

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>325060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CAMINO HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1509 UNIVERSITY BOULEVARD NE ALBUQUERQUE, NM 87102</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, interviews and record reviews, the facility failed to properly prevent and/or contain COVID-19 (an illness caused by [MEDICAL CONDITION] that can spread from person to person) by ensuring use of appropriate PPE (personal Protective equipment for employees who were assigned to the designated 14-day isolation unit for 6 (R #1, 2, 3, 4, 5, and 6) of 6 (R #1, 2, 3, 4, 5, and 6) residents that may be newly admitted to the facility, readmitted to the facility, and [MEDICAL TREATMENT] residents (residents that require to be transported three times a week to a facility that provides a medical treatment that cleans their blood of waste products). This deficient practice of not consistently adhering to infection control practices, has the potential of placing an increased health risk of infections from COVID-19 to the resident's that reside on the designated 14-day isolation unit. The findings are: A. On 06/17/20 at 8:30 am, during an observation of the facility's designated isolation unit the following breaches in Standard and Transmission-Based Precautions for COVID-19 were noted: 1. Observed LPN (Licensed Practical Nurse) #1 (who was assigned to the isolation unit), was noted to be wearing an N95 mask that was ripped-open at the bottom of the mask. During an interview, she stated that the mask was ripped, because it wasn't fitting her properly. 2. Observed housekeeping staff member #1 (who was the designated housekeeper assigned to the isolation unit) wearing a mask and gloves, but not wearing an isolation gown, while cleaning the isolation rooms. 3. Observed in the isolation rooms, the lack of dedicated non-critical patient-care equipment (e.g. stethoscope, thermometer, blood pressure cuff and sphygmomanometer (instrument used to measure the blood pressure), and pulse oximeter (measures the oxygen level (oxygen saturation) in the blood). Bleach wipe containers were not observed on an isolation equipment table to wipe off blood pressure cuffs or thermometers used between resident care. a. On 06/17/20 at 8:30 am, during an interview, LPN #1 stated that the CNAs (Certified Nursing Assistants) were having to use her (LPN #1's) own personal equipment in the isolation rooms, because the equipment was not in the designated isolation rooms or that the equipment did not work properly. 4. On 06/17/20 at 8:45 am, during an observation, noted LPN #2, assigned to the South 2 nursing unit, taking the disposable plates/flatware from the resident's breakfast food trays and disposing them in the trash. She was observed wearing gloves but not a face mask. a. On 06/17/20 at 8:45 am, during an interview, LPN #2 when asked about her not wearing a mask, stated she was aware that she needed to be wearing one. B. Record review of a complaint dated 06/03/20, sent to the New Mexico Environment Department (NMED) Occupational Health and Safety Bureau (OHSB), indicated that there was a complaint alleging that several employees were observed at the nursing home, not wearing masks to prevent COVID-19 infection. In response to the complaint the facility submitted the following as a policy and procedure (undated), revealed the following: COVID-19 Plan, Limiting the transmission of COVID 19 in this Facility: .Face masks will be used during employee shift when resident care areas, masks may be taken off when not in resident care areas and the employee is 6 feet or more from other employees (social distancing guide) (i.e. dining room for meals, offices, bathroom, outside for break) Masks are MANDATORY on all units .Provide additional work supplies to avoid sharing (e.g. pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.) .</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.