

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 06A196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2020
NAME OF PROVIDER OF SUPPLIER NAMASTE ALZHEIMER CENTER		STREET ADDRESS, CITY, STATE, ZIP 2 PENROSE BLVD COLORADO SPRINGS, CO 80906	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to establish and maintain an infection control program designed to provide a safe, sanitary environment and to help prevent the development and transmission of communicable diseases and infections such as Coronavirus disease (COVID-19). Specifically, the facility failed follow Centers for Disease Control and Prevention (CDC) guidelines to: -Ensure staff assisted all residents with hand hygiene prior to being served meals; -Ensure residents performed hand hygiene after coughing/sneezing; -Ensure a resident was supervised and performed hand hygiene before handling eating utensils meant for other residents; -Ensure residents were encouraged and reminded to maintain social distancing; and -Ensure residents vital signs were obtained and monitored routinely for COVID-19. Findings include: I. Resident hand hygiene A. Professional standard According to CDC guidance, Preparing for COVID-19 in Nursing Homes, updated 5/19/2020: Facilities should reinforce adherence to standard infection prevention control measures including hand hygiene. Implement aggressive social distancing measures (remaining at least 6 feet apart from others): Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene. Retrieved online from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html. According to CDC guidance, Respiratory Hygiene/Cough Etiquette in Healthcare Settings, last reviewed: August 1, 2009: The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection. -Cover your mouth and nose with a tissue when coughing or sneezing; -Use in the nearest waste receptacle to dispose of the tissue after use; and -Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials. Retrieved online from: https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm. According to CDC guidance, Handwashing: Clean Hands Save Lives, last reviewed: April 13, 2020: Germs are everywhere. Make handwashing with soap and water a healthy habit. - Everything you touch has germs that stay on your hands. -Your hands carry germs you can't see. -Handwashing can help prevent one (1) in five (5) respiratory illnesses. Retrieved from: https://www.cdc.gov/handwashing/campaign.html. B. Facility policy and procedures The Infection Control Handwashing/Hand Hygiene policy, revised August 2019, was provided by the nursing home administrator (NHA) on 5/20/2020 at 12:00 p.m. It read in part: This facility considers hand hygiene the primary means to prevent the spread of infections. -Residents, family members and/or visitors will be encouraged to practice hand hygiene. -Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap and water for the following situations: before and after eating or handling food. C. Observations On 5/19/2020 at 11:27 a.m., Resident #4 and Resident #5 were observed having a serious discussion over whether or not Resident #4 should be passing out plastic eating utensils. Resident #4 had been sitting at a long table holding and shuffling some papers; she got up and walked to the counter area by the drink station; she picked up a metal tray with plastic eating utensils wrapped loosely in napkins. She proceeded to pass out the plastic utensils to her peers with her bare hand. She had not performed hand hygiene prior to starting this task. No staff approached to assist her as she performed this task. Resident #5 noticed the activity and approached Resident #4; they both tugged back and forth over the tray of plastic utensils. Resident #5 told Resident #4 you know you're not supposed to be doing that and took the tray from Resident #4. The activities assistant (AA) looked at the two residents as they were tugging back and forth over the plastic utensils, but did not approach them. Resident #5 delivered the tray of utensils to the counter in the middle of the room. With fists clenched Resident #5 said, I hate when she does that, she knows she is not supposed to do that!, then walked calmly back to her seat. The plastic eating utensils remained on the counter until 12:20 p.m. just when lunch was delivered to the unit. Staff then passed the remaining plastic utensils to the residents for lunch. On 5/20/2020 beginning at 11:27 a.m. lunch service was observed on the Columbine unit. There were 10 residents sitting in the common area waiting for lunch. Staff were assisting residents to get seated. Some residents wandered around as they waited for their meals while some remained seated. Staff began to deliver the residents' meals at 12:22 p.m. Staff did not offer or provide hand hygiene assistance to any of the residents before the meal. Resident #6 was observed on 5/19/2020 at 12:18 p.m. Resident #6 was seated on the couch. Certified nurse aide (CNA) #1 assisted her to a table for lunch. Resident #6 was wearing knit fingerless gloves that appeared soiled. The CNA did not encourage her to change the gloves for lunch or to perform hand hygiene before eating lunch. Resident #7 was observed on 5/19/2020 at 12:34 p.m. Resident #7 was seated at a small table in the common area. She was finishing her meal when she sneezed. CNA #1 was sitting with another resident a table away and said bless you, but did not offer the resident a tissue or hand hygiene. D. Staff Interview CNA #1 was interviewed on 5/19/2020 at 1:06 p.m. CNA #1 said staff were to offer and assist residents to wash their hands after taking them to the bathroom, before meals and whenever their hands were dirty. The NHA and director of nursing (DON) were interviewed on 5/22/2020 at 1:15 p.m. The NHA said staff should assist residents with hand hygiene when providing activities of daily living (ADL) care, after assisting the resident with toileting; and should help residents wash their hands with ABHR wipes before and after meals. If a staff were to witness a resident sneeze or cough into their hand the staff should help the resident perform hand hygiene after the sneeze/cough. If a resident wanted to help pass out eating utensils or other items to residents, staff should make sure the resident washed their hands properly before participating in the activity. II. Social distancing A. Professional standard According to CDC Social Distancing guidance, last reviewed 5/6/2020: COVID-19 spreads mainly among people who are in close contact (within about six (6) feet) for a prolonged period. