

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>06A175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WALSH HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>150 N NEVADA ST WALSH, CO 81090</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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Many</p>	<p><b>Provide and implement an infection prevention and control program.</b> **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 one of one neighborhood. Specifically, the facility failed to ensure residents had face masks and wore coverings. Findings include: I. CDC recommended guidelines The Center for Disease Control (CDC), Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (4/28/2020), <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#minimize">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#minimize</a>, (Update April 13, 2020) Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others (e.g., HCP, visitors) enter the room. Screening for symptoms and appropriate triage, evaluation, and isolation of individuals who report symptoms should still occur. The Center for Disease Control (CDC), Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs) (4/30/2020), <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html</a>. Prevent spread of COVID-19: Actions to take now: -Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. II. Observations and interviews On 5/20/2020 at 11:46 a.m. eight residents were observed in the activity room playing bingo without face coverings on. On 5/20/2020 at 11:56 a.m. certified nurse aide (CNA) #1 entered room [ROOM NUMBER]. She did not ask the resident to cover their face. She said residents did not have to wear face coverings because the staff wore masks. On 5/20/2020 from 11:46 a.m. to 12:33 p.m. a male resident was observed sitting in the sitting room without a face covering on. Staff were not observed offering a face covering. On 5/20/2020 at 12:10 p.m. CNA #2 was observed entering room [ROOM NUMBER]. She did not ask the resident to cover their face. She said new admissions were the only residents who wore face masks. She said residents had to wear a face mask when going to an appointment outside of the building, but did not have to wear one inside the building. III. Interview The nursing home administrator (NHA) and the director of nursing (DON) were interviewed on 5/20/2020 at 1:01 p.m. The NHA said residents only wore face coverings when they left the facility for an appointment. She said the facility had not made the residents wear a face mask when out of their rooms, or cover their faces when anyone entered their room. She said the facility had not had a COVID-19 positive resident therefore the facility was doing a good job protecting the residents.</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.