

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2020
NAME OF PROVIDER OF SUPPLIER FLATIRONS HEALTH & REHAB, LLC		STREET ADDRESS, CITY, STATE, ZIP 1107 CENTURY DR LOUISVILLE, CO 80027	
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	Provide and implement an infection prevention and control program. Based on observations and interviews, the facility failed to implement and follow Centers for Disease Control (CDC) guidelines related to personal protective equipment (PPE) storage, and screening of staff to prevent possible transmission of the infectious disease COVID-19. Specifically, the facility failed to offer masks to residents when providing care. Findings include: I. Observations On 5/12/2020 at 10:17 a.m. a certified occupational therapy assistant (COTA) was observed working with Resident #1 in his room. The COTA was wearing a surgical mask. The resident was not wearing a mask. On 5/12/2020 at 10:22 a.m. an unidentified therapy staff member was observed entering Resident #2's room. The staff member told the resident he would be working with her in her room standing, and then they would walk in the hallway. The staff member told the resident she would need to wear a mask when they went into the hall for therapy. The staff member did not offer the resident a mask or facial covering when he was working with her in her room. On 5/12/2020 at 10:25 a.m. registered nurse (RN) #1 was observed entering Resident #1's room to assist the COTA. The RN did not offer the resident a mask when she entered the room. Further observations on 5/12/2020 revealed: -At 10:56 a.m. licensed practical nurse (LPN #2) went into the resident's room to take vitals. The LPN did not offer the resident a mask. -At 11:04 a.m. An unidentified doctor visited a resident in her room. She did not offer the resident a mask or other face covering. -At 11:06 a.m. LPN #2 went into a resident's room and did not offer a mask or face covering to the resident. -At 11:10 a.m. the doctor visited another resident in his room. She did not offer the resident a mask or face covering. -At 11:35 a.m. certified nurse aide (CNA #1) went into a resident's room to assist the resident with cares. She did not offer the resident a mask or face covering. II. Interviews RN #1 was interviewed on 5/12/2020 at 10:26 a.m. She said residents in the facility were encouraged to wear masks when they were leaving their rooms. The RN said she did not offer residents a mask when she was providing them cares in their rooms. The COTA was interviewed on 5/12/2020 at 10:35 a.m. She said she did most of the residents' therapy in their rooms, but did occasionally take the residents into common areas of the facility for therapy. She said the only time she offered masks to residents was if they were leaving their room, but did not offer masks to residents when she was working with them in their rooms. The NHA and director of nursing (DON) were interviewed on 5/12/2020 at 12:40 p.m. They said staff should be encouraging residents to wear a mask when they were leaving their rooms, and should also be offering a mask to residents everytime staff were in their rooms providing cares.		
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.