

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065417	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2020
NAME OF PROVIDER OF SUPPLIER HEALTHCARE RESORT OF COLORADO SPRINGS, THE		STREET ADDRESS, CITY, STATE, ZIP 2818 GRAND VISTA CIR COLORADO SPRINGS, CO 80904	
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 observation, interview and record review the facility failed to implement an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the possible development and transmission of Coronavirus (COVID-19) communicable diseases and infections for two out of four units. Specifically, the facility failed to: -Wear the appropriate personal protective equipment (PPE) when entering a presumptive COVID-19 positive room; -Screen visitors and staff properly when entering the facility; and, -Implement appropriate hand hygiene with glove changes and ensure the housekeeper did not share a soiled reusable cloth gown with direct care staff. Findings include: I. Staff wore appropriate PPE A. Professional reference According to the CDC guidance, Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19, dated 6/3/2020, retrieved on 9/21/2020 online from https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf: -PPE must be donned correctly before entering the patient area. - PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted. - Face masks should be extended under the chin. - Both your mouth and nose should be protected. B. Facility policy and procedures The Change in Admission policy, dated 7/28/2020, was provided by the nursing home administrator (NHA) via email on 9/17/2020. It documented the following in pertinent part, New admissions of unknown status full transmission based precautions and PPE should be followed. C. Observations On 9/1/2020 at 9:46 a.m. observed certified nurse aide (CNA) #6 respond to the call light in room [ROOM NUMBER]A. There was an isolation cart outside the room and a sign on the door that read droplet precautions. He entered the room wearing a disposable gown, gloves, surgical mask and eye protection. The resident in the room was a new admission and considered presumptive positive for COVID-19. CNA #6 failed to wear a N95 mask which was required in a presumptive positive room. On 9/15/2020 at 9:49 a.m. observed CNA #4 respond to the call light in room [ROOM NUMBER]A. There was an isolation cart outside the room and a sign on the door that read droplet precautions. She entered the room wearing a disposable gown, gloves, surgical mask and eye protection. The resident in the room was a new admission and considered presumptive positive for COVID-19. CNA #4 failed to wear a N95 mask which was required in a presumptive positive room. On 9/15/2020 at 9:51 a.m. observed maintenance staff (MS) and housekeeper (HK) preparing to enter room [ROOM NUMBER]A. There was an isolation cart outside the room and a sign on the door that read droplet precautions. Both staff members entered the room together wearing surgical masks, goggles, and baseball hats. They approached the resident who was sitting in the middle of the room in his wheelchair. Neither staff member washed their hands, donned a gown, gloves nor a N95 mask prior to entering the room. They visited with the resident and then exited the room. They did not perform hand hygiene after exiting the room. On 9/15/2020 at 9:57 a.m. observed medication aide (MA) approaching room [ROOM NUMBER]A. There was an isolation cart outside the room and a sign on the door that read droplet precautions. She entered the room wearing a disposable gown, gloves, surgical mask and eye protection. The resident in the room was a new admission and considered presumptive positive for COVID-19. MA failed to wear a N95 mask which was required in a presumptive positive room. D. Record review On 9/16/2020 at 9:23 a.m. the NHA provided a report on PPE availability which included they had 840 N95 masks available at the facility. E. Staff interviews CNA #4 was interviewed on 9/15/2020 at 9:49 a.m. She said staff was required to wear gowns, gloves, surgical masks, and face shields in the isolation rooms. She said she did not know why they were not using N95 masks in the isolation rooms. Licensed practical nurse (LPN) #1 was interviewed on 9/15/2020 at 10:20 a.m. He said staff only used N95 masks if a resident was COVID positive. He said new admissions were on standard based precautions for 14 days and the staff were required to wear a surgical mask with a face shield, gown, and gloves. He said he was not sure why they were not using N95 masks in the isolation rooms. The NHA was interviewed on 9/15/2020 at 11:25 a.m. He said they only wear N95 masks when a resident is COVID positive or symptomatic. He said new admissions were not considered presumptive unless they had symptoms. He said they placed newly admitted residents on preventive isolation for 14 days and the staff did not wear N95 masks. The DON was interviewed on 9/15/2020 at 12:15 p.m. She said the MS and HK should have performed hand hygiene before entering room [ROOM NUMBER]A and should have followed the droplet precautions sign posted on the door which included wearing a gown, gloves, N95 mask and eye protection. She said they should have performed hand hygiene when exiting the room as well. The MA was interviewed on 9/16/2020 at 11:28 a.m. She said her unit had 23 residents and 16 of those residents were on droplet precautions. She