

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065240	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2020
NAME OF PROVIDER OF SUPPLIER AVAMERE TRANSITIONAL CARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 2025 E EGBERT ST BRIGHTON, CO 80601	
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 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. Specifically, the facility failed to: -Ensure staff were following proper hand hygiene procedures; -Ensure staff were following proper personal protective equipment (PPE) guidelines; -Provide hand hygiene opportunities for residents; -Properly clean the mechanical lift between residents; and -Ensure staff were following appropriate infection control processes when passing ice water. Findings include: I. Facility policies The Infection Control Guidelines for All Nursing Procedures policy, last revised April 2013, was provided by the interim nursing home administrator (INHA) via email on 3/26/2020. It read in part, Employees must wash their hands for ten (10) to fifteen (15) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: before and after direct contact with residents; after removing gloves; after handling items potentially contaminated with blood, body fluids, or secretions. In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly soiled, use an alcohol-based hand rub containing 60-95% [MEDICATION NAME] or [MEDICATION NAME] for all the following situations: before and after direct contact with residents; after contact with a resident's intact skin; after contact with objects (e.g., medical equipment) in the immediate vicinity of the resident; and after removing gloves. Wear personal protective equipment as necessary to prevent exposure to spills or splashes of blood or body fluids or other potentially infectious materials. The Cleaning and Disinfecting Environmental policy, last revised October 2009, was provided by the INHA via email on 3/26/2020. It read in part, Environmental surfaces will be cleaned and disinfected according to current CDC (Center of Disease Control and Prevention) recommendations for disinfection of healthcare facilities and the OSHA (Occupational Safety and Health Association) Bloodborne Pathogens Standard. Noncritical items are those that come in contact with intact skin but not mucous membranes. Non-critical surfaces will be disinfected using an EPA (Environmental Protection Agency)-registered intermediate or low-level hospital disinfectant according to the labels safety precautions and use directions. II. Failure to ensure staff were following proper hand hygiene procedures A. Observations On 3/25/2020 at 4:49 p.m. CNA #3 was observed in the dining room fastening clothing protectors around the necks of residents in preparation for dinner. CNA #3 was observed to be fastening clothing protectors on three different residents. -She did not sanitize her hands between each resident. B. Interviews CNA #2 was interviewed on 3/25/2020 at approximately 3:45 p.m. He said that he sanitized his hands fairly often, but he could not always wash his hands or use ABHR because the staff and visitors would come in more than one person at a time. He said that everything would happen too fast to allow time to sanitize hands between everyone. The INHA was interviewed on 3/25/2020 at 5:30 p.m. The INHA said that staff should be sanitizing their hands between resident care. The INHA said the staff monitoring the front door should also use hand sanitizer in between each visitor/staff. The INHA was interviewed on 3/26/2020 at 2:00 p.m. The INHA said the CNA #2 and CNA #3 were provided additional classroom training on handwashing. She said the ABHR was switched out to a pump type ABHR. III. Failure to ensure staff were following proper PPE guidelines A. Observations On 3/25/2020 at 4:18 p.m., CNA #3 was observed in a resident room that was on isolation precautions. She was observed to be wearing gloves, a protective gown, and shoe covers. She had on personal glasses but was not wearing a full face shield or goggles over her glasses. The room she was in had a sign which said contact/droplet precautions. At 4:45 p.m., CNA #4 was observed going into a resident room [ROOM NUMBER] that was on isolation droplet precautions for upper respiratory concerns, pending COVID-19 results. She had on personal glasses, but was not wearing a full face shield or goggles. B. Interviews CNA #3 was interviewed on 3/25/2020 at 4:22 p.m. She said that she was supposed to wear gloves, a gown, goggles, and shoe covers. She confirmed that she had not been wearing goggles or a full face shield while she was in the isolation room