

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>065239</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SAN LUIS CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>240 CRAFT DR ALAMOSA, CO 81101</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 0583  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Keep residents' personal and medical records private and confidential.</b>  Based on observations and interviews, the facility failed to ensure two (#1 and #2) of two sample residents had a right to personal privacy during personal care. Specifically, the facility failed to ensure Residents #1 and #2's bodies were fully covered during transportation to and from the shower. Findings include: I. Observations 7/16/2020 -At 5:38 a.m., certified nurse aide (CNA) #1 wheeled Resident #1 in a shower chair from the spa room to the resident's room. A blanket was draped over the resident exposing the resident's side of buttocks. -At 6:13 a.m., CNA #5 wheeled Resident #2 in a wheelchair from the resident's room to the spa room. A sheet was draped over the resident exposing the resident's side of buttocks. II. Staff interview The director of nursing (DON) was interviewed on 7/16/2020 at 8:18 a.m. She stated the residents should be completely covered when going to and from the spa room.		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, record review and interviews, the facility failed to ensure infection control practices were established and maintained to provide a safe, sanitary and comfortable environment to help prevent the possible development and transmission of Coronavirus (COVID-19) and other communicable diseases, and infections in four out of four units. Specifically, the facility failed to ensure: -Staff completed the screening process prior to entering resident care areas; -Staff wore appropriate personal protective equipment (PPE) prior to entering droplet precaution (with eye protection) resident rooms; and, -Kitchen staff performed hand washing with soap and water when working with food items and wore PPE appropriately. Findings include: I. Status of COVID-19 in the facility The nursing home administrator (NHA) and infection prevention and control nurse (IPCN) were interviewed on 7/15/2020 at 5:15 p.m. The IPCN said that she was covering/acting as the director of nursing (DON) until the newly hired DON was in place. She said her primary responsibilities were infection control. She said she provided the staff training. The NHA said the resident census was 36. The NHA said that they received all the tests back that were done on the staff and residents from last week. He said that the results were all negative. He said no staff or residents tested positive for COVID-19. He said another round of testing was done with residents and staff yesterday. He said it would take up to five days to receive the results. He said that the County Health Department told the facility that they had to have two weeks of negative test results before the facility would be considered clear of COVID-19. The NHA and IPCN said the facility had a COVID-19 designated unit on the 300 hallway. The NHA said that the unit was not in use as of today. The IPCN said that the last resident came off isolation protocol today and was moved to the other units. The IPCN said that staff were required to be screened by another staff member prior to entering the facility. She said that all other doors were locked so that staff, visitors and vendors had to enter through the main doors. She said that staff were issued masks at the doorway. She said that the N95 masks were collected at the end of every shift and disinfected for reuse the next day. The masks were stored in paper bags labeled with their names. The NHA said that the N95 masks were worn up to ten times before disposal. The surgical masks were changed and disposed of when staff entered and exited the COVID-19 isolation rooms. He said that staff wore surgical masks over the N95 masks. The NHA and IPCN said that if it was after 7:00 p.m. when the receptionist left for the day, then the front door was locked and staff/visitors/vendors would ring the bell for assistance. The NHA said that the nurses worked 12 hour shifts, 6:00 a.m. to 6:00 p.m. and the CNA staff worked 8 hour shifts. The IPCN said that one nurses station was assigned to do the screening after 7:00 p.m. The IPCN said that she provided the staff training for screening, signs and symptoms of COVID-19, taking of the temperature upon entering the facility, and the interview/screening questions about exposure risks, travel internationally and taking of the temperature upon exit. She said the training included the screener to ask the symptoms of COVID-19. She said the screeners know that if there were symptoms, she was to be notified and the person would be refused entrance to the facility. She said if there was a 'yes' response to the screening questions then she would be notified to conduct an assessment to determine if