

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065345	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
NAME OF PROVIDER OF SUPPLIER SUITES AT SOMEREN GLEN CARE CENTER, THE		STREET ADDRESS, CITY, STATE, ZIP 5000 E ARAPAHOE RD CENTENNIAL, CO 80122	
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 properly maintain an infection control program designed to prevent the spread of COVID-19 in two of four neighborhoods. Specifically, the facility: -Failed to follow standard precautions for proper personal protective equipment (PPE); and -Failed to follow appropriate isolation precautions for one newly admitted resident. Findings include: I. Improper PPE use A. Professional Reference The nursing home administrator (NHA) provided the Centers for Disease Control and Prevention (CDC) guidance Strategies for Optimizing the Supply of Isolation Gowns on 5/26/2020 at 12:45 p.m. It read in pertinent part; Contingency capacity: measures may change daily standard practices but may not have any significant impact on the care delivered to the patient or the safety of healthcare personnel (HCP). These practices may be used temporarily during periods of expected isolation gown shortage. Shift gown use towards cloth isolation gowns. Reusable (i.e., washable) gowns are typically made of polyester-cotton fabrics. Gowns made of these fabrics can be safely laundered according to routine procedures and reused. Extended use of isolation gowns. Considerations can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same HCP when interacting with more than one patient known to be infected by the same infectious disease when these patients are housed in the same location. Reuse of cloth isolation gowns. Disposable gowns are not typically amenable to being doffed and re-used because the ties and fasteners typically break during doffing. Cloth isolation gowns could potentially be untied and retied and could be considered for re-use without laundering in between. The goal of this strategy is to minimize exposures to HCP and not necessarily prevent transmission between patients. Any gowns that become visibly soiled during patient care should be disposed of and cleaned. B. Observations The rehabilitation unit was observed on 5/26/2020 at 10:50 a.m. Seven rooms on the floor were isolation precaution rooms. All the rooms had a PPE cart outside of the rooms and each room had three face shields hanging on the hand railing. room [ROOM NUMBER] had a pair of ski goggles on top of the PPE cart and the face shields on the handrail. The PPE carts were stocked with fabric face masks, sanitizer spray, and disinfectant wipes. At 11:02 a.m. certified nurse aide (CNA) #1 was observed taking lunch orders. She set the clipboard down outside of room [ROOM NUMBER], knocked on the door, used hand sanitizer, and entered the room. The gowns were hanging on hooks and the gloves were inside the room. She donned the gown and gloves and exited the room to retrieve a fabric face mask out of the PPE cart. She donned the fabric face mask over her N95 and surgical masks. She then donned a face shield from the handrail. She retrieved the clipboard, entered the room, and closed the door. At 11:04 a.m. CNA #1 exited room [ROOM NUMBER] after doffing the gown, gloves, and fabric face mask. She set the clipboard down and retrieved the disinfectant spray from the top drawer of the PPE cart. After re-entering the room she sprayed the outside and inside of the gown she was just wearing while it hung on the hook inside the room. She exited the room, doffed the face shield, sprayed it down with the disinfectant spray, wiped it down, and returned it to the handrail. She then sprayed the bottoms of her shoes, used hand sanitizer, and retrieved the clipboard. She proceeded to the staff restroom and washed her hands. C. Interviews CNA #1 was interviewed on 5/26/2020 at 11:08 a.m. She said she received training when she returned to work in late April. She said the training reviewed PPE use and handwashing. She said the gown was donned first, then the fabric mask, face shield then gloves. She said they use the fabric mask over their N95 and surgical masks to extend their use. She said the fabric masks are only used once and then put into the contaminated laundry bin inside the isolation rooms. She said the gloves were disposed of in the trash bin inside the isolation room. She said after the gown was used it was to be sprayed inside and out with the disinfectant spray. She said there were three gowns in each isolation room, one for the CNA, one for the nurse, and one for therapy. She said sometimes there was only one gown in each isolation room for everyone to use. She said the gowns were thrown away and replaced every three days. She said the face shields were outside each isolation room and were shared between all staff. She said the face shields were sprayed with disinfectant after each use. She said she had worn full PPE in isolation rooms since she returned to work in late April. She said they wore their N95 masks for six shifts then they were replaced. Registered nurse #1 was interviewed on 5/26/2020 at 11:25 a.m. She said newly admitted residents were placed on mandatory two weeks of isolation. She said they had no positive cases on the rehabilitation floor during the outbreak on the long term care floor. She said staff had been isolated to the unit they had been working on when the outbreak started. She said the facility provided training in early March and sent out updated emails and memos as new things arose. The training included PPE use and handwashing. She said gowns, masks, face shields, and gloves were worn in the isolation rooms. She said each room had three gowns for the CNAs, RNs, and therapy staff to use. She said the gowns were used between multiple staff for 72 hours then disposed of and replaced with new gowns. She said there was disinfectant spray in each cart to be used on the gowns and face shields after each use. She said staff were provided with two N95 masks to be rotated between shifts and were replaced every two weeks. Unit manager (UM) #1 was interviewed on 2/26/2020 at 11:42 a.m. She said newly admitted residents were isolated for 14 days. She said she kept track of cycling the PPE in the isolation rooms. She said she dated the gowns and replaced them every three days. She said the gowns they used were more heavy duty than the yellow gowns. She said management instructed them to spray them between use and use gowns for 72 hours then replace them. She said the staff had two N95 masks and would trade them out three times and then were given a new one. She said if the gowns or masks were soiled they would be replaced. She said gowns and face shields were sprayed with the disinfectant spray after use. She said they had boxes and boxes of gowns in storage and were using them for three days to conserve their stock. The NHA and director of nursing (DON) were interviewed on 5/26/2020 at 12:45 p.m. The NHA said they were using the CDC guidance for the extended use of their isolation gowns. The DON said they were using operating room gowns and had a ton of them. She said the gown used for three days was ok because they were sanitizing them between each use. She said the gowns were disposed of if soiled. She said three gowns were in each isolation room and designated by discipline. She said face shields were sanitized after each use and were shared between staff. She said if the face shields were on the handrails the staff knew they were clean and could use them. She said one staff member provided their own goggles. II. Isolation precautions for newly admitted resident A. Professional reference According to the Centers for Disease Control and Prevention (CDC), last updated 5/19/2020, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html included the following recommendations for PPE use on presumptive positive rooms: Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. B. Observations Observations revealed Resident #1, a new admission, was moved into a room with Resident #2, a long term resident, in the facility's long term care unit. Resident #1 required isolation precautions for 14 days, however proper isolation precautions were not followed due to placement with a long term resident</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>who did not require isolation precautions. This increased possible COVID-19 exposure potential for Resident #2. C. Interviews The DON and NHA were interviewed together on 5/26/2020 at 12:45 p.m. They said when they admitted a new resident to their long term care unit they were unaware new admissions needed isolation and their own room. They said this only occurred with one resident and they would ensure all new admissions have their own rooms for two weeks upon arrival to ensure proper isolation precautions. The DON was interviewed again on 5/28/2020 at 11:00 a.m. She said Resident #1 did have a negative COVID-19 test prior to admission.</p>		