

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065412	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER GREEN HOUSE HOMES AT MIRASOL, THE		STREET ADDRESS, CITY, STATE, ZIP 490 MIRASOL DRIVE LOVELAND, CO 80537	
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 - Many	<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 six of six houses. Specifically, the facility: -Failed to encourage social distancing of six feet, and provide residents with protective masks when in common areas; -Failed to cancel communal dining; -Failed to follow appropriate hand hygiene; and -Failed to monitor all staff screenings. Findings include: I. Social distancing, resident PPE, communal dining A.CDC recommended guidelines According to the Center for Disease Control (CDC), Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (4/30/2020), https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html: 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. B.Resident observations and staff interviews On 5/7/2020 at 10:40 a.m. lunch was observed being prepared in the Pioneer Home. Three residents were observed approaching the large communal dining table. None of the residents were wearing masks, or had them within reach. None were observed being offered masks, or had visible access to one. The three residents were observed passing each other in proximity that was closer than six feet. Another resident was observed sitting outside on a shared patio, without a mask visible. An additional resident was observed being assisted out of her room. The staff member was wearing a surgical mask, but the resident was not, and did not have one visibly accessible. The resident was escorted to the dining area, and passed other residents with less than six feet distance. Certified nurse aide (CNA) #1 was interviewed on 5/7/2020 at 11:05 a.m. The CNA said that resident social distancing was encouraged, but residents were not required to wear masks while in their home. The CNA said masks had been provided if a resident wanted to wear one. On 5/7/2020 at 11:10 a.m. five residents were observed in the common living area of the Harmony House. None of the residents were observed wearing masks, or had masks in visible proximity. Two of the residents were observed approaching each other, without maintaining appropriate social distance. They were not asked to social distance, or wear a mask. On 5/7/2020 at 12:06 p.m. five residents were observed in the dining room at Husker House for lunch. Three of the residents were observed six feet apart. Two other residents were observed sitting less than two feet from each other. None of the residents were wearing masks, or had observable easy access to a mask. Homemaker (HM) #2 was interviewed on 5/7/2020 at 11:32 a.m. The HM said they encouraged residents to wear masks. The HM said that some residents would not wear them. The HM said that if a resident agreed to wear a mask, they kept them under the kitchen counter. The HM proceeded to look for the masks, and then stated they could not find them, and must be currently out. On 5/7/2020 at 11:46 a.m., residents were observed preparing for lunch in [MEDICATION NAME] House. Six residents were observed without masks being visibly accessible, sitting in the dining area. Three of the residents were observed passing slowly by each other, while two residents leaned in and had a conversation. The residents were not eating, and were not encouraged to maintain social distancing. HM #3 said that they tried to keep the residents six feet apart. The HM said that communal dining was not a concern, since the residents had been in the home together for a while. The nursing home administrator (NHA) and director of nursing (DON) were interviewed on 5/21/2020 at 2:50 p.m. The NHA and DON said that their facility, which had 6 separated homes, as opposed to having a single building with units, required them to assess their infection control needs uniquely. The NHA said that the homes allowed for 10 residents, each with private rooms. Due to this, the NHA and DON said that they should not force residents to wear masks, or to be kept in their individual rooms. The NHA and DON said that they did not consider the current dining situation to be communal dining. The NHA said that the residents were only in the common area of the houses during meals, when they would not be wearing masks. They said the residents were always socially distanced to 6 feet from each other. They were not aware that residents were not maintaining the social distancing throughout the dining process, while approaching or leaving the meal service. II.Hand hygiene A.CDC recommended guidelines According to the CDC Hand Hygiene in Healthcare Settings, last updated 1/31/2020, retrieved from https://www.cdc.gov/handhygiene/providers/index.html: Multiple opportunities for hand hygiene may occur during a single care episode. 