 positive wing staff are to don PPE before entering the wing. She said that staff are to perform hand hygiene with ABHR any time they come in contact with high touched surfaces, residents and when coming in and out of the building. She said gloves must be changed in between tasks and hands should be sanitized appropriately in between glove changes. She said in relation to staff hand hygiene practices throughout the building, staff better be doing it. She said she expected staff to practice hand hygiene anytime they touched a resident, touched anything like a surface area, their glasses or goggles, after toileting and before and after the staff ate. She said, I have gone over hand hygiene, I can't tell you how many times with 100% of the staff. It's not rocket science. She said the proper way to practice hand hygiene with ABHR was to apply the ABHR and rub with friction for at least 20 seconds. She said staff should cover all areas of their hands, including the backs and wrists. She said if staff did not sanitize for at least 20 seconds, they should do another squirt because what they did was not sufficient. She said staff should rub the ABHR into their hands until thoroughly dry and it was not okay for staff to air dry or flap their hands because you had to do the rubbing motion to get the germs off. She said staff should always sanitize their hands prior to putting a fresh pair of gloves on. She said her personal observations of the COVID-19 positive red unit had been conducted through the small window on the fire doors which led into the red unit and were located in the transition area between the main part of the facility and the COVID positive red hall. She said she had not entered the COVID-19 positive hall since the outbreak, as the facility was trying to preserve the DON as the last resort to enter the Red Unit. She said she thought CNA #3 had worked on the COVID-19 unit since she recently returned from her quarantine. She said it was her expectation for staff working in the facility and especially on the COVID-19 unit to don all required PPE prior to entering a resident's room and doff the same PPE before exiting the room. She said if staff were hanging out in the hallway, the staff should be in full PPE because you just don't know. She said, in relation to the observation of CNA #3, the CNA had been educated about PPE and she was aware which halls were designated yellow and red. She said the CNA had to walk right by the necessary PPE required for the unit. She said she was disappointed in CNA #3's performance. She said it would not be a bad practice to have some kind of notebook and retraining prior to staff recently returning to work from COVID-19 prior to working again. She said all staff had been sent staff education via computer and cell phones during the outbreak and the education and information had been provided to them. She said it was her expectation for all staff to offer residents a method to practice hand hygiene prior to eating their meals. She said the facility had been engaging in this practice prior to COVID-19. She said the facility had done several in-services on the topic, as well as auditing and conducting return demonstrations. She said the facility had tried having one staff member providing hand hygiene and another staff member offering the resident their tray, but because of all the PPE donning and doffing, it delayed room tray delivery. She said the staff should proceed into the resident's rooms prior to meal service and offer hand hygiene to ensure it was getting done. She said the facility was doing the best they could with what they had. She said she did not know if all residents had ABHR in their rooms. The director of housekeeping (DOH) was interviewed on 9/30/2020 at 12:07 p.m. She said that housekeeping staff are to apply proper PPE and sanitize their hands before and after cleaning rooms and that gloves should be changed in between different items and cleaning tasks inside a room. The NHA was again interviewed on 9/30/2020 at 12:58 p.m. She said all staff entering the COVID-19 positive Red Unit must don all appropriate PPE prior to entering the unit. She said the facility had conducted resident hand hygiene audits and the facility had a number of different hand hygiene options to offer the residents. She said the residents were encouraged to wash their hands with soap and water on their own, if able. She said they were encouraged to use ABHR, staff could assist them with Purell wipes, using visual cues to mirror what the residents were expected to do or provide the residents who were confined to their beds with a warm rag for their hands. She said the facility typically provided the Purell wipes to the residents, as that was what staff were used to doing when residents were still going down to the dining room. She said the facility would be working with the staff to take hand hygiene products into the resident's room with them when they were actually serving the meal. She said ABHR were not allowed in resident's rooms prior to COVID-19, but due to the outbreak, every resident room should have some type of hand sanitizer located within it. She said she would expect any associate to practice hand hygiene before and after every task and after touching any surface. She said the process included using an ample amount of ABHR on their hands, using friction, and covering all surfaces of their hands for approximately 20 seconds or until their hands are dry. V. Status of COVID-19 in the facility The nursing home administrator was interviewed on 9/28/2020 at 2:00 p.m. She reported the resident census was 63 and there were 15 residents positive for COVID-19. She said these residents were on the Red COVID-19 isolation unit. She said they had not had any positive cases of COVID-19 in their building for 191 days. She said the outbreak occurred on 9/16/2020. She said the remaining areas (hallways on first and second floor) of the facility were designated as Yellow zones which meant that full PPE was required each time a resident room was entered for resident care. She said this was per the direction of their local health</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065276	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF EVERGREEN		STREET ADDRESS, CITY, STATE, ZIP 2987 BERGEN PEAK DR EVERGREEN, CO 80439	
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)		
<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 2)</p> <p>department. She said the most recent county positivity rate (9/23/2020) was 3.2 percent.</p>		