

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2020
NAME OF PROVIDER OF SUPPLIER PEARL STREET HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 3636 SOUTH PEARL ST ENGLEWOOD, CO 80113	
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>Based on observations, interviews and record review, the facility failed to establish and maintain an effective infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections, including COVID-19. Specifically, the facility failed to: - Ensure the proper PPE (personal protective equipment) was donned prior to entering a room of a readmitted resident, who was on droplet precautions for 14 days; -Ensure an effective employee/visitor screening program and ensure screening forms were completed thoroughly to include a temperature and signs and symptoms of COVID-19; and, -Ensure staff encouraged residents to wear facial coverings when moving about the facility. Findings include: I. Professional references According to the Centers for Disease Control (CDC) website, Preparing for COVID-19: Long-term Care Facilities, Nursing Homes Updated 6/25/2020. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html (Retrieved 8/17/2020) Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others enter their room. The PPE recommended when caring for a patient with known or suspected COVID-19 includes: Put on an N95 respirator (or higher level of respirator) or facemask (if a respirator is not available) before entry into the patient room or care area. Cloth face coverings are NOT PPE and should not be worn for the care of patients with known or suspected COVID-19. Remove eye protection before leaving the patient room or care area. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Screen all HCP (health care professionals) at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document the absence of symptoms consistent with COVID-19. II. Ensure the use of PPE prior to entering the room of a resident on droplet precautions A. Observations During a continuous observation on 8/10/2020 beginning at 10:36 a.m. the following was observed: -At 10:50 a.m. certified nurse aide (CNA) #1 was observed entering a resident room. He did not don any PPE. The outside of the room showed signage indicating it was an isolation room with droplet precautions. An isolation bin with PPE was located outside the resident's room. -CNA #1 was observed opening the door of the resident's room and took a resident from the room to the elevator in a wheelchair. The resident was not wearing a facial covering. When CNA #1 got to the elevator a nurse was overheard telling CNA #1, the state is here and she doesn't have a mask on. He left the resident and returned to the resident's room. He was observed entering the resident's room to obtain a facial covering for the resident. He did not don PPE prior to entering the room. B. Staff interviews CNA #1 was interviewed on 8/10/2020 at 11:02 a.m. He confirmed he did not don PPE prior to entering the resident's room on two occasions that morning. He said the signage on the door and the isolation bin outside the room indicated PPE was required to be donned prior to entering the room. He said he should have donned PPE prior to entering the room. The nursing home administrator (NHA) and then director of nursing (DON) were interviewed on 8/10/2020 at 1:22 p.m. The DON said the facility had three residents on droplet precautions due to recent admissions to the hospital. She said each room on droplet precautions had signage posted on the door and an isolation bin outside the room. She said staff were to don PPE prior to entering the room. She said each staff member should don a gown, gloves, mask and a face shield or goggles prior to entering the room. III. Ensure an effective screening program A. Observations Upon entering the facility on 8/10/2020 at 10:00 a.m. the front door to the facility door was opened by an automatic door opener. The front desk was left unmanned and no staff were in sight to perform the screening process. Upon walking into the hallway from the front desk, staff walked by and did not offer any assistance or question the purpose of the visitation. The NHA was observed sitting at her desk on her computer in her office. She said the facility staff member who was assigned to the front desk was off for the day because she was the manager on duty that weekend. She said she was assigned to sit at the front desk to perform the screening process and was scheduled to switch off with another staff member. She began to go to the conference room and only when prompted did she start the screening process. She said the person sitting at the front desk was to initiate the screening process and call a nurse or CNA to the front to verify the symptom check and the temperature check. A registered nurse (RN) came to the front of the facility, once called by the NHA, and verified the surveyor's temperature and did a symptom check. He used the pen attached to a chain to fill out the screening form. He did not sanitize the pen after completing the screening form. B. Record review The visitor screening forms from 8/2/2020 to 8/9/2020 were reviewed on 8/10/2020. -One screening form was missing the required performance of hand hygiene prior to entering the facility; -One screening form was missing a temperature; -Four screening forms were missing symptoms check; and, -15 screening forms were missing a licensed nurse evaluation of symptoms. The staff screening forms from 8/2/2020 to 8/9/2020 were reviewed on 8/10/2020. -10 staff members screened were missing a temperature; -Three staff members screened were missing signs and symptom check for COVID-19; and -One staff member screened was missing a signature of the nurse who completed the screen. C. Staff interviews RN #1 was interviewed on 8/10/2020 at 10:10 a.m. He said he did not perform the screening process. He said he was called up to the front of the facility to verify temperatures. The NHA and DON were interviewed on 8/10/2020 at 1:22 p.m. The NHA said the facility's screening process should include a staff member sitting at the front of the facility. She said when a visitor entered the facility, the staff member should stop them and go through each question with the visitor on the screening form. She said it was the facility process to call a licensed nurse up to the front to verify the temperature, ask questions regarding symptoms and do their own symptom evaluation of each visitor. She said she initiated a performance improvement plan (PIP) that day involving the screening process following the identified concern upon entering the facility. She said she would provide staff education on the facility's screening process, ensuring the forms are fully completed and an effective rotation of staff members at the front desk. IV. Ensure staff encouraged residents to wear facial coverings when moving throughout the facility A. Observations During a continuous observation on 8/10/2020 beginning at 10:36 a.m. the following was observed: -At 10:41 a.m. a resident was observed talking to RN #1 at the medication cart. The resident was not wearing a facial covering. RN #1 did not remind or encourage the resident to wear a facial covering. -At 10:45 a.m. a resident was observed wearing a facial covering underneath the nose, only covering the resident's mouth. The NHA walked by the resident. She did not provide a reminder or encourage the resident to wear the facial covering appropriately. -At 10:45 a.m. three residents were observed in the common area, sitting less than one foot apart. None of the residents were wearing a facial covering. A nurse was right outside the common area and did not provide encouragement to the residents to wear a facial covering. A resident was observed talking to a staff member about obtaining cigarettes. The resident was not wearing a facial covering. The staff member did not remind or provide encouragement to the resident to wear a facial covering. Three residents were observed sitting in the dining room. The residents did not wear facial coverings. Multiple staff members were observed walking in and out of the room. They did not provide encouragement to the residents to wear a facial covering. -At 11:04 a.m. a resident was going down the hallway in a wheelchair not wearing a facial covering. A CNA and a nurse walked by the resident and did not provide encouragement or a reminder to the residents to wear a facial covering. -At 11:06 a.m. a male resident came in direct contact with a female resident. Both residents were not wearing facial coverings. A staff member walked past the residents and did not provide encouragement or a reminder</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>to the residents to wear a facial covering. -At 11:29 a.m. a male resident went down the hallway in his wheelchair. The NHA passed by and did not provide encouragement or a reminder to the resident to wear a facial covering. B. Staff interviews RN #2 was interviewed on 8/10/2020 at 11:06 a.m. She said all residents should wear a facial covering when outside of their room. She said some residents were non-compliant with wearing facial coverings. She said staff should encourage residents seen without a facial covering to wear a facial covering. The NHA and DON were interviewed on 8/10/2020 at 1:22 p.m. The DON said all residents had been educated to wear a facial covering. She said each medication cart was supplied with extra masks and facial coverings. She said staff should provide continuous re-education and encouragement to residents to wear facial coverings.</p>		