said when a new resident was admitted, they were placed on droplet spread isolation and the staff wore gloves, gowns, eye protection and surgical masks. She said that she started wearing the N95 masks the morning of the interview (after being identified by surveyor). She said when she arrived for her shift, she was given a N95 mask and a paper bag to store it in. She said she had always used the surgical mask to go into the droplet isolation rooms and she did not know why they used the surgical masks instead of the N95 mask. F. Facility follow-up The DON was interviewed on 9/16/2020 at 11:36 a.m. She said starting the previous night all staff entering the droplet precautions rooms wore N95 masks. She said she understood that presumptive meant the residents COVID status was unknown and they were to be considered presumptive. She said going forward, all new admissions to the facility with an unknown COVID status, would be considered presumptive and placed on droplet precaution with full PPE and N95 masks for 14 days.</p> <p>II. Screening concerns A. Professional reference According to the Centers for Disease Control and Prevention (CDC) updated 6/25/2020, retrieved on 9/21/2020 from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, included the following recommendations: Actively screen everyone for fever and symptoms of COVID-19 before they enter the healthcare facility. B. Facility policy and procedures The Licensed Long Term Care, Residential, and Group Home Facilities Isolation Plan for COVID-19 and other Respiratory Illnesses form developed by the Colorado Department of Public Health and Environment Communicable Disease Branch (updated on 7/27/2020) was provided by the nursing home administrator (NHA) on 9/15/2020 at 11:10 a.m., as the facility's policy/procedures. The document revealed the areas of inquiry (questions) prior to admission to the facility included: recent travel, presence of fever, presence of cough, shortness of breath, presence of sore throat and recent contact outside of the facility with someone known or presumed to be COVID-19 positive. The document did not reveal the staff were to do an active screening assessment of the visitor and ensure all areas of the assessment were completed prior to entry to the facility. The visitor sign-in COVID-19 assessment form (not dated) revealed each visitor should answer yes or no to all three questions. (1) have you experienced any COVID-19 related symptoms such as fever, cough, shortness of breath, respiratory issues or a sore throat? (2) have you recently traveled outside the USA, had possible/actual exposure to COVID-19 patients or had any respiratory infections? (3) have you washed your hands or used an alcohol based hand rub prior to entering the facility? -The assessment form had a designated place for the date, time, visitor's name, resident's name being visited and temperature. The form also had a designated place for the initials for the reviewer of the information answered by the visitor. A sign located on a small desk in front of the reception desk revealed for visitors, vendors, and clinicians, to please log in and complete the health screening form. See the receptionist to have your temperature taken. Use hand sanitizer and wear a mask. C. Observations On 9/14/2020 at 10:00</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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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>a.m., the three surveyors arrived at the facility. There were two sliding doors to enter the facility. The sign at the front door revealed to fill out the COVID-19 assessment. The second sliding door was locked and the survey team pushed the call button on the wall. The receptionist (RCT) was seated at the reception desk and activated a device to unlock and open the door. The survey team applied an alcohol based hand rub (ABHR) provided by the facility. The surveyors were asked by the RCT to complete the COVID-19 assessment form located on a small desk in front of the receptionist desk. -The RCT did not actively ask any of the assessment questions. The RCT took the surveyors temperatures and each surveyor documented the temperature on their assessment. The RCT did not review the screening assessments to check for any yes answers. She did tell the surveyors to use some ABHR prior to entering resident care areas. -The NHA and the director of nursing (DON) met the team at the receptionist area during the screening assessment process. They did not ensure the RCT asked the entrance assessment questions or review the forms for accuracy. On 9/15/2020 at 8:03 a.m., two surveyors arrived at the facility. The NHA was seated at the receptionist desk. He activated the device to unlock and open the second sliding glass doors for the surveyors. The surveyors completed the three questions COVID-19 assessment form. The NHA did not actively ask the surveyors the assessment questions. The NHA took the surveyors temperatures and the surveyors wrote the number on their assessment form. The NHA reviewed the assessment form for each surveyor. On 9/15/2020 at 8:53 a.m., one surveyor arrived at the facility. The RCT seated at the reception desk activated a device to unlock and open the second sliding glass door. The surveyor was asked by the receptionist to complete the three questions on the COVID-19 assessment. The RCT took the surveyor's temperature