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 (ABHR), put the product on hands and rub hands together. Cover all surfaces until hands feel dry. This should take around 20 seconds. -HCP should perform hand hygiene by using ABHR with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR. B.Observations and staff interviews On 5/7/2020 at 11:18 a.m. homemaker (HM) #1 was observed in the kitchen area of Harmony House, cleaning the tables and counters with a hand towel. She then put the towel down, and proceeded to stir a pot of food for lunch without washing her hands. On 5/7/2020 at 11:46 a.m. registered nurse (RN) #2 was observed getting out of a golf cart, holding food and drinks, and entered [MEDICATION NAME] House through a secondary front door. This entrance did not have a screening area. The RN entered the kitchen preparation area directly, and put the food and drinks on the counter. The RN was not observed sanitizing or washing her hands upon entrance to the house or the kitchen preparation area. On 5/7/2020 at 12:06 p.m. the admissions staff member (ADM) was observed entering the kitchen preparation area in Husker House. The ADM was observed walking the length of the kitchen island, on the food preparation side. The ADM walked past the food that was being placed onto the kitchen island. The ADM proceeded to walk across the kitchen area, to the sink. The sink was located on the kitchen island, in close proximity to where the food was being prepped. Due to the location of the sink, splashing water was observed near the resident food. The nursing home administrator (NHA) and director of nursing (DON) were interviewed on 5/21/2020 at 2:50 p.m. They stated that their staff had been educated to use hand sanitizer, and rub it in until it was dry. They said that there were no specific directions on the hand sanitizer packing that would indicate a specific requirement for length of time necessary for efficacy. They said that all staff know they must sanitize their hands upon entrance to each home. III.Staff screening A. CDC recommended guidelines According to the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (updated 5/18/2020), https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html: Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others (e.g., HCP, visitors) enter the room. Screening for symptoms and appropriate triage, evaluation, and isolation</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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>of individuals who report symptoms should still occur. B.Observations and staff interviews On 5/7/2020 at 11:00 a.m. homemaker (HM) #6 was interviewed. The HM said each house has its own cook and staff. The HM said when they come to work, they go straight to their assigned homes, and have someone else take their temperature and oxygen saturations. The HM said the screening forms were then sent to the main office at the end of the day, for review. Certified nurse aide (CNA) #1 was interviewed on 5/7/2020 at 11:05 a.m. The CNA said that staff could go into the different houses, even if they were not scheduled to work there, but it was generally frowned upon. The CNA said staff only did it when they really needed something not available in their assigned house. CNA #1 said that they were screened upon their entrance to work each day. On 5/7/2020 at 11:28 a.m. a female staff member was observed entering the kitchen preparation area of a resident house, went over to the screening area, and removed staff screening forms from a folder, and left the resident house. HM #2 was interviewed on 5/7/2020 at 11:32 a.m. The HM said when they arrive for work, staff go directly to their assigned home. The HM said that they got screened for temperature and oxygen, fill out the screening form, and place them into a folder. The HM said they screen themselves, and then some time during the day, a staff member would come by and pick up the forms in the folder. The ADM was interviewed on 5/7/2020 at 11:49 a.m. The ADM said that they test the staff each week for COVID-19, and as long as they continue to test weekly, the staff could screen themselves when they arrive at their designated house. If the staff member did not continue to do the weekly testing, another staff member would do the screening for them. RN #2 was interviewed on 5/7/2020 at 11:50 a.m. The RN said that staff screen themselves, and had not heard differently. The RN said they had not discussed having someone else screen staff. On 5/7/2020 at 12:06 p.m. HM #5 was interviewed. The HM said that when the staff comes to work, they go directly to their own designated home. The HM said that they enter their home, go directly to the hand sink, and then go over and do their own screening forms. The HM said they take their temperature and oxygen saturation, and put the filled out form in the available folder for staff to come pick up during that shift. The HM said they do their own screenings. The HM said that some of the forms had been picked up to take to the main office a few minutes ago. The nursing home administrator (NHA) and director of nursing (DON) were interviewed on 5/21/2020 at 2:50 p.m. The NHA and DON said that staff, upon entering their assigned homes at the beginning of their shifts, always had nurses checking the forms right away, and that they did not screen themselves. The NHA said all staff was regularly tested for COVID-19, and no one was symptomatic.</p>		