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and land in the mouths or noses of people nearby. The droplets can also be inhaled into the lungs. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. -It may be possible that a person can get COVID-19 by touching a surface or object that has [MEDICAL CONDITION] on it and then touching their own mouth, nose, or eyes. -Keeping space between you and others is one of the best tools we have to avoid being exposed to this virus. Retrieved online from: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html# B. Facility policy and procedure The Infection Prevention and Control Policy [DIAGNOSES REDACTED]-CoV-2, Coronavirus Disease 2019 (COVID-19), dated April 2020, was provided by the NHA on 5/19/2020 at 12:00 p.m. It read in part: Current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. Transmission also might occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose, or mouth. -Clinical considerations: Virus is spread via: Person-person who are in close contact with one another (About 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It may be possible that it can be spread through direct contact with a surface or object that has [MEDICAL CONDITION] on it. Usually spread when the host is the most symptomatic (sick); but it might be spread before the host becomes symptomatic. -CDC recommends following everyday preventive actions such as washing your hands, covering your cough. C. Observation On</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>5/19/2020 at 11:27 a.m., Resident #4 was observed passing out plastic eating utensils to her peers. Resident #4 was not [MEDICATION NAME] proper social distancing while completing the task. She talked to her peers while standing only inches away from them. None of the residents in the common area were wearing face coverings for source control. No staff approached to redirect the resident from standing so close to her peers. D. Staff interview The NHA and DON were interviewed on 5/22/2020 at 1:15 p.m. The NHA said the facility spent a lot of time educating staff to assist the residents to maintain social distancing. This facility served residents diagnosed with [REDACTED]. Excess furniture was removed from the common areas to promote proper seating of residents when they are outside of their rooms. The managers were assigned to walk around to make sure people are social distancing. III. Vital sign monitoring A. Professional standard According to the Colorado Department of Public Health and Environment (CDPHE) Interim Guidelines for Preparation and Response to Single Cases and Outbreaks of COVID-19 in Long-Term Care Settings, issued 03/14/2020 and revised 4/24/2020: Surveillance for Respiratory Illness in Residents during COVID-19: Routinely monitor residents for symptoms (cough, shortness of breath or difficulty breathing, fever, chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s); consider also rhinorrhea, diarrhea, nausea or vomiting), temperature, and other vital signs, including pulse oximetry daily. Increase monitoring of all residents to two times daily if there is a resident with suspected or confirmed COVID-19 or a suspected or confirmed COVID-19 outbreak in the facility. -Prevention measures should be implemented to protect residents from possible COVID-19 infections. Retrieved from: https://drive.google.com/file/d/1J8XurY-o0SsWHt-668sRCNAUVAJSTc9j/view. B. Facility policy and procedure The Facilities Isolation Plan for COVID-19 and other Respiratory Illnesses, dated 4/20/2020, was provided by the NHA on 5/19/2020 at 12:00 p.m. It read in part: Monitoring resident illness: The residents are assessed two times per day for COVID19 in the electronic medical record (EMR). Frequency of monitoring: every 12 hours. C. Record Review Resident #1 was in isolation with contact precautions due to having intestinal symptoms, nausea diarrhea and/or vomiting. A review of the resident's electronic medical record (EMR), from 4/4/2020 to 5/17/2020, revealed a full set of vital signs were not consistently monitored daily. -Respirations were not monitored from 4/4/2020 to 5/6/2020 and 5/8/2020 to 5/17/2020. -Blood pressure and pulse were not monitored from 4/4/2020 to 4/5/2020, 4/7/2020 to 4/8/2020, 4/10/2020 to 4/26/2020, 4/28/2020 to 5/6/2020, 5/8/2020 to 5/13/2020 and 5/15/2020 to 5/17/2020. Resident #2 was in isolation with contact precautions due to having intestinal symptoms, nausea diarrhea and/or vomiting. A review of the resident's EMR, from 4/4/2020 to 5/17/2020, revealed a full set of vital signs were not consistently monitored daily. - Respirations, blood pressure and pulse were not monitored from 4/4/2020 to 4/15/2020, 4/17/2020 to 4/18/2020, 4/21/2020 to 5/14/2020, 5/16/2020 to 5/17/2020. Resident #3 was in isolation with contact precautions due to having intestinal symptoms, nausea diarrhea and/or vomiting. A review of the resident's EMR, from 4/4/2020 to 5/17/2020, revealed a full set of vital signs were not consistently monitored daily. -Respirations were not monitored from 4/4/2020 to 4/7/2020, 4/9/2020 to 4/27/2020 and 4/29/2020 to 5/17/2020. -Blood pressure and pulse were not monitored from 4/4/2020 to 4/7/2020, 4/9/2020 to 4/27/2020, 4/29/2020 to 5/13/2020 and 5/15/2020 to 5/17/2020. D. Staff interviews Licensed practical nurse (LPN) #1 was interviewed on 5/19/2020 at 1:15 p.m. LPN #1 said the nurses assess each resident for signs and symptoms of COVID-19 and monitor temperature and oxygen saturation levels. They did not routinely monitor the residents' pulse, respirations or blood pressure unless there was a doctor's order. The NHA and DON were interviewed on 5/22/2020 at 1:15 p.m. The NHA said the nursing staff performs a COVID-19 screening for each resident two times a day. The EMR system triggered an alert, specific to each resident, every 12 hours, which prompted the nurse to complete the COVID-19 symptoms assessment. If the residents had any symptoms new or developing, the nurse was to notify the leadership team. In addition to assessing residents' symptoms, they had only been monitoring temperatures and oxygen saturation levels, unless the resident's doctor gave medical orders to assess other vital signs.</p>		