

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>065333</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CRIPPLE CREEK CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>700 'A' STREET N CRIPPLE CREEK, CO 80813</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 - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></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 two neighborhoods. Specifically, the facility: -Failed to cancel communal dining; and, -Failed to ensure social distancing for residents in social areas. Findings include: I. CDC recommended guidelines The Center for Disease Control (CDC), Key Strategies to Prepare for COVID-19 in Long-termCare Facilities (LTCFs) (4/30/2020), <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html</a>, Prevent spread of COVID-19: Actions to take now: -Cancel all group activities and communal dining. -Enforce social distancing among residents. -Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. -Ensure all HCP wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required. II. Observations and interviews On 5/5/2020 at 10:38 a.m. four residents were observed sitting next to each other across the hall from the television. No face coverings were observed on the residents. On 5/5/2020 at 10:53 a.m. three residents were observed in the television area. Behind the area were four residents sitting in chairs next to one another. On 5/5/2020 at 11:08 a.m. four residents were observed sitting along the wall across from the television area next to one another. On 5/5/2020 at 11:19 a.m. in the dining room, nine residents were observed in the dining room waiting for lunch. At two of the tables, the two residents were not sitting across the table from one another, they were sitting next to each other. CNA #2 was observed taking residents into the assisted dining room wearing a cloth mask. At 11:37 a.m. there were 15 residents in the dining room not six feet apart, and in the assisted dining room were three residents who were not six feet apart. III. Staff interviews Licensed practical nurse (LPN) #1 was interviewed on 5/5/2020 at 11:18 a.m. She said the social distancing was ensuring each resident was six feet away from another. She said the facility still had dining room service. She said residents were separated to two tables. The nursing home administrator (NHA), the director of nursing (DON), and the infection control preventionist (ICP) were interviewed on 5/5/2020 at 12:30 p.m. The DON said social distancing was a struggle. She said education was ongoing with the population in the building. She said the dining room seating was spaced apart only allowing two residents to a table. She said the observations of the residents sitting together behind the television area was a work in progress. The NHA said there was a couch in the area that had been moved. He said the chairs were put in place to replace the sofa. He said the chairs were spaced apart. He said the residents moved the chairs together. He said social distancing was difficult to accomplish with the resident population in the facility. He said residents with dementia were difficult to redirect and encourage constantly. He said he was aware of the social distancing requirements. He said he did not allow hospice aides in the building, and only allowed the hospice nurse in the building once a week.</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.