

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065402	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2020
NAME OF PROVIDER OF SUPPLIER NEURORESTORATIVE COLORADO		STREET ADDRESS, CITY, STATE, ZIP 5945 S WRIGHT ST LITTLETON, CO 80127	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to establish and maintain an infection control program designed to provide a safe, sanitary environment and to help prevent the development and transmission of communicable diseases and infections such as Coronavirus disease (COVID-19). Specifically, the facility failed to: -Ensure new admissions were placed on isolation for the required 14 days; -Ensure residents and staff followed guidelines for facial coverings to prevent the spread of infections; and, -Ensure disinfectant was not left out in common areas unattended. Findings include: I. Professional references According to the Centers for Medicare and Medicaid Services (CMS) COVID-19 Long-Term Care Facility Guidance April 2, 2020, if possible, isolate all admitted residents (including readmissions) in their room for 14 days if their COVID-19 status is unknown. According to the Centers for Disease Control (CDC) website, Preparing for COVID-19: Long-term Care Facilities, Nursing Homes https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html (Retrieved 4/29/2020) cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. HCP who enter the room of a patient with known or suspected COVID-19 should adhere to standard precautions and use of respirator, gown, gloves and eye protection. When available, respirators should be prioritized for situations where respiratory protection is most important and the care of patients with pathogens requiring airborne precautions. 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. 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. II. Facility policy and procedure The Droplet Precautions policy and procedure, revised January 2007, was provided by the director of nursing (DON) on 4/28/2020 at 12:48 p.m. It revealed, in pertinent part, It is the intent of this facility to use droplet precautions to decrease the risk for droplet transmission of infectious agents. Droplet precautions shall be used in addition to standard precautions for residents with infections that can be transmitted by droplets. Droplets may be generated by the resident's coughing, sneezing, talking or during the performance of procedures. III. Failure to ensure residents admitted from a COVID-19 positive facility were placed on isolation for the required 14 days A. Observations During a continuous observation of the isolation room on the Columbine unit on 4/28/2020 beginning at 10:11 a.m., the following was observed: -The DON was interviewed on 4/28/2020 at 10:00 a.m. She said there was a resident placed under isolation for 14 days because she was a new admission to the facility. -The isolation room was observed. It did not have an isolation cart outside the resident's room. There was no signage observed to indicate the resident was on under isolation and which precautions should be used. -The isolation cart was observed on the right end of the nursing station next to an alcove wall. The isolation room was located on the left side of the nursing station. The isolation cart was not in close proximity to the resident's room. -At 10:27 a.m. two therapists opened the door to the isolation room and exited the room. One therapist was wearing a cloth mask without a surgical mask underneath and the other wearing a surgical mask. Both therapists walked down the hallway wearing the same facial masks. -At 10:34 a.m. registered nurse (RN) #1 was observed entering the isolation room. She wore a surgical mask. She did not don any other form of PPE. She exited the room at 10:36 a.m. B. Record review According to the 4/28/2020, Resident #1 was admitted to the facility from an acute care hospital on [DATE]. Resident #1 medical record was reviewed on 4/30/2020 at 1:20 p.m. and revealed the resident had [DIAGNOSES REDACTED]. C. Staff interviews RN #1 was interviewed on 4/28/2020 at 10:14 a.m. She said she was the nurse for the resident in room [ROOM NUMBER]. She said the resident was placed in isolation due to being a recent admission to the facility from an acute care hospital. She confirmed an isolation cart was not outside the resident's room. She said there were not any PPE inside the resident's room. She said facility staff were not donning full PPE to enter the resident's room. She said staff were wearing surgical masks to enter the room. She said she used the same mask to enter the isolation room as she used throughout the facility to take care of other residents. The DON and the nursing home administrator (NHA) were interviewed on 4/28/2020 at 10:52 a.m. The NHA confirmed a resident on the Columbine nursing unit was placed in isolation due to her recent admission to the facility from an acute care hospital. She said the resident was placed in isolation for 14 days. She said the facility staff did not don full PPE, expected with droplet precautions when they provided care to the resident or entered the resident's room. She said she had instructed the staff to wear surgical masks when entering the isolation room. She confirmed the resident came from an acute care hospital that was known to have positive COVID-19. She confirmed the guidance from CMS on 4/2/2020 indicated when possible to place any new admissions coming from a COVID-19 positive facility under isolation for 14 days. She confirmed COVID-19 was [MEDICAL CONDITION] that was transmitted by droplets. She confirmed COVID-19 required droplet precautions for isolation. She said she felt it was a waste of PPE because the resident had a negative COVID-19 test from the hospital. She confirmed an individual could test negative and potentially show symptoms for 14 days after potential exposure. She said she would provide education to the staff and resident that the resident would be placed on droplet precautions for the remainder of the 14 days since the admission to the facility. She said an isolation cart would be placed in front of the resident's room immediately. IV. Failure to ensure residents and staff followed guidelines for facial covering to prevent the spread of infections A. Observations During a continuous observation throughout the facility on 4/28/2020 beginning at 10:00 a.m., the following was observed: -At 10:11 a.m. a resident was observed in the therapy gym with a therapist. The therapist, who was wearing a mask, was in close proximity to the resident. The resident was not wearing a facial covering. -At 10:23 a.m., a resident was observed leaving his room in his electric wheelchair. He was not wearing a facial covering. He was observed passing by three facility staff members. The facility staff did not offer a surgical mask or any other facial covering to the resident. The resident was observed leaving the Columbine unit and went toward the front desk and facility common areas. -At 10:27 a.m. two therapists opened the door to resident room [ROOM NUMBER] and exited the room. One therapist was wearing a cloth mask without a surgical mask underneath. Both therapists walked down the hallway wearing the same facial masks. B. Interviews Resident #2 was interviewed on 4/28/2020 at 12:42 a.m. He said the facility had provided a facial mask when he was first admitted to the facility. He said the mask had to be tied around his head and he was unable to physically secure the mask. He said he required staff assistance to complete that task. He said the facility staff did not offer to assist him with the mask when he left his room to move about the facility. He said he was not aware he should be wearing a facial covering when he left his room or when the staff entered his room to assist him with care. He said he would be willing to wear a mask if the staff would assist him or provide him with one that wrapped around the ears. Certified nurse aide (CNA) #1 was interviewed on 4/28/2020 at 10:40 a.m. She said the facility did not provide facial coverings or masks to residents. She said if the resident left their room and were on isolation precautions, or went to an outside appointment, the facility would provide a surgical mask for the resident. She said they did not provide facial coverings for resident's moving about the facility. RN #1 was interviewed on 4/28/2020 at 10:43 a.m. She said if a</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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