

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 325066	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2020
NAME OF PROVIDER OF SUPPLIER BLOOMFIELD NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 803 HACIENDA LANE BLOOMFIELD, NM 87413	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to implement all recommended transmission based precautions for each resident. While caring for residents suspected of having COVID-19 ([MEDICAL CONDITION] causing mild to severe disease) during the 2020 public health emergency for COVID-19, these practices put 5 (R #1, R #2, R #3, R #4 and R #5) of 5 (R #1, R #2, R #3, R #4 and R #5) residents at increased risk for infection with [MEDICAL CONDITION]. On the date of this survey, 07/14/20, recommended routine IPC practices for care of any newly admitted or readmitted resident, due to possible asymptomatic carriage of the COVID-19 virus, were to be placed in transmission based precautions (standard, contact, droplet with staff to wear fit-tested N95 masks) to include a private room (if available) with the door closed for 14 days, the resident should have a dedicated bathroom. If all recommended standard and transmission based precautions are not consistently adhered to, safe resident care that inhibits transmission of infection with COVID-19 from person to person is more likely to occur. The findings are: A. On 07/14/20 between 11:30 and 12:15 pm, during observation in the AQU with the facility DON and the IPC nurse the following lapses to IPC practices for residents living there were noted: 1. R # 1 and R #2 were cohorted in one room, they were sharing one bathroom, the curtains were only partially drawn between the beds in each room, the residents were not wearing masks. 2. R #3 and R #4 were cohorted in one room, they were sharing one bathroom, the curtains were not drawn between the residents, the residents were not wearing masks. B. On 07/14/20 at approximately 12:10 pm during interview the DON confirmed that 4 residents on the AQU were cohorted without the curtains being drawn and they did not have separate toileting facilities. C. Record review for recommended IPC practices when caring for a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 (COVID-19) from CDC.gov. at the time of this survey included: Patient Placement- If admitted, place a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection in a single-person room with the door closed. The patient should have a dedicated bathroom. D. Record review of facility policy, IC 405 COVID-19 .Effective date 03/27/20 revealed, In addition to Standard Precautions, Contact and Droplet Precautions will be implemented for patients suspected or confirmed to have COVID-19 . E. Record review of admission/ discharge on (Name if Facility) Detailed Census Report, from 06/01/20 to 07/15/20 revealed, R #5 was admitted into a semi-private room with another resident (R #5) on 07/03/20 without first being quarantined with all recommended transmission based precautions in place per CDC guidelines.</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.