

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>065241</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MANORCARE HEALTH SERVICES-DENVER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>290 S MONACO PKWY DENVER, CO 80224</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 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><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 establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility failed to follow infection control procedures to prevent the spread of pathogens within the facility by: -failed to ensure proper protocol for screening admitting staff; -failed to ensure resident care equipment was properly sanitized; and, -failed to ensure housekeeping services met manufacturer requirements. Findings include: I. Professional reference The Center for Clinical Standards and Quality/Quality, Safety &amp; Oversight Group Memorandum Ref:QSO-20-14-NH (3/9/2020) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED), documented in pertinent part: Limiting visitors and individuals: Expanded recommendations: 2. Facilities should increase visible signage at entrances/exist, offer temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the facility (if supply allows). Also, provide instruction, before visitors enter the facility and residents' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or for a certain situation as mentioned above. II. Staff screening documentation and staff interviews Upon entrance to the facility on [DATE] at 10:25 a.m., the surveyors were met by the desk clerk (DC) for initial screening. She said that at the end of the day, the screening logs were given to the director of nursing (DON) and infection control nurse. Registered nurse (RN #1) was interviewed on 4/21/2020 at 11:02 a.m. at the nurse's station on the 2nd floor in the Persons Under Investigation Unit (PUIU) of Covid-19. He said he screened himself each morning for signs and symptoms of Covid-19 after he came up to the second floor and was on this unit. He provided the log at the desk where the symptoms of the day shift had been logged. He said everyone that worked this unit came through the facility, to the second floor nurses station, where they screen themselves for signs and symptoms. He said the employees use to be screened at the front door of the facility, but that this process had changed over a week ago. He said he did not know why the process changed. The screening employee log titled Employee COVID 19 Screening and Building Entry Log sitting at the nurses' station on the 2nd floor was reviewed with RN #1. The log for 4/16/2020- 4/21/2020 was reviewed. There were no temperature checks documented 44 times out of 52 opportunities. The form only documented whether the employee had a fever above 100.5.the employee documented yes or no. The employees documented no, instead of documenting a temperature. The log also had a place to document who the employee screener was. This was left blank 22 times out of 52 opportunities. The screening employee log for the 1st floor was reviewed for 4/15/2020-4/21/2020. There were 8 temperatures noted at 99 F and above, without rechecks. Twenty-five times the log failed to document any temperature for the staff member. There were 132 screens that failed to show a secondary staff member doing the screening process. Certified nurse aide (CNA #1) was interviewed on 4/21/2020 at 11:35 a.m. on the Covid-19 Positive Airborne Isolation Unit (CAIU). She said she screened herself for symptoms when she got on the CAIU unit today. She said she had taken her own temperature. She did not recall what the temperature was or how high it could be before she should not be working. She said she thought a nurse reviewed the screenings, but she was not sure. Registered nurse (RN #2) was interviewed on 4/21/2020 at 12:46 p.m. on the Heritage unit. She said no one told her when or how to get screened as an employee. She said she worked as needed and not a routine schedule. When she came to work today, she went to her unit without being screened. When she got to the nurses station the night nurse handed her the employee screening log and told her to read the directions and screen herself. She said several CNA's then came to the unit and took their own temperatures and completed the log for themselves. CNA #2 was interviewed on 4/21/2020 at 12:50 p.m. She said she screened herself today when she got onto the Heritage unit at the nurses station. She said that her temperature needed to be below 99 F. CNA #3 was interviewed on 4/21/2020 at 1:07 p.m. on the secure unit. She said she comes into the facility and goes to the secure unit, where she completed her own Covid-19 screening for symptoms at the nurse's station. She was unsure if anyone reviewed the log on the secure unit. She said that when she comes to the facility, she enters through the Heritage unit, to the secured unit, and then goes down the hallway to the screening log at the nurses' station. The nursing home administrator (NHA) was interviewed on 4/21/2020 at 2:06 p.m. He said all staff had their temperature checked and symptoms of the Covid-19 virus at the front door. He said that was how it was as of 2:00 p.m. yesterday. He said if no one was there they