

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065220	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER COLUMBINE MANOR CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 530 W 16TH ST SALIDA, CO 81201	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews, the facility failed to properly maintain an infection control program designed to prevent the spread of COVID-19 in three of three neighborhoods. Specifically, the facility: - Failed to ensure staff wore surgical face masks in resident care areas; - Failure to ensure laundry staff wore a surgical mask while in the clean laundry area; and - Failed to ensure staff was actively screened before their shift. Findings include: I. Failure to ensure dietary staff wore surgical masks while in resident rooms A. Facility policy and procedure The Coronavirus (COVID-19) infection prevention control policy, revised 5/22/20 was provided by the director of nursing (DON) via email on 6/8/20 at approximately 6:00 p.m. It read in pertinent parts, Cloth face coverings are not considered personal protective equipment (PPE) and should not be worn by health care professionals (HCP) when PPE is indicated. B. Professional reference According to the Centers for Disease Control and Prevention (CDC) Strategies for Optimizing the Supply of Face Masks, last updated 4/3/2020, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html#contingency-capacity: In settings where facemasks are not available, HCP (healthcare personal) might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face. C. Observations On 6/9/20 at 9:20 a.m., the dietary manager (DM) was observed wearing a cloth mask in the facility in the resident's room. She was pushing a cart on the unit. On the cart were snacks (milk shakes) for the residents. She entered several residents' rooms as she spoke to the residents and asked if they would like a milkshake. She served the residents with the milk shake. D. Interviews The DM was interviewed on 6/9/20 at 9:25 a.m. She said she was the dietary manager and was offering snacks to the residents. She said she was provided two masks (a cloth and a surgical mask) by the facility. She said she would wear either mask. She said she was not aware that she needed to wear a surgical mask when she was in the resident's room. She said she had a surgical mask and was going to wear it while in the resident's room. The DON and the nursing home administrator (NHA) were interviewed together on 6/9/20 at 10:45 a.m. They said all staff in the facility should wear a surgical mask. They said the DM should have worn a surgical mask while in the resident's rooms. The DON said it was important to wear a surgical mask to prevent any potential spread of the COVID-19 infection. The NHA said the DON had already started re-educating the DM on the use of surgical masks in residents' care areas.</p> <p>II. Failure to ensure laundry staff wore a surgical mask while in the clean laundry area A. Facility policy and procedure The facility policy COVID-19 [MEDICAL CONDITION], updated 5/22/2020, was provided by the director of nursing (DON) on 6/8/2020 at 5:00 p.m. It read in pertinent part: Per CMS directive issued 4/2/2020, all facility associates should wear a facemask/face covering while they are in the facility for the duration of the state of emergency in their state. If the facility is not located in a state that has declared a state of emergency and COVID-19 is present in the facility or ongoing community transmission is present in the facility, the associate will utilize face mask or other forms of facial coverings to reduce respiratory droplet spread to residents and other staff within the facility. HCP should wear a facemask at all times while they are in the healthcare facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. B. Observations Laundry assistant (LA) #1 was observed on 6/9/2020 at 8:15 a.m. She was observed in the clean laundry area tending the clean laundry without a face mask on. C. Staff interviews LA #1 was interviewed on 6/9/2020 at 8:15 a.m. She said she received personal protective equipment (PPE) training in mid-March when the facility began their COVID-19 training. She said she wore a surgical mask when outside of the laundry room. The environment services director (ESD) was interviewed on 6/9/2020 at 9:15 a.m. She said laundry staff was to always wear a surgical mask while in the building. She said this was important because it prevents contaminating clean laundry. The DON and NHA were interviewed on 6/9/2020 at 9:38 a.m. They said surgical masks were to be worn in the facility at all times by all staff. They said it was especially important to wear a mask in the clean laundry area to prevent contamination. III. Failure to ensure staff was actively screened before their shift. A. Facility policy and procedure The facility policy COVID-19 [MEDICAL CONDITION], updated 5/22/2020, was provided by the director of nursing (DON) on 6/8/2020 at 5:00 p.m. It read in pertinent parts: All associates will be actively screened at the beginning of their shift in accordance with current guidance from CDC, CMS, and local and state health departments. This screening will include questions about COVID-19 symptoms, and if they work in another location where COVID-19 has been identified. The associate must also have their temperature actively taken to rule out a fever. B. Observations LA #1 was observed on 6/9/2020 at 7:40 a.m. She was observed filling out her screening questions and taking her own temperature and recording it on her log sheet. The employee clock-in area was observed on 6/9/2020 at 10:10 a.m. A sign was posted underneath the time clock that staff was to clock in then report immediately to the receptionist or Side 1 (one) nurses station for screening and temperature check. This employee area was directly across the common area from the Station 1 (one) nurses station. C. Staff interviews LA #1 was interviewed on 6/9/2020 at 7:40 a.m. She said she logged her answers to the screening questions then took her own temperature and logged it onto her sheet. She said the nurses at the nurse's station told her not to bother them when they were passing meds and do the screening herself. She said she screens herself before her night shifts as well. She said the night nurses also told her they did not have time to screen her before her shift. She said she received no training on how to screen herself in before each shift. Certified nurse aide (CNA) #1 was interviewed on 6/9/20 at 8:01 a.m. She said when staff came to work in the morning, the receptionist who was responsible to screen staff was not available at the desk. She said in the morning when the receptionist was not available, they were instructed to go to the nurse to be screened. She said when they went to the charge nurse to be screened, the nurse would instruct them to screen themselves because she was busy passing out medications to residents. Registered nurse (RN) #1 was interviewed on 6/9/20 at 8:05 a.m. She said after hours the receptionist was not at the front desk to screen the staff. She said staff then would screen themselves. She said the staff was instructed to report to the nurse any screening questions that they answered yes and if they had a fever. She said the receptionist was at the desk from 8:00 a.m to 5:00 p.m. She said after 5:00 p.m all staff would screen themselves. The ESD was interviewed on 6/9/2020 at 9:15 a.m. She said the receptionist was usually at the desk. She said if the receptionist was not present staff were to screen in with another staff member to verify their screening and temperature. She said the staff was to not screen themselves in alone. The DON and NHA were interviewed on 6/9/2020 at 9:38 a.m. They said the charge nurse was to screen employees after hours. They said the staff was to report to the nurse's station after clocking in and be screened there before the start of their shift. They said there was a sign up at the time clock instructing employees to go to nurse station 1 (one). The receptionist was interviewed on 6/9/2020 at 10:06 a.m. She said after the employees enter through the employee entrance they were to come to the receptionist desk of the nurse station to</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 - Some</p>	<p>(continued... from page 1)</p> <p>be screened. She said the screening question and temperature log were kept at the receptionist's desk during their working hours and kept at the nurse's station during off-hours. D. Record review The Coronavirus Screening (for Associate) forms were provided by the DON on 6/9/2020 at 10:30 a.m. The dates of 6/7/2020, 6/8/2020, and 6/9/2020 were reviewed. Of the 52 forms reviewed, 17 documented the employee was actively screened before their shift and 35 documented employees had screened themselves before starting their shift. IV. Facility follow-up The NHA and DON said facility re-training and LA #1 were re-educated about screening self and wearing a surgical mask at all times while in the facility on 6/9/2020 at 10:00 a.m.</p>		