STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065296	A. BUILDING _____ B. WING _____	**05/04/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CAMBRIDGE CARE CENTER	**1685 EATON ST LAKEWOOD, CO 80214**

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	**Provide and implement an infection prevention and control program.** **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 three of four neighborhoods and five of five sample residents (#1, #2, #3, #4, #5). Specifically, the facility: -Failed to ensure nursing staff actively monitored residents two times a day to include temperature, heart rate, blood pressure, respiratory rate, pulse oximetry. Findings include: I.Professional reference The CDC Key Strategies to Prepare for Coronavirus COVID-19 in Long Term care facilities, dated April 2020, the facility failed to ensure appropriate use of PPE. It read in pertinent part; If COVID-19 was identified in the facility, have health care providers (HCP) wear all recommended PPE for care of all residents (regardless of symptoms) on the affected unit (or facility-wide depending on the situation). This includes: an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown. HCP should be trained on PPE use including putting it on and taking it off. This approach is recommended because of the high risk of unrecognized infection among residents. Recent experience suggests that a substantial proportion of residents could have COVID-19 without reporting symptoms or before symptoms develop. II. Facility policy and procedures The Covid-19 policy and procedure, dated 3/10/2020, was provided by the Nursing home administrator (NHA) on 4/27/2020 at 11:48 a.m. It read in pertinent part, The primary policy in regard to Covid-19 for facilities will therefore be to remain in substantial compliance with ongoing recommendations made by CMS, CDC and CDPHE. The policy listed all three resources with email addresses and document links. The Emergency Response policy, dated 10/2012, was provided by the NHA on 4/27/2020 at 11:48 a.m. The procedure for pandemic influenza read in pertinent part, Residents, employees, contract employees, and visitors should be evaluated daily for symptoms. The Pandemic Influenza Plan section documented, A protocol should be developed to monitor the seasonal influenza-like illnesses in residents and staff during the influenza season. III.Record review April 2020 vital signs for five of five residents revealed full vital signs (temperature, heart rate, blood pressure, respiratory rate, pulse oximetry, changes in mental status, and any respiratory symptoms (shortness of breath, cough, sputum production, sore throat, rhinorrhea) were not consistently completed two times a day per the 4/24/2020 Covid-19 Preparation and Rapid Response checklist for LTCFs, Part II Rapid Response. -Resident #1, age 73, was admitted [DATE]. His [DIAGNOSES REDACTED]. The 4/2020 vital signs revealed his respirations were monitored three times in April. -Resident #2, age 81, was admitted [DATE] and readmitted [DATE]. [DIAGNOSES REDACTED]. The 4/2020 vital signs showed her blood pressure (BP) was taken and recorded one time a day, pulse was taken on 4/23/2020 and 4/17/2020. The record showed there was no documentation of respirations taken during April 2020. -Resident #3, age 66, was admitted [DATE] and readmitted [DATE]. [DIAGNOSES REDACTED]. Documentation of his 4/2020 vital signs showed his BP, pulse and respirations were not consistently taken and documented. The record showed they were completed one or two times a day. -Resident #4, age 73, was admitted [DATE]. [DIAGNOSES REDACTED]. The 4/2020 CPO showed physician orders [REDACTED]. Documentation of his 4/2020 vital signs showed his BP, pulse and respirations were not consistently taken and documented. The record showed they were completed only one or two times a day. -Resident #5, age 74, was admitted [DATE]. [DIAGNOSES REDACTED]. Documentation of his 4/2020 vital signs showed his BP, pulse and respirations were documented one time on 4/18/2020 and his oxygen saturations were completed one time a day. IV.Staff interviews The NHA was interviewed on 4/27/2020 at 10:53 a.m. She stated the residents ' temperatures and oxygen saturations were checked every shift. She said if the temperatures were elevated, the physician would be called and staff would follow the physician's order [REDACTED]. He said that some of the residents that took blood pressure (BP) medication would have their blood pressure checked once or twice a day according to the physician orders. The infection prevention specialist (IPS) was interviewed on 4/27/2020 at 11:50 a.m. She stated, The resident ' s temperatures and oxygen saturations were done every shift. Other vital signs were taken on a case by case basis. Some residents have BP medications so their BP is taken before the medication is given. She said staff monitored residents for cough, chills, sore throat, and loss of appetite. Any resident change of condition would be followed up and monitored. She said she reviewed the residents ' vital signs daily before their morning meeting. Licensed practical nurse (LPN #1) was interviewed on 4/27/2020 at 12:45 p.m. She said they only take resident temperatures and oxygen levels each shift, and continue to watch for any changes of condition. LPN #2 was interviewed on 4/27/2020 at 12:50 p.m. She said that they were directed to take resident temperatures and oxygen saturation levels once a shift. On 5/4/2020 at 2:00 p.m. the NHA was interviewed by phone. She said that she had made changes to the screening of residents. She said all residents were now being screened appropriately, at least twice daily.

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.