

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>065337</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>UNIVERSITY HEIGHTS REHAB AND CARE COMMUNITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>656 DILLON WY AURORA, CO 80011</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 observation, interview and record review the facility failed to implement an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the possible development and transmission of Coronavirus (COVID-19) communicable diseases and infections on two of two units. Specifically, the facility failed to ensure infection control practices were properly followed: -During medication administration; -When using alcohol based hand rubs (ABHR); -When cleaning residents rooms; -Social distancing outside in the smoking area; and, -When donning a surgical mask. Findings include: I. Status of COVID-19 in the facility A. Interview The nursing home administrator (NHA), director of nursing (DON), medical director (MedDir), regional clinical consultant (RCC) and clinical consultant (CC) were interviewed over the phone on 4/27/2020 at 4:30 p.m. The DON and NHA reported the resident census was 74, two residents tested positive for COVID-19, two residents were under suspicion/presumptive for COVID-19. Ten staff tested positive and one staff member had recovered and was back to work. No resident deaths related to COVID-19. The date the staff member had symptoms was on 4/7/2020, however the testing and results for the staff member were on 4/13/2020, positive for COVID-19. The first date for residents to have symptoms and COVID-19 positive results was on 4/6/2020. The DON and NHA said that they had to utilize outside resources for staffing shortages during the pandemic of COVID-19. They were providing training to the staff prior to working the floors about supplies of personal protective equipment (PPE) and how to don and doff PPE. The NHA and DON said they have worked with TriCounty Health Department and Colorado Department of Public Health and Environment (CDPHE) since 4/6/2020 when they had their first COVID-19 positive in the building. They said they provide surveillance documentation to CDPHE. The MedDir said that he had numerous conversations with CDPHE and received guidance to have staff use the surgical masks universally meaning to not change the mask regardless of COVID-19 status. He said to ensure safety with the prolonged use of the mask for the staff and residents, the staff were instructed to wear a face shield, if available. The DON and NHA said that the information and education provided weekly in the huddles to the staff included ongoing demonstrations on how to don and doff PPE. They said that they showed the staff during the demonstrations that if the masks were removed improperly it could lead to the spread of COVID-19. II. Medication administration A. Facility's policy The Medication Administration policy and procedure, revised 11/26/19, provided by the nursing home administrator (NHA) on 4/28/2020 at 12:54 p.m. documented the following: Resident medications were administered in an accurate, safe, timely, and sanitary manner. Wash hands or use alcohol based hand rub (ABHR) prior to medication preparation for each medication pass. If direct contact is made, the nurse must wash hands. Use sanitary technique to place medications into a soufflé or medication cup. B. Observation Registered nurse (RN) #1 was observed on 4/27/2020 at 11:22 a.m. during a medication pass. She was observed pouring water into three drinking cups. She had already prepared three soufflé cups with resident medication in them. She placed all three water cups into her left palm. She used her right hand to stack the soufflé cups. She grabbed the stack of soufflé cups and proceeded to room [ROOM NUMBER]. The bottoms of the soufflé cups had been sitting on top of the medication cart, which was now stacked on top of each other touching the bottom of the cup to the medications she administered to the residents. She did not perform hand hygiene before entering the resident's room. She entered the room with all three water cups and soufflé cups. She administered medications to the resident in bed B. She exited the room with two cups of water in her right palm and two soufflé cups. She held the two soufflé cups with her index finger in one cup and her thumb inside the second cup. She then proceeded to room [ROOM NUMBER] and administered medications to both of the residents in the room. She did not do hand hygiene prior to entering the room. She exited room [ROOM NUMBER] and stated that she needed to find some hand sanitizer and walked over to the ABHR dispenser. She dispensed ABHR into her hand and rubbed for five seconds saying the ABHR was very soapy and walked back to her medication cart with wet hands and continued preparing medications. She did not continue to rub in the ABHR for 20 seconds and until dry as recommended by CDC. RN #1 was observed at 12:44 p.m. standing at the medication cart preparing a resident's medications. The resident waiting for her medications was standing at the cart next to her. RN #1 handed the resident her medications with her index finger inside the soufflé cup and her thumb on the outside. She did not do hand hygiene after giving the resident her medications and