and asked the surveyor to write the temperature on their screening assessment form. The RCT did not review the assessment form. D. Visitor screening forms On 9/16/2020 at 9:41 a.m., the screening visitor forms from 8/6/2020 through 9/15/2020 provided by the NHA were reviewed. There were 369 visitor entries during this time-period. The following 23 concerns were noted: -8/18/2020 at 3:00 p.m., the visitor did not answer the three questions. The assessment was not reviewed by a staff member. -8/19/2020 at 10:34 a.m., the visitor did not answer the three questions. The assessment was not reviewed by a staff member. -8/19/2020 (not timed in the facility, left facility at 11:17 a.m.) the visitor did not answer the three questions. There was no documented temperature. This assessment was not reviewed by a staff member. -8/19/2020 (not timed in the facility, left facility at 11:17 a.m.) the second visitor at this time did not answer the three questions. This assessment was not reviewed by a staff member. -8/19/2020 at 11:10 a.m., the visitor did not have a documented temperature. This assessment was not reviewed by a staff member. -8/19/2020 at 11:41 a.m., the visitor did not answer the three questions. This assessment was not reviewed by a staff member. -8/19/2020 at 4:15 p.m., the visitor did not answer the three questions. This assessment was not reviewed by a staff member. -8/20/2020 (not timed) the visitor did not answer the three questions. There was no documented temperature. This assessment was not reviewed by a staff member. -8/24/2020 at 8:37 a.m., the visitor did not answer the three questions. This assessment was not reviewed by a staff member. -8/25/2020 (not timed) the visitor did not answer the three questions. There was no documented temperature. This assessment was not reviewed by a staff member. -8/25/2020 at 2:45 p.m., the visitor did not answer the three questions. There was no documented temperature. This assessment was not reviewed by a staff member. -8/25/2020 at 4:50 p.m., the visitor did not answer the three questions. This assessment was not reviewed by a staff member. -8/30/2020 at 9:00 a.m., the visitor did not answer the three questions. This assessment was not reviewed by a staff member. -8/30/2020 at 9:00 a.m., the second visitor entering the facility at this time did not answer the three questions. There was no documented temperature. This assessment was not reviewed by a staff member. -8/31/2020 at 7:55 a.m., the visitor entering the facility did not answer the three questions. This assessment was not reviewed by a staff member. -9/1/2020 at 8:45 a.m., the visitor did not answer the three questions. This assessment was not reviewed by a staff member. -9/1/2020 at 10:05 a.m., the visitor did not answer the three questions. This assessment was not reviewed by a staff member. -9/1/2020 at 11:00 a.m., the visitor did not answer the three questions. There was no documented temperature. This assessment was not reviewed by a staff member. -9/2/2020 at 7:55 a.m., the visitor did not answer the three questions. This assessment was not reviewed by a staff member. -9/2/2020 (not timed), the visitor did not answer the three questions. This assessment was not reviewed by a staff member. -9/2/2020 (not timed) the second visitor entering the facility on this date did not answer the three questions. This assessment was not reviewed by a staff member. -9/3/2020 at 12:34 p.m., the visitor did not answer the three questions. This assessment was not reviewed by a staff member. -9/7/2020 at 5:05 p.m., the visitor did not answer the three questions. This assessment was not reviewed by a staff member. E. Staff interviews The DON was interviewed on 9/15/2020 at 8:33 a.m. She said the facility had 26 residents on droplet isolation precautions out of 88 residents residing in the facility. She said the majority of residents in isolation were discharged from a hospital to the facility. The facility did not have any residents that had elevated temperatures or any COVID-19 symptoms. She said the facility did utilize the COVID-19 Guidance Preparation and Rapid Response Checklist for Residential Care Facilities (updated on 9/10/2020). The DON said the majority of the staff and all visitors use the front door entrance to the facility. She said the visitor completed the COVID-19 assessment form, a staff member took the visitor's temperature and the visitor documented their temperature on the assessment form. The DON said the staff also use a utility entrance to the facility. She said the staff member used their badge on the entrance lock device and this allowed them entrance. This door was located in the hall where the staff time clock was located. She said the staff member walked through common areas and down a hall to a nurse's station. She said the nurse completed the COVID-19 screening assessment of the employee. She said the employee passed several resident (three) rooms walking to the nurse's station. She said the staff member did have the potential of coming into contact with a resident prior to the COVID-19 screening assessment by the nurse. She said the staff member would be wearing a surgical mask and eye protection when they entered the facility. The RCT was interviewed on 9/15/2020 at 8:53 a.m. and at 10:23 a.m. She said the visitors and most of the staff enter the facility at the front entrance. She said the staff also had