

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065193	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2020
NAME OF PROVIDER OF SUPPLIER ALPINE LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP 501 THORNTON PKWY THORNTON, CO 80229	
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 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observations, record review and interviews, the facility failed to maintain a safe, sanitary and comfortable environment in the West unit residents' shower room affecting approximately 35 residents living in the West unit. Findings include: I. Professional reference The Centers for Disease Control and Prevention (2020) Preparing for COVID-19 in Nursing Homes, updated 6/25/2020, retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, revealed in part For environmental cleaning and disinfection: develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas. Accessed 8/6/2020. II. Facility policy and procedure Review of the housekeeping services policy, revised 2/2018, provided by the infection prevention nurse (IPN) on 8/4/2020 at 3:14 p.m., revealed in part To promote a safe and sanitary environment by a contracted service, by employees of the facility, or a combination of both. Review of the blank housekeeping in-service form: Seven-step daily washroom cleaning checklist, undated, provided by the IPN on 8/4/2020 at 3:30 p.m. revealed in part Dust mop floor; clean and sanitize sink and tub; clean and sanitize commode; spot clean walls and/or partitions; and damp mop floor. III. West unit shower room Resident #1 was interviewed on 8/4/2020 at 12:07 p.m. The resident was identified by the facility as having intact cognition with a brief interview for mental status (BIMS) score of 15 out of 15. She said she had not had a decent shower and had lived there for a while. She said the shower room smelled like mold and it was dirty. Resident #2 was interviewed on 8/4/2020 at 12:12 p.m. The resident was identified by the facility as having intact cognition with a BIMS score of 15 out of 15. He said the shower room was always dirty. He said he thought there were bowel movement remnants on the floor so he had to wear shower shoes whenever he was in there. Licensed practical nurse (LPN) #1 was interviewed on 8/4/2020 at 12:25 p.m. She said the shower room was sprayed down at the end of every shower by the certified nurse aides (CNAs). She said that housekeeping cleaned the shower rooms but did not specify how often. The West unit shower room was observed on 8/4/2020 at 12:25 p.m. with LPN #1. The first stall upon entrance was located to the right. The tile caulking along the wall around the faucet and to the right of the faucet was dirty and was yellow to dark brown in color. The doorway entrance into the stall had dark brown buildup on the flooring grout section and along the corners of the tile, throughout. There was a shower chair in the stall that had a strand of long hair along the back top of the chair. There were two additional stalls in the back of the shower room. The right stall had a dirty wet washcloth on the floor and a dirty wet washcloth on the left rail. There was debris in the standing water in the stall. The toilet was located in the center section of the room. The base of the toilet had a thick coating of dark brown to black substance over the caulking. The inside of the toilet was dirty. Resident #3 was interviewed on 8/4/2020 at 12:39 p.m. The resident was identified by the facility as having intact cognition with a BIMS score of 15 out of 15. He said the shower room was not always cleaned. He said it was not cleaned in the corners and it was a brownish tint. He said the shower room needed a deep cleaning. He said he used the shower chair so he did not touch the floor. The director of housekeeping (DOH) was interviewed on 8/4/2020 at 2:37 p.m. He said they cleaned the shower room either at 7:30 a.m. or at 11:30 a.m. He said it would not always get done if a resident was taking a shower at the time. He acknowledged the shower room cleanings were missed at times. He said they did a deep cleaning once a month. He said he did not have any documentation for any of the shower rooms being cleaned. He said the CNAs were supposed to clean the shower equipment after the showers. He said the tile, walls and the base of the toilet were able to be cleaned. He said he did not have enough staff and would get it taken care of tomorrow. The IPN was interviewed on 8/4/2020 at 2:50 p.m. She acknowledged the shower room needed to be deep cleaned. An additional observation of a shower chair inside the room revealed a yellow substance with some small hairs present along the top. IV. COVID- 19 status The director of nurses (DON) was interviewed on 8/4/2020 at 8:40 p.m. She said they had 14 COVID-19 positive residents and three COVID-19 positive staff. She said there were nine presumptive positive COVID-19 residents and five pending COVID-19 tests for staff. -The West unit had residents on isolation precautions for observation of potential COVID-19 from readmissions or previous roommates of current COVID positive residents.</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.