

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>065378</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RIVERDALE REHAB AND CARE COMMUNITY OF BRIGHTON</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2311 E BRIDGE ST BRIGHTON, CO 80601</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</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 three neighborhoods. Specifically, the facility failed to perform hand hygiene: -During resident meal assistance after touching potentially contaminated surfaces; and, -Before entering and exiting a resident room, after touching potentially contaminated surfaces during laundry service. I. Improper hand hygiene during resident meal assistance A. Professional standards According to the Centers for Disease Control and Prevention (2019), accessed on 7/30/2020, retrieved from Hand Hygiene in Healthcare Settings, retrieved from <a href="https://www.cdc.gov/handhygiene/index.html">https://www.cdc.gov/handhygiene/index.html</a>, read in part, [MEDICATION NAME] hand hygiene is a simple yet effective way to prevent infections. Cleaning your hands can prevent the spread of germs, including those that are resistant to antibiotics. On average, healthcare providers clean their hands less than half of the times they should B. Facility policy The Hand Hygiene/Hand Washing policy, undated, was provided by the nursing home administrator (NHA) on 7/28/2020 via email. According to the policy, the facility considered hand hygiene as the primary means to prevent the spread of infections. The policy interpretation and implementation included the following guidelines in pertinent part: All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies Residents, family members and/or visitors will be encouraged to practice hand hygiene through the use of fact sheets, pamphlets and/or other written materials provided at the time of admission and/or posted throughout the facility. The Hand Hygiene policy instructed staff to use an alcohol-based hand rub (ABHR), containing at least 60% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following pertinent situations: -Before and after direct contact with residents; -Before moving from a contaminated body site to a clean body site during resident care; -After contact with a resident 's intact skin; -After contact with blood or bodily fluids; -After handling used dressings, contaminated equipment, etc.; -After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident; -Before and after eating or handling food; and, -Before and after assisting a resident with meals. The Relias Learning, Hand Hygiene: The Basics, dated 2017, was provided by the NHA on 7/28/2020 via email. The learning was read in pertinent part: Hand hygiene is a general term that describes hand washing using soap and water or the use of an alcohol-based hand rub, commonly abbreviated ABHR. The purpose of performing hand hygiene is to destroy harmful pathogens, such as bacteria or viruses, on the hands. It is an essential component of a set of infection control and prevention measures called standard precautions. The learning included recommendations from the World Health Organization (2006). The recommendations were identified as The Five Moments". The Five Moments are basic hand hygiene guidelines for healthcare professionals (HCP). The World Health Organization listed the following five moments staff should perform hand hygiene: 1. Before resident contact. 2. Before performing a care task. 3. After contact with a body fluid. 4. After resident contact. 5. After contact with the resident 's surroundings. C. Observations Observations were conducted in the dining room in the South unit on 7/28/2020, between 11:25 a.m. and 12:10 p.m. -At 11:31 a.m., certified nurse aide (CNA) #1 removed the mask of Resident #1, in preparation for his meal. She did not perform hand hygiene after touching the mask of Resident #1. -At 11:32 a.m., CNA #1 placed a clean clothing protector over the chest of Resident #2, and repositioned the resident 's nasal cannula tubing in nares of Resident #2. CNA #1 did not perform hand hygiene after touching the mask of Resident #1 and before placing the nasal cannula tubing in the nares of Resident #2. -At 11:36 a.m., CNA #3 removed the face mask of Resident #3 and placed it on his dining table. She positioned a dining chair next to the resident, sat down and proceeded to assist the resident with his meal. She did not perform hand hygiene after removing the mask of Resident #3, and after touching the dining chair before assisting the resident with his meal. -At 11:40 a.m., Resident #4 sat in front of his meal at his dining table. CNA #4 repositioned the resident 's wheelchair by touching the wheelchair handles. She positioned the table up against the resident and moved a dining chair near the resident. She did not perform hand hygiene after touching the potentially contaminated surfaces of the wheelchair handles, dining chair or table. CNA #4 moved the resident 's cups, pre packaged dessert, utensils and plated meal in front of the Resident #4. As she moved the plated meal, she touched the eating surface of the resident 's plate. CNA #4 sat down next to the resident and opened the lid of his dessert. She proceeded to provide the resident meal assistance, placing her hand on the resident 's forehead to feed him spoonfuls of his meal. She did not perform hand hygiene after touching the potentially contaminated surfaces of the wheelchair handles, the dining chair or table before she assisted the resident with eating and before and after touching his face. CNA #4 wiped the face of Resident #4 with his clothing protector, touched a laundry bin with her hands to open and assisted the resident in his wheelchair out of the dining room. She did not perform hand hygiene after assisting the resident with his meal or wiping down his face with a clothing protector. Between 11:50 a.m. and 12:00 p.m. CNA #2 was observed assisting Resident #2 with her meal in the dining room. During the meal assistance, CNA #2 touched her own face mask twice with backside of her right hand as she assisted Resident #2 to eat. She did not perform hand hygiene after touching her face mask. D. Staff interview CNA #1 was interviewed on 7/28/2020 at 11:48 a.m. The CNA said she was trained to perform hand hygiene in between residents in the dining room and during cares. CNA #4 was interviewed on 7/28/2020 at 1:04 p.m. CNA #4 said she was trained to use ABHR when serving residents in the dining room and wash her hands after assisting a resident to eat. The CNA said hand hygiene