

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2020
NAME OF PROVIDER OF SUPPLIER LIBERTY HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP 12205 GUNSTOCK DR COLORADO SPRINGS, CO 80921	
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>Based on observations, record review, and interviews, the facility failed to properly maintain an infection control program designed to prevent the spread of COVID-19 in two of three neighborhoods. Specifically, the facility: -Failed to ensure residents had face coverings while staff were in their rooms. Findings include: I. CDC recommended guidelines The Center for Disease Control (CDC), Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (4/28/2020), https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#minimize, (Update April 13, 2020) Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others (e.g., HCP, visitors) enter the room. Screening for symptoms and appropriate triage, evaluation, and isolation of individuals who report symptoms should still occur. Healthcare Personnel As part of source control efforts, HCP should wear a facemask at all times while they are in the healthcare facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. If there are anticipated shortages of facemasks, facemasks should be prioritized for HCP and then for patients with symptoms of COVID-19 (as supply allows). Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required. HCP should have received job-specific training on PPE and demonstrated competency with selection and proper use (e.g., putting on and removing without self-contamination). II. Lack of using necessary PPE A. Observations and interviews On 5/13/2020 at 9:46 a.m., registered nurse (RN) #1 was observed going into room C 13 to assist a resident. She left room C 13, and entered room C 1. She did not ask either resident to put on a face mask. She said residents were to wear a face mask when they left their rooms. She said if a resident was in their room they did not have to wear a face covering at any time. On 5/13/2020 at 9:52 a.m. certified nurse aide (CNA) #1 was observed entering room C 13. She did not ask the resident to cover their face with a mask or a tissue. On 5/13/2020 at 10:01 a.m., RN #1 and CNA #2 were observed entering room C 1. The resident was not offered a face covering. On 5/13/2020 at 10:03 a.m. housekeeping (HSK) #1 was observed cleaning room B 3 with the resident in her room. She said she had not received any training on face masks for the residents to include when she would be in their room cleaning. B. Interviews RN #2 was interviewed on 5/13/2020 at 10:13 a.m. She said residents were encouraged to wear face masks when they left their room. She said staff were to ask a resident who was coughing to wear a mask when staff were in the room. She said a coughing resident would be the only time staff would request a resident to wear a face covering in their private room. CNA #1 was interviewed on 5/13/2020 at 10:19 a.m. She said residents only had to wear a mask in their room if they were coughing. She said they did not have to wear a face covering in their room, only if the resident left their room. CNA #2 was interviewed on 5/13/2020 at 10:51 a.m. She said residents only wore a mask in their room if the resident had a cough. She said residents did not have to wear a face covering if they did not cough. She said if a resident left their room, they would have to wear a face mask. The nursing home administrator (NHA) and the director of nursing (DON) were interviewed on 5/13/2020 at 11:10 a.m. The DON said she did not know residents needed to have their faces covered when anyone entered the room. She said she would provide education to the staff.</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.