

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065367	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2020
NAME OF PROVIDER OF SUPPLIER VILLAGE CARE AND REHABILITATION CENTER, THE		STREET ADDRESS, CITY, STATE, ZIP 9221 WADSWORTH PKWY WESTMINSTER, CO 80021	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>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 two of three neighborhoods for 26 of 55 sample residents. Specifically, the facility failed to: -Ensure appropriate transmission based precautions were initiated for new admissions; and -Ensure residents who left their room wore a cloth face covering, and performed social distancing to stay at least six feet from each other. I. Facility Policy and Procedure The COVID-19 policy and procedure was provided by the nursing home administrator (NHA) on 5/14/2020 at 1:00 p.m. It read, in pertinent part, Isolate all admitted residents (including readmissions) in their room in the COVID-19 positive designated location for 14 days if their COVID-19 status is unknown. When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. No group activities (internal and external) or communal dining will occur in the facility at this time. Residents will be reminded to practice social distancing and perform frequent hand hygiene. II. Failure to ensure droplet precautions were initiated for new admissions A. Professional standard According to the Centers for Disease Control and Prevention (CDC), last updated 4/12/2020, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html, included the following recommendations for PPE use on presumptive positive rooms: Employers should select appropriate PPE and provide it to HCP in accordance with OSHA PPE standards (29 CFR 1910 Subpart I) Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE. The PPE recommended when caring for a patient with known or suspected COVID-19 includes: Respirator or Facemask (Cloth face coverings are NOT PPE and should not be worn for the care of patients with known or suspected COVID-19 or other situations where a respirator or facemask is warranted) Put on an N95 respirator (or higher level respirator) or facemask (if a respirator is not available) before entry into the patient room or care area, if not already wearing one as part of extended use or reuse strategies to optimize PPE supply. Higher level respirators include other disposable filtering facepiece respirators, PAPRs, or [MEDICATION NAME] respirators. N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol generating procedure (See Section 4). See appendix for respirator definition. Disposable respirators and face masks should be removed and discarded after exiting the patient's room or care area and closing the door unless implementing extended use or reuse. Perform hand hygiene after removing the respirator or facemask. Eye Protection- Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use or reuse strategies to optimize PPE supply. Personal eyeglasses and contact lenses are NOT considered adequate eye protection. Gloves-Put on clean, non-sterile gloves upon entry into the patient room or care area. Gowns-Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use. B. Observations An initial walkthrough was conducted on 5/14/2020 at 10:35 a.m., revealed the facility had nine new admission residents on isolation precautions. There was a stop sign on each door and direction for staff members to wear a cloth mask and gloves when entering each room. Isolation carts were not placed outside of each room. Multiple unidentified nursing, therapy, and housekeeping staff were observed on the isolation unit. They wore a cloth face mask and gloves into isolation rooms but did not have gowns, face shields, or N95 respirators or higher masks available for use. C. Interviews Certified nurse aide (CNA) #3 was interviewed on 5/14/2020 at 10:58 a.m. She said she wore a surgical mask only if residents showed respiratory symptoms. She said she wore the same cloth mask for resident care for all residents including new admissions. Licensed practical nurse (LPN) #1 was interviewed on 5/14/2020 at 11:10 a.m. She said she received direction to wear a cloth mask for all new admissions unless they showed respiratory symptoms. She said she wore a mask and gloves for isolation rooms. CNA #2 was interviewed on 5/14/2020 at 11:15 a.m. She said she wore a cloth mask and gloves for all isolation rooms. She said she only changed her mask one time throughout the shift. The director of nursing (DON) was interviewed on 5/14/2020 at 11:30 a.m. She said staff was directed to wear cloth face masks and gloves in all isolation rooms. She said residents had negative COVID-19 tests in the hospital prior to admission and were then placed on isolation for 14 days. The nursing home administrator (NHA) was interviewed on 5/14/2020 at 12:00 p.m. She said she was directed to have staff wear surgical masks and gloves in isolation rooms. She said she was unaware staff was wearing cloth face masks while providing resident care. She said she was unaware all new admissions should be placed on droplet precautions for 14 days and required full PPE which included an N95 or higher respirator, face shield/goggles, gown, and gloves. III. Failed to ensure residents who left their room wore a cloth face covering, and performed social distancing to stay at least six feet from other A. Professional Standard According to the Centers for Disease Control and