turned back to her medication cart and continued preparing medications C. Interview RN #1 was interviewed on 4/27/2020 at 12:45 p.m. She said hand hygiene should be performed before and after entering a resident's room, after touching a resident, after using the bathroom and after touching a dirty surface such as a computer. She acknowledged she did not perform hand hygiene when administering the three residents' medications and that she should have taken each resident's medication to them individually. She said she was not aware that she needed to rub the ABHR into her hands for at least 20 seconds until dry. The nursing home administrator (NHA) and director of nursing (DON) were interviewed on 4/27/2020 at 4:58 p.m. The NHA said all staff had training on hand hygiene recently, see the hand hygiene training below. He said that the nurse should not have taken any resident's medications into another resident's room. The DON said the nurse should not have touched the inside surface of the medication cups and drinking surfaces of the water cups. The NHA and DON said that the nurse should have used proper standards of practice when preparing and delivering medications. III. Hand hygiene A. Facility policy The Relias hand hygiene training from 2017, provided by the nursing home administrator (NHA) on 4/28/2020 at 12:54 p.m. documented the following: Hand hygiene should be performed before resident contact, before performing a care task, after contact with a body fluid, after resident contact, and after contact with the residents surroundings. As with hand washing, it is important to follow the proper procedure when using an alcohol based hand rub (ABHR). Apply the ABHR to the palm of one hand and spread it by rubbing your hands together until your hands are dry. As with hand washing, make sure to cover all surfaces of the hands and fingers including between the fingers. The policy read, Apply the ABHR to the palm of one hand and spread it by rubbing your hands together until your hands are dry. However the policy failed to include the 20 seconds until dry for rubbing hands with ABHR, see professional standard below. B. Professional standard According to the Centers for Disease and Prevention (CDC) Hand Hygiene in Healthcare Settings, last updated 1/31/2020, retrieved from <a href="https://www.cdc.gov/handhygiene/providers/index.html">https://www.cdc.gov/handhygiene/providers/index.html</a>, included the following recommendations: Multiple opportunities for hand hygiene may occur during a single care episode. Following were the clinical indications for hand hygiene: Use an alcohol-based hand sanitizer immediately before touching a patient, before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids or contaminated surfaces, and immediately after glove removal. Wash with soap and water when hands are visibly soiled, after caring for a person with known or suspected infectious diarrhea, and after known or suspected exposure to spores. When using alcohol-based hand sanitizer, put the product on hands and rub hands together. Cover all surfaces until hands feel dry. This should take around 20 seconds. C. Observations Certified nurse aide (CNA) #1 was observed on 4/27/2020 at 11:38 a.m. She was exiting room [ROOM NUMBER] with soiled linen in her hands. She stopped upon seeing the surveyor in the hallway outside of the resident's room. She turned around and dropped the soiled linen onto the resident's floor inside 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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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>room. She then, with the same gloved hands, exited the room and walked down the hall to retrieve the soiled linen cart. She pulled the linen cart back to room [ROOM NUMBER] and placed it in the doorway. With the same gloved hands she reentered room [ROOM NUMBER] and picked up the linens from the floor and placed them in the soiled linen cart. She then exited room [ROOM NUMBER] and pushed the linen cart away from the doorway and up against the hallway wall. She walked back to room [ROOM NUMBER] and spoke to the second CNA in the room. She then removed the gloves and exited the room. She did not perform hand hygiene after removing the gloves. CNA #1 was observed at 12:08 p.m. pushing the drink cart from room to room pouring drinks for the residents. She used ABHR between resident rooms, rubbing her hands for three seconds, however she did not rub her hands for at least 20 seconds and her hands were wet after each use. CNA #2 was observed pulling the two room tray carts to the back of the north hall. She used ABHR when entering and exiting the residents' rooms, for three to five seconds, however she did not rub her hands for at least 20 seconds. CNA #1 was observed at 12:31 p.m. preparing to enter a COVID isolation room. She rubbed her hands with ABHR for five seconds and then donned a gown. CNA #2 tied the back of the isolation gown for CNA #1. CNA #1 then donned gloves and entered the resident's room with the meal room tray. She then walked back to the door entrance where CNA #2 handed her another room tray. She delivered the second room tray. She then removed her personal protective equipment (PPE) in the residents room before exiting. She used ABHR for ten seconds and her hands were