with the resident. She was observed to look through the three drawer bin, and found a new pair of goggles in a bag. The INHA was interviewed on 3/25/2020 at 5:30 p.m. She said that goggles or face shields should be used when a resident was on contact/droplet precautions for upper respiratory concerns, pending COVID-19 results. C. Record review A copy of a nursing education in-service that was conducted at the facility on 1/24/2020 was provided by the INHA via email on 3/26/2020. Review of the in-service revealed that it had included education for staff on proper PPE. Review of the sign in sheet for the in-service revealed that CNA #3 and CNA #4 had been educated on the use of proper PPE. CNA#2 was not listed on the sign in sheets. IV. Failure to provide hand hygiene opportunities for residents A. Observations On 3/25/2020 at 3:30 p.m. Resident #1 was transferred to her wheelchair using the full mechanical lift and assisted to the dining room prior to dinner. CNA #4 did not offer her the opportunity to perform hand hygiene prior to leaving her room. Upon arrival in the dining room, the CNA assisted her at a table and again did not offer her the opportunity to wash her hands or use ABHR. At 5:15 p.m., there were four residents eating in the main dining room, all at different tables. The CNAs were observed passing out dinner trays to residents in the dining room. None of the residents were asked if they would like to sanitize their hands prior to eating dinner. Resident #1 was observed to begin eating. The INHA was interviewed on 3/25/2020 at 5:30 p.m. The INHA said the residents should be offered and assisted with handwashing, prior to eating. V. Failure to properly clean the mechanical lift between residents A. Observations On 3/25/2020 at 3:15 p.m., CNA #4 was observed bringing the full mechanical lift to the room of Resident #1. She proceeded to clean the mechanical lift using micro-kill wipes. She cleaned the mechanical lift, but did not sanitize the blue Velcro cover that was hooked to the top of the lift. CNA #4 then proceeded to take the mechanical lift into the room of Resident #1. CNA #3 entered the room to assist with the transfer of the resident to her wheelchair. The resident was placed in a sling that was hooked up to the mechanical lift. She placed both of her hands on the blue velcro cover at the top of the lift that had not been sanitized by the CNA. The resident was instructed to place her hands in her lap, however, she continued to hold onto the blue velcro cover. The CNAs proceeded with the transfer. Once the resident was in her wheelchair, she was unhooked from the mechanical lift and taken to the dining room. The CNA left the mechanical lift in the room, and did not clean it before she and the resident left the room. The INHA was interviewed on 3/26/2020 at 2:00 p.m. The INHA said the equipment such as the mechanical lift needed to be cleaned prior to use, and that all parts of the machine needed to be cleaned. She said that the lift would be cleaned prior to the next CNA to use it, however, she was going to evaluate the process, as to whether it should be cleaned after use. VI. Failure to ensure staff were following appropriate infection control processes when passing ice water On 3/25/2020 at 3:20 p.m., CNA #3 was observed to pass ice water. The CNA was observed to enter a room, retrieve a covered insulated water cup from a room. She held the cup directly up to her shirt, to remove the lid. As she filled the cup she used a six ounce scoop from the kitchen. She touched the cup with the scoop. She then proceeded to lay the scoop on the cooler. The CNA then retrieved another cup from a different resident and filled the cup with ice water. CNA #3 was interviewed on 3/25/2020 at 3:24 p.m. The CNA said she realized she touched the scoop to the cup, she said it was an accident. She did not realize she held the cup to her shirt to remove the lid. The CNA said ice water was passed on each shift. She said clean cups were put into the rooms in the morning. The water cups were changed once a day after the</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>residents used them throughout the day. The INHA was informed of the above observation on 3/25/2020 at 5:30 p.m. The INHA was interviewed on 3/26/2020 2:00 p.m. The INHA said the CNA should sanitize their hands prior to entering the room. She said the ice scoop should not come in contact with the cup, as it was not clean. She said the facility had enough mugs for at least two for each resident. She said she will look into the system to decide if only clean cups need to be used when passing ice water.</p>		