staff would stay or be sent home. The IPCN said that she provided the hand hygiene training to the staff. She said that she constantly watched staff practices to identify breaks in infection control practices and provided education at that time. The IPCN said that she provided training to the staff regarding mask fitting and donning and doffing of PPE. She said this training was provided during and after the fit testing of the N95 masks, which were issued to all staff that provide direct resident care. II. Screening process A. Facility policy and procedure The Coronavirus (COVID 19) Associate Screening/Education/Assignment/Risk Classification policy, last revised 5/29/2020, was provided by the IPCN via email on 7/22/2020. It read in pertinent part, All associates will be actively screened at the beginning of their shift in accordance with current guidance from The Centers for Disease Control (CDC), The Centers for Medicare and Medicaid Services (CMS), and local and state health departments. For screening purposes, associates are defined as any person employed by the facility, or other entities that provide care or direct services in our facilities. B. Professional reference The CMS (4/2/2020) COVID-19 Long-Term Care Facility Guidance. Retrieved from: <a href="https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf">https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf</a> (7/9/2020). It read in pertinent part, Long-term care facilities should immediately implement symptom screening for all. Facilities should limit access points and ensure that all accessible entrances have a screening station. All long-term care facility personnel should wear a facemask while they are in the facility. C. Training The 6/27/2020 Screening Process in-service was provided by the IPCN on 7/27/2020 via email. It read in pertinent part, Staff cannot go to the unit or department prior to being screened. Staff will need to use the designated entrance and be screened-in before proceeding to their department. D. Observations and interviews On 7/15/2020 at 6:05 p.m., certified nurse aide (CNA) #2 and #3 were observed entering the designated COVID-19 unit from an unlocked exterior door. They unzipped the plastic temporary wall which separated the COVID-19 designated unit from the rest of the 300 hall. They walked into the resident care areas on the 300 hall to access the screening area at the reception desk. CNA #2 and #3 were interviewed immediately after the observation and said they were usually screened at the reception desk then went around to the COVID-19 unit entrance, but there was no one to screen them at the desk. They said that they worked in the COVID-19 designated unit and usually entered through the COVID-19 entrance door. E. Staff interviews The NHA was interviewed on 7/15/2020 at 7:37 p.m. He stated staff were screened at the front door reception area then went down the halls to work in their assigned units, including the COVID-19 unit. The IPCN was interviewed on 7/16/2020 at 8:18 a.m. She stated all staff were screened at the reception desk at the main entrance before going to their assigned halls/units and she expected the staff working in the COVID-19 unit to use the same process. The NHA was interviewed again on 7/16/2020 at 9:25 a.m. He stated all the doors should be locked with the exception of the front entrance. He said the front entrance was unlocked when the receptionist was present. III. Personal protective equipment (PPE) A. Facility policy and procedure The Guide to Infection Prevention and Control policy, Personal Protective Equipment (PPE), revised 5/29/2020, was provided by the NHA via email on 7/15/2020. It read in pertinent part, The facility should train associates on PPE, this training should include appropriate don/doff process. PPE should be appropriately discarded after resident care prior to leaving the room, followed by hand hygiene. When donning (putting on) PPE, perform hand		

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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>hygiene and apply the gown. If facility-wide facemask/respirator/eye protection use has been implemented, prior to starting work work at the beginning of shift and after breaks. Perform hand hygiene and put on gloves prior to reapplying face mask/respirator/eye protection. B. Professional reference The CDC, (6/9/2020) Using PPE, retrieved from: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html</a> (7/23/2020). It read in pertinent part, How to put on (Don) PPE (personal protective equipment) gear. Perform hand hygiene. Put on an isolation gown. Put on an N95 filtering facepiece respirator or higher. Put on a face shield or goggles. Enter the patient room. How to take off (doff) PPE gear. Remove gloves. Remove the gown, do so in a gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull the gown down and away from the body. Rolling the gown down is an acceptable approach Dispose in a trash receptacle. Healthcare