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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065254 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/15/2020 |
| NAME OF PROVIDER OF SUPPLIER SUNNY VISTA LIVING CENTER | | STREET ADDRESS, CITY, STATE, ZIP 2445 E CACHE LA POUDRE COLORADO SPRINGS, CO 80909 | |
| 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.</p> <p>Based on observations, record review and interview, the facility failed to establish and maintain an 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, and the possible cross-contamination of Coronavirus disease (COVID-19). Specifically, the facility failed to ensure staff performed hand hygiene between resident area contact. Findings include: I. Professional reference The Center for Disease Control (CDC), Hand hygiene in healthcare setting (4/15/2020), https://www.cdc.gov/handhygiene/providers/guideline.html, Hand Hygiene Guidance; The Core Infection Prevention and Control Practices for Safe Care Delivery in All Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) include the following strong recommendations for hand hygiene in healthcare settings. Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: Immediately before touching a patient Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices Before moving from work on a soiled body site to a clean body site on the same patient After touching a patient or the patient's immediate environment After contact with blood, body fluids, or contaminated surfaces Immediately after glove removal. The super sani cloth product information, Sani Cloth germicidal wipe (4/16/2020), https://pdihc.com/wp-content/uploads/2018/08/SuperSaniClothProdInfo_608.pdf displayed a picture of the container that clearly showed an icon on the side of the bottle that identified the wipes were not a skin or baby wipe. II. Observations The second floor west hall was observed on 4/15/2020 at 10:00 a.m. An activity aide (AA #1) was conducting a bingo game on the hallway with four residents who were in their doorways, separated with appropriate distance. -At 10:04 a.m. AA #1 used a PDI sani wipe from the purple top container to clean her hands. She placed the wipe on the top of her cart and started back to the bingo game. -At 10:13 a.m. AA #1 set up a fifth resident to play bingo. She did not wash her hands before or after the set up. -At 10:14 a.m. AA #1 removed the used bingo cards from the first four residents, took the used cards to the trash, and wiped her hands with the same wipe on the top of the cart. She did not clean her hands before touching the tables nor after touching the residents' areas. -At 10:23 a.m. a resident called out bingo, AA #1 checked the card and placed a quarter on the resident's table. She did not clean her hands before or after touching the resident's area. -At 10:26 a.m. AA #1 gave another winner a quarter. She did not clean her hands before or after touching the resident's area. -At 10:27 a.m. AA #1 gave the last winner of that game a quarter. She did not clean her hands before or after touching the resident's area. She went to all five residents' areas, picked up the old bingo cards, and took the old cards to the trash. She did not clean her hands before or after touching the residents' areas. -At 10:28 a.m. AA #1 returned to the cart and wiped her hands with the same wipe. -At 10:29 a.m. AA #1 dropped a bingo ball onto the floor. She picked up the ball, wiped the ball with the same wipe, placed the ball back into the bingo wheel, and wiped her finger tips with the wipe. -At 10:39 a.m. AA #1 awarded a winner with a quarter. She did not clean her hands before or after touching the resident's area. -At 10:40 a.m. AA #1 awarded the second winner a quarter. She did not clean her hands before or after touching the resident's area. III. Interviews AA #1 was interviewed on 4/15/2020 at 10:42 a.m. She said she had received training on hand washing. She said she needed to wash her hands when going into a resident's room, leaving a resident's room, and from one resident to another. She said she didn't think to wash her hands during bingo and between resident area contact. The assistant director of nursing (ADON) who was also the infection control preventionist (ICP) was interviewed on 4/15/2020 at 10:50 a.m. She said staff needed to wash their hands when entering and exiting a resident room and in between resident contact. She said the sani-wipes with the purple top were not designed to be used on hands. She said AA #1 did not usually run the bingo games. She said she understood how important it was for staff to perform hand hygiene between resident contact. She said she had provided training to AA #1 on hand hygiene. She said AA #1 had completed a competency on hand washing on 2/13/2020. She provided a copy of the competency evaluation.</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.