

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>065400</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>POWERBACK REHABILITATION LAKEWOOD</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7395 W EASTMAN PL LAKEWOOD, CO 80227</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 observations, record review and interviews, the facility failed to maintain an infection control program designed to provide a safe, sanitary and comfortable environment to help prevent the possible development and transmission of Coronavirus disease (COVID-19) and infection. Specifically, the facility failed to: -Provide residents with reminders or assistance with hand hygiene prior to meals; -Ensure proper infection control practices were followed in the kitchen when preparing food; and -Ensure that vital sign equipment was sanitized and disinfected between residents; Findings include: I. Facility policy and procedures The Patient Hand Hygiene policy, last reviewed November 2019, was provided by the nursing home administrator (NHA) on 5/21/2020 at 9:30 a.m. The policy read in pertinent part, Staff should assist patients with hand hygiene before meals, as needed. Wash hands with soap and water when hands are visibly soiled. The purpose: To improve hand hygiene practices and reduce the transmission of pathogenic microorganisms. II. Professional standard The Centers for Disease and Prevention (CDC) Hand Hygiene in Healthcare Settings, last updated 4/15/2020, retrieved from <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> included: facilities should remind residents to perform frequent hand hygiene. III. Resident hand hygiene for meals A. Observations On 5/20/2020 beginning at 12:10 p.m. lunch trays were passed out one at a time to four residents on the 1 East unit by three certified nurse aides (CNAs #1, #2 and #3) and an occupational therapist (OT #1). Two of the four residents were in bed and the other two were sitting up in their wheelchairs. None of the staff reminded, offered or assisted these residents to perform hand hygiene before the meal. On 5/20/2020 at 12:09 p.m. CNA #4 was observed delivering lunch trays to two residents on 1 West. The CNA did not remind or assist either resident to perform hand hygiene before the meal. B. Staff and resident interviews Resident #1 was interviewed on 5/20/2020 at 12:10 p.m. The resident was sitting in his room with his lunch in front of him and just beginning to eat. He said staff had not reminded him to wash his hands. CNA #1 was interviewed at 12:12 p.m. she said she received training for hand washing. She said that some residents could get up on their own and wash their hands in their bathrooms. She said staff should be reminding residents to wash or sanitize before each meal. CNA #4 was interviewed at 12:19 p.m. She said when delivering resident meals, she reminds them to go to the bathroom and wash their hands before they start eating. She said if the resident was unable to get to the sink to wash their hands, she would assist them. CNA #2 was interviewed at 12:24 p.m. She said that residents have hand sanitizer in their rooms that they can use. She said they should be offering/reminding residents to sanitize their hands when they take in their trays. The clinical quality specialist (CQS) was interviewed on 5/26/2020 at 12:00 p.m. He said that residents should be offered hand hygiene any time staff worked with them. He said resident hand washing should be part of their skilled therapy and independent residents are provided education. He said that dependent residents needed to be assisted. He said staff should be encouraging and offering all residents hand hygiene at meal times. IV. Food handling practices A. Observations On 5/20/2020 from 11:48 a.m. to 12:00 p.m., a brief observation was conducted of meal preparation in the kitchen. At 11:50 a.m., dietary aide (DA #1) was plating lunch items into Styrofoam food paperware. He scooped the noodles and sauce from the steam table, placed them into the containers and then with his gloved hand he took the green salad and placed it into the container. Then with the same gloved hand he reached into a small kitchen pan and took shredded cheese and placed it over the noodles. He continued this same process as he filled several more containers with food without stopping to change gloves or wash his hands. This presented a potential for cross-contamination. On 5/20/2020 at 11:55 a.m. the dietary manager (DM) entered the kitchen, went to the wash sink, turned on the hot and cold water, ran her hands under the water without using soap and rubbed them together briefly. She then closed both handles with her bare hands and then took a paper towel to dry her hands. On 5/20/2020 at 11:58 a.m. DA #2 was observed at the prep table against the wall filling several muffin tins with corn bread batter. He was using a scoop utensil to scoop the batter from the mixing bowl. He held onto the rim of the mixing pan with his gloved left hand. Then with his right gloved hand he scooped up a portion of batter with the scoop and with his left gloved hand, he took the portioned batter out of the scoop and placed it into a muffin cup. He continued to do this with several more scoops. He did not stop to wash his hands or to change gloves. This presented a potential for cross-contamination. B. Staff interviews The DM was interviewed on 5/20/2020 at 1:00 p.m. she said that her staff had been trained regarding Covid-19 policies and procedures which included handwashing. She said she was always providing education and oversight for hand washing. She said that staff should not be touching ready to eat foods with their bare hands and that they have kitchen utensils that are to be used to pick food items up and she preferred staff use the utensils for grabbing food. She said staff should be changing gloves often and washing in between glove changes. She acknowledged that both of the DAs were not following proper procedure which created a potential for cross contamination.</p> <p>V. Sanitizing nursing and resident care equipment A. Professional standard According to the CDC, Guidance Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, updated 4/13/2020, All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected consistently and correctly. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for [DIAGNOSES REDACTED]-CoV-2 in healthcare settings. Retrieved from <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#adhere">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#adhere</a>, B. Facility policy and procedure The COVID-19 Infection Control policy, dated 3/27/2020, was provided by the NHA on 5/20/2020 at 12:30 p.m. The policy read, in pertinent part: Practice standards: Clean and disinfect patient care items and environment, especially high touch surfaces using an EPA approved (emerging [MEDICAL CONDITION] pathogens claims are recommended for use against COVID-19), hospital grade disinfectant. -The goals of the program are to: Facilitate compliance with state and federal regulations relating to infection prevention and control. C. Observations and interview CNA #4 was observed on 5/20/2020 at 11:15 a.m. CNA #4 took the unit blood pressure machine into a resident's room to monitor vital signs. After taking the vital signs she brought the machine back to the hall and plugged it into the wall outlet. She did not clean and sanitize the machine after use. There were no cleaning wipes or spray on the cart. CNA #4 was observed on 5/20/2020 at 11:30 p.m. She took the same blood pressure machine from the hall and rolled it to a different resident's room to monitor vital signs. After using the equipment she put it back in the hall plugging it into the wall outlet. She did not clean or sanitize the machine. There were no cleaning wipes or spray on the cart. D. Staff interviews RN #1 and RN #2 were interviewed on 5/20/2020 at 12:25 p.m. RN #2 said all reusable medical equipment was to be sanitized with a sanitizing disinfectant spray after each time it was used with a resident. RN #2 said the sanitizing spray was to be applied to all equipment and then air dried for at least five minutes before reusing the equipment. The clinical quality specialist (CQS) was interviewed on 5/26/2020 at 12:06 p.m. The CQS said all reusable medical equipment was to be sanitized after each point of contact with a resident. The devices were to be wiped or sprayed with a sanitizing disinfectant solution between uses with each 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><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Many</p>	<p>(continued... from page 1)</p> <p>The facility preferred Virex spray, but sometimes used a bleach solution depending on what was available and effective for the equipment. The staff were to clean and follow manufacturer's directions for the specific cleaning solution, allowing the disinfectant time to work effectively.</p>		