personnel may now exit the patient room. Perform hand hygiene, face shield/goggles, remove and discard respirator. C. Training The 3/13/2020 Coronavirus (COVID-19) policy and staff in-service on the policy was provided by the IPCN via email on 7/20/2020. It read in pertinent part, Perform hand hygiene before donning and doffing PPE, airborne or droplet precaution rooms require N95 mask, goggles or face shield, gloves and fluid resistant gown. D. Observations and interviews There were a total of seven droplet precaution (with eye protection) rooms in the facility. Each room had a sign posted at the entrance of the door that read Entry requires an N95 respirator mask, goggles/face shield, isolation gown and gloves. On 7/15/2020 at 5:38 p.m., CNA #5, donned an isolation gown then gloves before entering a droplet precaution room, room [ROOM NUMBER]. She failed to perform hand hygiene prior to donning the gloves and entering a droplet precaution room. She entered the room wearing a surgical mask. -CNA #5 failed to don an N95 mask and eye protection. CNA #5 was immediately interviewed after the observation and said that she did not wear an N95 respirator mask because it made her sick. She stated that the facility allowed her to wear a surgical mask instead of an N95 respirator mask. She said that she was not instructed to not enter resident rooms with known COVID-19 positive status located in the COVID-19 designated unit. -CNA #5 failed to recognize that the resident rooms that were on droplet precautions (with eye protection), required an N95 respirator mask and eye protection, therefore she could not enter since she did not wear the appropriate PPE. -From 6:11 p.m. to 6:29 p.m., CNA #2 and #3 wore N95 respirator masks, donned surgical masks over the top, and donned isolation gowns and gloves. -CNA #2 and #3 failed to don eye protection prior to entering droplet precaution room [ROOM NUMBER] with a full-body style mechanical lift. -CNA #2 exited the room with the mechanical lift without doffing PPE and walked across the hall to retrieve disinfecting wipes for the lift. She disinfected the lift in the hallway then discarded the PPE in a trash bin located across the hallway from room [ROOM NUMBER]. -CNA #2 failed to don eye protection and doff PPE prior to exiting a droplet precaution (with eye protection) resident room. -CNA #3 exited the room without doffing PPE and walked across the hall to discard the PPE in a trash bin located across the hallway from room [ROOM NUMBER]. -CNA #3 failed to don eye protection and doff PPE prior to exiting a droplet precaution (with eye protection) resident room. -At 6:55 p.m., CNA #3 donned surgical mask over top of N95 mask, gown and gloves entering room [ROOM NUMBER]. -CNA #3 failed to don eye protection prior to entering room [ROOM NUMBER] which was a droplet precaution (with eye protection) room. E. Staff interviews The IPCN was interviewed on 7/16/2020 at 8:18 a.m. She stated that the staff were trained on how to don and doff PPE for droplet precaution rooms, including how to wear an N95 respirator mask in March 2020. The IPCN stated CNA #5 had an allergic reaction to the N95 respirator mask and was instructed not to enter droplet precaution rooms. She said she was not aware that CNA #5 had entered droplet precaution (with eye protection) rooms. IV. Kitchen staff performed hand washing and wore masks appropriately A. Observation On 7/16/2020 at 6:37 a.m., 7:11 a.m., and 8:40 a.m. the cook wore a surgical mask under her chin exposing her mouth and nose while preparing, cooking and serving food with two other dietary aides present. She adjusted the mask to cover her mouth and nose when a CNA entered the kitchen to talk about the menus. The cook returned to preparing, cooking and serving the breakfast meal to all the units after moving the mask below her chin exposing her mouth and nose again. B. Staff interviews Dietary aide #1 was interviewed on 7/16/2020 at 7:11 a.m. She said that she received training on wearing a mask at all times and performing hand hygiene frequently while reaching for the alcohol based hand rub (ABHR) dispenser. She said she performed hand hygiene by using the ABHR frequently. The dispenser was on the wall located inside the door into the kitchen. She said that she was not aware that she needed to wash her hands with soap in water when working with food. She said her training included the use of ABHR for hand hygiene even in the kitchen. The NHA and IPCN were interviewed on 7/16/2020 at 8:40 a.m. The IPCN said that the kitchen manager provided hand hygiene and mask wearing education in June. The IPCN said that she provided training to all staff including the kitchen staff on the proper use and application of the masks. She said that hand hygiene training was ongoing and frequently provided to all staff including the kitchen staff. The IPCN said she would instruct on the requirement for soap and water to be used with hand hygiene when working with food items.</p>		