Prevention (CDC), last updated 4/12/2020, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html, included the following recommendations for memory care units: In addition to the current IPC guidance for long-term care facilities, nursing homes and assisted living facilities providing memory care should consider the following: Routines are very important for residents with dementia. Try to keep their environment and routines as consistent as possible while still reminding and assisting with frequent hand hygiene, social distancing, and use of cloth face coverings (if tolerated). Cloth face coverings should not be used for anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. Dedicate personnel to work only on memory care units when possible and try to keep staffing consistent. Limit personnel on the unit to only those essential for care. Continue to provide structured activities, which may need to occur in the resident's room or be scheduled at staggered times throughout the day to maintain social distancing. Provide safe ways for residents to continue to be active, such as personnel walking with individual residents around the unit or outside. Limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel. Frequently clean often-touched surfaces in the memory care unit, especially in hallways and common areas where residents and staff spend a lot of time. B. Observations The residents of the memory care unit were observed on 5/14/2020. None of the 17 residents were wearing masks while out of their rooms in the dining and common rooms. Residents of the memory care unit were observed in a group activity on 5/14/2020 at 10:48 a.m. 15 residents were observed participating in the group activity. The residents were sitting in their wheelchairs and armchairs for the group activities and were not distanced six feet from each other. Four residents were observed in the hallway on 5/14/2020 at 11:36 a.m. The four residents were talking with each other and were not distanced six feet apart. Two staff members passed the group and did not encourage six feet of distancing between the residents. Lunch meal was observed on 5/14/2020 at 11:48 a.m. The staff was seating residents in the dining area around the tables. Two tables sat three residents, one table sat five residents, and one table sat two residents in the dining area. One table in the common area sat four residents. 17</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>residents were observed eating lunch in the dining and common area. The residents were not distanced six feet from each other. C. Staff Interviews Certified nurse aide (CNA) #1 was interviewed on 5/14/2020 at 10:54 a.m. She said the residents were all provided fabric masks and have the option to wear surgical masks. She said the residents kept their masks in a plastic bag in their room. She said the residents of the memory care unit refuse to wear a mask on the unit. She said staff offer and the residents refuse. She said residents have to wear a mask off the unit for therapy or appointments. CNA #1 said the facility training included six-foot distancing between residents when in common areas. She said they had trouble distancing residents from one another because they did not fully understand why they had to stay apart. CNA #1 said the residents sit three to five at the dining room tables for meals. She said a couple of residents eat in their rooms but most still ate in the dining and common areas. She said they had to move one of the tables into the common room to try to space the tables further apart. She said only one resident on the memory unit required extensive assistance for eating. Registered nurse (RN) #1 was interviewed on 5/14/2020 at 11:15 a.m. She said the facility protocol said the residents did not have to wear a mask on the memory unit. She said if the residents leave the unit they must wear a mask. RN #1 said the residents should be six feet apart when out of their rooms. She said they attempted to space the residents apart at meals but did not have enough tables. She said they had no common items for use on the unit. The activities assistant (AA) was interviewed on 5/14/2020 at 11:58 a.m. She said many residents refused to wear the masks. She said they did not offer to assist the residents with masks regularly because the residents refused to wear them frequently. She said they should be offering masks every day. The AA said she was working to keep residents busy on the memory care unit. She said if she did not have to use her computer it was easier to spread the residents out in the common area. She said it was difficult to space residents six feet apart so they tried to accommodate spacing by staggering residents. She said the residents did not understand why they had to maintain distance from others. She said the staff should be encouraging social distancing when they see residents too close together. The AA said staff had never distanced residents in the memory care unit during meal times. She said they had been seating residents three to five to a table since the beginning of the outbreak. The director of nursing (DON) was interviewed on 5/14/2020 at 12:40 p.m. She said residents should be wearing masks when outside their rooms. She said residents should be distanced six feet apart and staff should be encouraging distance between residents. She said they should not be sitting within six feet of each other in the dining area.</p>		