would go to the Heritage unit to be checked. He said unless the process has changed. The staff development coordinator (SDC) was interviewed on 4/21/2020 at 2:24 p.m. She said the staff was all screened at the front door or the Heritage nursing unit. She reviewed the employee screening log front the second floor that showed employees were screening themselves on the Covid-19 Positive Airborne Isolation Unit (CAIU). She said it was not the correct procedure. She said the nurse managers reviewed the logs daily. She was not sure why the unit managers did not address the staff screening themselves on different units. She said the unit manager for the Covid-19 Positive Airborne Isolation Unit (CAIU) was from agency, and may not have known the process. The SDC said the staff should not be going to each unit to screen themselves. She said people could be exposed if the staff was symptomatic and not screened until they were on the units. She said the Unit Manager may not have been educated yet on the process. SDC said that the logs were supposed to be taken daily to the morning meeting for review. Any temperature on the log over 99.0 F required a recheck on the log. The SDC was shown numerous staff screening forms that showed staff temperatures of 99.1 - 100.4 F, with no rechecks on the log. The SDC said there should be rechecks noted on the screening log. The SDC said the risk of staff not being properly screened before admission, put residents at risk, because they could potentially be exposing others. III. Multi-Use vital sign equipment disinfection observations and staff interviews On 4/21/2020 at 11:35 a.m. CNA #1 was observed cleaning the vital sign tower exterior case with alcohol wipes on the Covid-19 Positive Airborne Isolation Unit (CAIU). She had three wipes sitting in the basket on the cart. She said she used alcohol wipes to clean the equipment. She said sometimes she used disinfectant wipes, but she did not have any. CNA #4 was interviewed on 4/21/2020 at 12:13 p.m. on the first floor Heritage unit. She said she used Micro Kill disinfectant at the end of her shift to clean vital sign equipment used by multiple residents. She said between residents she wiped the thermometer with an alcohol wipe. Licensed practical nurse (LPN #1) was interviewed on 4/21/2020 at 12:11 p.m. She said she used alcohol wipes to clean the vital sign equipment if disinfectant wipes were not handy. The staff development coordinator (SDC) was interviewed on 4/30/2020 at 4:58 p.m. She said she was no longer the SDC, and was now the director of nursing (DON). She said the staff should clean the vital sign equipment between resident use with bleach wipes, Virex II solution or Sani wipes-purple top. She said the staff should not be using alcohol wipes. These were not effective and not the appropriate way to disinfect the equipment. IV. Housekeeping observations and staff interviews On 4/21/2020 at 11:35 a.m. Housekeeper (HSK #1) was observed exiting room [ROOM NUMBER]. room [ROOM NUMBER] was on the Covid-19 Positive Airborne Isolation Unit (CAIU). She was carrying a bottle that had a cut out on the side. The bottle was labeled Windshield wiper fluid. There was a pink solution</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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>inside the bottle and a toilet brush sticking out of the cut out area. In addition she had an unlabeled bottle with light yellow fluid. The housekeeper said she used the pink fluid to clean the toilets. She did not know the name of the product. She said she used the yellow fluid on the other surfaces. She did not know the name but she had another spray bottle of the solution and said it was the same one. That bottle was labeled Peroxide Multi Surface Cleaner and Disinfectant. The housekeeper said she did not know what the dwell time (time the surface must remain wet with the product to be effective) was. She said the bottles should be labeled with the correct chemical name. The Peroxide Multi Surface Cleaner and Disinfectant reference sheet was provided by the Nursing Home administrator (NHA) on 4/21/2020 at 12:00 p.m. The reference sheet documented the product had a dwell time of five minutes for Human Coronavirus. The Housekeeping supervisor (HSKS) was interviewed on 4/30/2020 at 12:41 p.m. via telephone. She said the pink solution was called Neutral Restroom Cleaner. She said the staff should not have had it in a container labeled windshield washer fluid. She said she saw it on her rounds last week, and had put it in a bottle with the correct label. She said the staff should not have chemicals in unlabeled containers. She said the yellow liquid was Peroxide Multi Surface Cleaner and Disinfectant. She said she had in-serviced the housekeeping employees many times about labeling chemicals. She said she had plenty of labels for them to use. She said the Peroxide Multi Surface Cleaner and disinfectant had a three minute dwell time. The housekeeping supervisor was emailed a copy of the reference sheet received from the NHA on 4/21/2020 at 12:00 p.m., which documented the product had a five minute dwell time, not three minute. The housekeeping supervisor said she would begin educating the housekeeping employees immediately.</p>		