

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065416	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2020
NAME OF PROVIDER OF SUPPLIER CENTER AT NORTHRIDGE, LLC, THE		STREET ADDRESS, CITY, STATE, ZIP 12285 PECOS ST WESTMINSTER, CO 80234	
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>Based on observations, record review and interviews, the facility failed to maintain an effective infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of disease and infection such as COVID-19 on one of two units. Specifically, the facility failed to ensure housekeeping staff practiced proper hand hygiene and cleaning procedures. I. Professional reference The Center for Disease Control and Prevention (4/21/2020) Environmental Cleaning Procedures-Best Practices for Environmental Cleaning in Healthcare Facilities, retrieved from: https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html. It read in pertinent part; These are the best practices for environmental cleaning in transmission-based precaution areas: -Clean these areas after non-isolation areas. -Change environmental cleaning supplies and equipment, including PPE, directly after cleaning these areas. If resources permit, dedicate supplies and equipment for these areas -Post the type of precaution and required procedures, including required PPE, on visible signage outside the isolation area, ensuring that these indications are understood by cleaning staff. - Do not bring cleaning carts into the area-keep them at the door and only bring the equipment and supplies needed for the cleaning process. Clean patient areas and patient zones before patient toilets. Follow proper procedures for effective uses of mops, clothes and solutions. Accessed on 8/17/2020. II. Facility policy and procedure The Facility Housekeeping Information, undated, was provided by the housekeeping supervisor (HKS) on 8/11/2020 at 10:30 a.m. It read in pertinent part; -Hand hygiene/sanitizer: Rub hands together for 20 seconds. Must be completed before wearing gloves, before glove changes. Change gloves and perform hand hygiene with every new towel. -You should use 4-5 rags per patient room. III. Observations On 8/10/2020 at 10:57 a.m. a housekeeper (HK) #1 was observed prepared to clean a resident room on isolation precautions for a 14 day quarantine. She donned a hospital gown, snapping it behind her neck, and gloves prior to entering the room. She removed the trash and discarded it on the housekeeping cart and replaced a new bag in the trash can. -At 11:03 a.m., she obtained a dry cloth from the cart and a spray bottle of bleach solution from the cart. She sprayed the bleach solution on the cloth and wiped the door frame and the door handle. She sprayed the cloth again and proceeded to wipe the open spots of the desk area around the resident's belongings, she wiped the chair at the desk, the door handles of the closet, the resident's wheelchair, the resident's walker, the bed frame and the resident's over bed table. She did not re-spray the cloth or change the cloth between cleaning any of the above surfaces which did not allow for proper disinfection. -At 11:05 a.m., she disposed of the cloth she used for the surfaces in the resident's room. She obtained a wet rag from a bucket of cleaning solution and entered the bathroom. She flushed the toilet and exited the bathroom after cleaning to discard the cloth from the bathroom. She did not perform hand hygiene after cleaning the bathroom. She returned to the cart for the broom, she swept the room, obtained the dustpan, and discarded the dustpan contents in the trash bag on the cart. -At 11:10 a.m., she obtained a mop head from a bucket of cleaning solution and mopped the bathroom. She removed the mop head, discarded it, and obtained a new mop head to mop the bedroom. -At 11:12 a.m., she removed and discarded the mop head. She removed her gown and gloves. She proceeded to roll the housekeeping cart down the hallway. She stopped and obtained some ABHR from a wall dispenser. She rubbed the sanitizer on her hands for 10 seconds and dried her hands on the front of her scrubs. IV. Staff interviews HK #1 was interviewed on 8/10/2020 at 11:13 a.m. She stated she had been employed at the facility for two months. She stated she had received all of the training related to COVID-19 and housekeeping procedures. She stated she had not changed her gloves or performed hand hygiene during the cleaning of the room. She stated she was supposed to change her gloves and perform hand hygiene in between each task when her gloves became contaminated. She stated she was supposed to spray beach solution directly on the surface, not on a cloth, to ensure proper disinfection, though she stated residents complain about the bleach smell, so she sprayed it on the cloth to decrease the smell. She stated she had not received approval from her supervisor to clean that way. The HKS was interviewed on 8/10/2020 at 11:17 a.m. She stated the housekeepers were supposed to change their gloves between each task and perform hand hygiene in between each glove change. She stated the housekeepers were supposed to and had been trained to use at least four clothes per room and to use saturated towels or to spray the cleaning solution directly on the surface to ensure proper disinfection of the surface. She stated if a resident complained about any of the cleaning solutions or the housekeeping procedure, the housekeeper should tell her in order to come up with a solution so the resident would be comfortable. She stated she was not aware of any residents who were complaining. The nursing home administrator (NHA) was interviewed on 8/11/2020 at 10:00 a.m. He stated the housekeeper identified was relatively new to the facility and had received all of the training related to her job responsibilities, COVID-19 and requirements for the facility. He stated after the observations, the housekeeper was removed from the floor to go through the facility orientation and training again and she would not return to the floor until additional training was completed. V. Facility COVID-19 status The NHA was interviewed on 8/10/2020 at 9:30 a.m. He stated they had eight positive residents and five positive staff. He stated there were no presumptive positive or tests pending for residents or staff.</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.