still wet. She then proceeded down the hallway to perform another task. Licensed practical nurse (LPN) #1 was observed at 12:57 p.m. entering room [ROOM NUMBER]. she used ABHR and rubbed her hands for five seconds before entering the room. Her hands were wet as she entered the room. She exited the room with the lunch tray. She said she did not know she was supposed to rub her hands with the ABHR for at least 20 seconds until dry. D. Interviews CNA #2 was interviewed on 4/27/2020 at 11:51 a.m. She said hand hygiene should be performed frequently and before and after contact with a resident. She said she did not know she was supposed to rub her hands with ABHR for at least 20 seconds. Licensed practical nurse (LPN) #2 was interviewed at 11:54 a.m. She said hand hygiene should be performed before and after contact with a resident. She said she told the CNAs to just wash their hands all the time. CNA #1 was interviewed at 12:31 p.m. She said hand hygiene should be done anytime a resident was touched and before entering or exiting a resident's room. She said she did not know she needed to rub her hands for at least 20 seconds until dry when using ABHR. The NHA was interviewed on 4/27/2020 at 4:58 p.m. He said all staff had training on hand hygiene and the use of ABHR. He said he would immediately educate the staff on the proper use of ABHR. IV. Housekeeping procedures A. Facility policy The Cleaning and Disinfecting Residents' Rooms policy and procedure, revised August 2013, provided by the nursing home administrator (NHA) on 4/28/2020 at 12:54 p.m. It documented the following: When cleaning rooms of residents on isolation precautions, use personal protective equipment as indicated. Isolation rooms should be cleaned last and water discarded after cleaning the room. B. Observations Housekeeper (HK) #1 was observed on 4/27/2020 at 12:14 p.m. He was preparing to clean a COVID isolation room. He donned shoe covers, a gown, hair covering, goggles and gloves. He said he cleaned the isolation rooms first then cleaned the rest of the room. HK #1 was observed at 12:28 p.m. after completing the room cleaning. He removed his shoe coverings first and then the gown. He removed his gloves and then his goggles. He said that was how he was trained to remove his PPE. He said he then went to the dirty utility room and washed his hands with soap and water up to his elbows. C. Interview HK#1 was interviewed on 4/27/2020 at 12:14 p.m. He said he cleaned isolation rooms first, because he had a relative at home that he did not want exposed to COVID-19. He said after cleaning the isolation room the remaining residents' rooms would be cleaned. The NHA was interviewed on 4/27/2020 at 4:58 p.m. He said all staff had the proper training on PPE donning and doffing. He said isolation rooms should be cleaned last not first. He said they currently had corrective issues with that staff member and would work on corrective actions with him. V. Social distancing in the smoking area A. Observation and interviews The smoking area was observed on 4/27/2020 at 11:17 a.m. where six residents were sitting and smoking. Three residents were all sitting at the same table approximately two feet apart. One resident said that none of the residents sitting at the table were sick. She said they liked to sit together even though staff had educated them on social distancing. The other three residents smoking were in wheelchairs separated from each other. However, the table was not removed and there were chairs around it for residents to sit in as well as no boundaries were marked for six feet of distance for the wheelchair bound smokers. The NHA was interviewed on 4/27/2020 at 4:58 p.m. He said they encouraged residents to practice social distancing however they chose to sit together and he did not know how to keep them six feet apart. He acknowledged that social distancing was important for the prevention of the spread of COVID-19. VI. Proper use of face masks A. Facility policy The COVID and PPE policy and procedure, undated, provided by the nursing home administrator (NHA) on 4/28/2020 at 12:54 p.m. It documented the following, PPE use is based on the latest center for disease (CDC) guidance. B. Professional standard The CDC guidance for the use of PPE in health care settings, was retrieved on 4/30/2020 from <a href="https://www.cdc.gov/hai/pdfs/ppe/slides6-29-04.pdf">https://www.cdc.gov/hai/pdfs/ppe/slides6-29-04.pdf</a>. It read, in pertinent part; PPE is specialized clothing or equipment worn by an employee for protection against infectious materials. Masks protect the mouth and nose. The mask should fully cover the nose and mouth and prevent fluid penetration. C. Observation RN #1 was observed at 12:44 p.m. standing at the medication cart preparing a resident's medications. Her surgical mask was underneath her nose. The resident waiting for her medications was standing at the cart next to her. D. Interviews RN #1 was interviewed on 4/27/2020 at 12:45 p.m. She said she wore the mask under her nose because her glasses would steam up and she could not see well. The nursing home administrator (NHA) was interviewed on 4/27/2020 at 4:58 p.m. He said all staff had training on the proper use of PPE and covering the nose with a mask. He said it was important to fully cover the mouth and nose.</p>		