should have also been performed after touching potentially contaminated surfaces. She said surfaces should be treated as if they were contaminated because she did not know who or what may have touched the surfaces before she touched them. CNA #4 said potentially contaminated surfaces could include wheelchair handles, dining tables and dining chairs. CNA #3 was interviewed on 7/28/2020 at 1:34 p.m. She said hand hygiene should have been performed before and after assisting residents to eat, between serving residents, and after touching potentially contaminated surfaces. According to CNA #3, she should have used hand hygiene after touching the resident face mask and dining chair. She acknowledged that the chairs are routinely disinfected but could have been contaminated between cleaning and her touching the chair. The NHA was interviewed on 7/28/2020 at approximately 10:30 a.m. According to NHA, the two residents tested positive for COVID-19 in mid July. She said the facility could not determine a source of COVID-19 but theorized that it could have been from contaminated surfaces. The NHA said she did not currently have any known cases of COVID-19 in the facility. The infection control preventionist (ICP), was interviewed with the director of nursing (DON) on 7/29/2020 at 1:30 p.m. According to the ICP, staff received multiple trainings on hand hygiene. She said a meeting was held in the spring of 2020 that specifically reviewed the risk of the spread of viruses and infections via contaminated surfaces. She said the facility did not conduct another meeting specific to the spread of COVID-19 through contaminated surfaces after COVID-19 was identified in the facility in mid July 2020. According to the ICP, nasal cannula tubing, resident and staff masks, tables and chairs could all be sources of contamination. The ICP said meal assistance could be an at risk opportunity to spread infections [MEDICAL</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 - Some</b>	<p>(continued... from page 1) CONDITION]. The ICP and the DON said they would continue to provide staff education and seek out ways to instill hand hygiene after touching potentially contaminated surfaces. The NHA was interviewed again on 7/29/2020 at 2:35 p.m. Said the facility continues to do weekly training with their staff on hand hygiene and how to prevent the spread of viruses and infections. E. Record review A 2/24/2020 all staff in service conducted by the ICP was provided by the facility on 7/30/2020 by the NHA via email. According to the in service log, staff were provided instructions on the proper procedures of hand hygiene with soap and water and ABHR. This was conducted before the guidance giving for COVID-19 II. Improper hand hygiene during laundry delivery A. Professional standard According to the Centers for Disease and Prevention (CDC) Hand Hygiene in Healthcare Settings, last up updated 1/31/2020, accessed on 7/30/2020, 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. Clinical indications for hand hygiene included: 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. B. Observations Observations were conducted on 7/28/2020 between 9:38 a.m. and 9:44 a.m. on the secured male unit. -At 9:38 p.m, the laundry aide (LA) #1, delivered clean clothing to resident in room [ROOM NUMBER]. LA #1 entered the room without performing hand hygiene. She opened the dresser drawer with her hand and placed folded clothing inside the drawer. She closed the drawer, exited the room and touched the door handle. LA #1 did not perform hand hygiene after exiting room [ROOM NUMBER] and after touching the potentially contaminated surfaces of the dresser drawer and the door handle inside the room. LA #1 then entered room [ROOM NUMBER] without performing hand hygiene. She touched the door handle, opened the resident 's dresser drawer and placed clean clothing into the drawer. LA #1 exited the room, touching the outside and the inside of the door handle. She did not perform hand hygiene when she exited the resident room. She did not use a ABHR pump that was attached to the hallway wall nearby. LA #1 continued the practice of not performing hand hygiene after touching potentially contaminated surfaces in rooms #20, #21, #22, and #36. D. Staff interviews LA #1 was interviewed on 7/28/2020 at 9:47 a.m. with the assistance of a bilingual social worker. According to LA #1, she was trained to use ABHR when she entered the unit to deliver laundry. According to LA, ABHR was not available in the resident rooms nor did she keep ABHR on her person. However, ABHR was available on the wall near the entry. LA #2 was interviewed on 7/28/2020 at 10:40 a.m. She said her supervisor trained her to use ABHR everytime she went in and out of resident rooms when delivering laundry. She said she keeps ABHR on her person. The director of maintenance services (DMS) was interviewed 7/28/2020 at 10:44 a.m. He said she also supervised the housekeeping and laundry staff. He said ABHR should be kept in the pockets of his laundry staff so they could perform hand hygiene every time they went in and out of resident rooms. He said ABHR was also available on the walls of the hallway. He said he conducts weekly meetings with his staff and would hand hand hygiene again on the week of the observation. The DMS said his spanish speaking staff received translation by a bilingual staff member to ensure they understood the training content. The DMS was interviewed again on 7/29/2020 at 10:28 a.m. According to the DM, he did daily observations of infection control practices of the resident room cleaning of the housekeepers but did not conduct routine observations of the laundry delivery of the LA #1. He acknowledged that laundry staff could [MEDICAL CONDITION] and transmission based infections if they did not perform hand hygiene when delivering laundry room to room. The ICP and the DON was interviewed on 7/29/2020 at 1:30 p.m. According to the ICP, all staff including laundry hand hygiene and the proper use of ABHR. The IPC said staff also were routinely monitored to show they performed hand hygiene. The DON said she could show record of a hand hygiene observation with LA #2 during room to room laundry delivery, but could not show hand hygiene observation was conducted with with LA #1. E. Record review The 6/15/2020 General Education topic and attendance form was provided by the facility on 7/28/2020. According to the education hand hygiene was reviewed with the laundry staff, including LA #1. The education read in pertinent part: Sanitizing hands after leaving each room.</p>		