an entrance at the rear of the facility. She said she had the visitors/staff completed the screening assessment form. She said sometimes she asked the assessment questions but there were times she was too busy answering the phone to ask the questions. She said she did take everyone's temperature and had them write the temperature on their form. She said if the visitor/staff member had an elevated temperature or answered yes to questions one or two they would be asked to leave the facility and the NHA/DON would be notified. She said she did not always remember to review the assessment form to check for completeness. She said she had been in-serviced on how to do the screening process and how to take temperatures. She said the NHA reviewed the forms often and signed off on the forms, but this was after the visitor/staff had already entered the facility. Licensed practical nurse (LPN) #1 was interviewed on 9/15/2020 at 10:20 a.m. The LPN said he was the charge nurse for the Silverton hallway. He said staff came into the facility using a separate rear entrance where the time clock was located. He said the staff used ABHR provided beside the time clock. He said after the staff member utilized the time clock, they walked from this area to their assigned unit, where they were assessed for COVID-19 by a nurse. He said if the staff member had an increased temperature or looked sick they were sent home immediately. The NHA was interviewed on 9/15/2020 at 11:25 a.m. He said the staff did use a rear entrance to the facility because this was where the time clock was located and the parking lot for employees. He said the employee entered the rear door, used ABHR, clocked in and walked to their assigned unit. He said at the unit, the employee answered the COVID-19 screening questions on the form, had their temperature taken by the nurse and wrote their temperature on the form. The nurse reviewed the information on the form. The NHA said the RCT screened visitors/staff at the front entrance. He said the RCT should take their temperature and have them record the temperature on their form. He said the RCT should review each assessment for completeness and to make sure the visitor/staff did not mark questions one or two with a yes answer. The NHA was interviewed on 9/16/2020 at 10:28 a.m. He reviewed and agreed with the Entrance Door COVID-19 Visitor Screening Assessments. He said the person at the front receptionist desk was responsible to make sure the COVID-19 assessments were completed and accurately documented on the form. He said they should also initial the form to note the form had been reviewed. The NHA said it was his responsibility to review the visitor and staff assessment forms each week. The clinical resource (CR) was interviewed on 9/16/2020 at 12:23 p.m. She said not all staff entered the facility by the front entrance. She said there was another entrance at the rear of the facility. She said a staff member had to walk through the facility to a nurse's station to get actively assessed for COVID-19 by a nurse.</p> <p>I. Staff had hand hygiene with glove changes and sharing a soiled reusable cloth gown A. Professional reference The Centers for Disease Control and Prevention (CDC) Hand Hygiene Guidance, retrieved from: https://www.cdc.gov/handhygiene/providers/guidelin.html (updated 1/30/2020, retrieved on 9/17/2020), read in part, Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: Before moving from work on a soiled body site to a clean body site on the same patient, After touching a</p>		

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 2)</p> <p>patient or the patient's immediate environment. After contact with blood, body fluids, or contaminated surfaces and immediately after glove removal. B. Observation Housekeeper (HSK) #1 was observed on 9/15/2020 at 8:25 a.m. HSK #1 parked his cleaning cart in front of room [ROOM NUMBER], which was an isolation based precaution room on the Glen Eurie unit. After parking his cleaning cart, HSK #1 immediately donned a new pair of gloves. He then knocked on the door to announce his presence and the procedure he was to carry out to the resident who occupied the room. At the time, HSK was only wearing a pair of gloves, a surgical mask and goggles. When entering the room, HSK #1 retrieved a reusable cloth gown from the wall within the immediate proximity of the room entrance door. He fastened the gown around his neck but did not fasten the gown around his waist. He proceeded to spray disinfectant chemical on the door knobs, table tops, the walls in the toilet and the toilet bowl. When the HSK bent to spray chemical disinfectant into the toilet bowl, his gown made contact with the toilet bowl. The process of cleaning and wiping surfaces in the room left the gown soiled with brownish, blackish and dustlike particles which were consistent with dirt. The HSK frequently changed out his gloves in-between tasks such as when he wiped the door knobs, when he wiped table tops and when he swept the floor. However, he failed to perform hand hygiene in between each glove change. At the completion of the cleaning, HSK #1 hung the gown back in the resident's room, just where he retrieved them from as described above. The HSK repeated the procedure above in rooms #124, #125 and #126 (all were isolation based precaution rooms). CNA #4 responded to call light from room [ROOM NUMBER] on 9/15/2020 at 9:23 a.m. CNA #4 donned a new pair of gloves from the isolation cart which sat by the door leading to the room. She did not perform hand hygiene before she donned the pair of gloves. She wore a surgical mask and a face shield prior to responding to the call. She proceeded into the room and retrieved the reusable cloth gown which had been worn and soiled by HSK #1 as described above. She provided direct care to the resident by assisting the resident with morning meals set up. CNA #6 responded to a call light from room [ROOM NUMBER] on 9/15/2020 at 9:31 a.m. CNA #6 performed hand hygiene before he donned a new pair of gloves from the isolation cart. He wore his surgical mask and goggles. He then proceeded to the room and retrieved a reusable cloth gown which was hanging on the wall. The gown had been worn earlier by HSK #1 and soiled as described above. C. Staff Interview HSK #1 was interviewed on 9/15/2020 at 9:53 a.m. He said when he approached an isolation room which was scheduled for cleaning, he performed hand hygiene and donned a new pair of gloves. He said he proceeded to enter the room since he had his goggles and surgical mask on. He said while in the room, he retrieved the reusable cloth gown which hung from the wall in the resident's room. HSK #1 acknowledged that the gowns were soiled after he was done cleaning the rooms. He said he was not able to control what got on the gown during the cleaning process. He acknowledged he did not perform hand hygiene in between glove changes as observed above. He said he would bring the concern with the reusable gowns to the attention of the facility's administration. He said he would perform hand hygiene going forward. CNA #6 was interviewed on 9/15/2020 at 10:03 a.m. He said since the onset of COVID-19 CNAs utilized reusable cloth gowns when they provided direct care to residents on isolation based precaution. He said CNAs shared the gowns with housekeeping staff. He said the gowns were not labelled to distinguish which one was worn by housekeeping staff differently from direct care staff. He said he was unable to tell which gown had been worn by housekeeping staff. CNA #6 added that although there were about three gowns in resident rooms, his thought on why staff (housekeeping and CNAs) used the same gown was because the staff reached for the first gown which was accessible to them due to the way the gowns were hanging. He said sharing gowns with other staff made him feel uncomfortable sometimes because other staff sweat were retained on the gowns and it gave off odors. He acknowledged that bending over residents or the personal properties while wearing a soiled gown could potentially cross-contaminate the resident and their personal belongings. CNA #4 was interviewed on 9/15/2020 at 10:17 a.m. She said she was required to perform hand hygiene before she donned her gloves. She acknowledged she did not perform hand hygiene before she donned the gloves as observed above. She also said that the practice of sharing gowns with housekeeping staff had been ongoing since the onset of COVID-19. She said CNAs and housekeeping staff were the only ones required to share gowns and she did not know the rationale for the practice. She said she guessed it was in an attempt to ration the personal protective equipment (PPE). She said it was a difficult choice for her to share gowns with other staff because she was unable to tell if the other staff had any concerning health issues that could be transmitted through sharing the same gowns. She said she had not received any training that guided her on when to identify a soiled gown. Registered nurse #3 was interviewed on 9/15/2020 at 2:23 p.m. She reported an overview of the required steps going into an isolation based precaution room. She said staff must knock on doors, announce themselves, encourage the resident to wear a face mask when staff was present. She said staff (nursing, housekeeping and administrative) should perform hand hygiene before they donned new gloves and in between glove changes. She said the practice of having housekeeping staff share the same gown with direct care staff (nursing) posed a high risk of cross-contaminating both the resident and staff with any contaminant left on the gowns. She said she would educate staff and bring the observation to the attention of the facility's administration. The director of nursing (DON) was interviewed on 9/15/2020 at 2:41 p.m. The DON said hand hygiene must be conducted before staff donned a new pair of gloves and in-between glove changes. She said hand hygiene training was done weekly. She said she would provide increased training to the identified staff. She added that the facility did not identify that housekeeping staff sharing the same gown with direct care staff had potential risk of cross-contamination until the survey team brought it to their attention. She acknowledged that the facility had now evaluated the risk it poses with staff sharing gowns. She said going forward, housekeeping staff would utilize a disposable gown while direct care staff would continue to use the cloth reusable gowns. D. Facility follow-up The maintenance director (MTD) provided a copy of an in-service attendance record dated 9/15/2020 and 9/16/2020. The title portion of the document reads Disposable gowns for housekeeping. The document further reads It was discovered on 9/15/2020 that housekeeping was using the same gowns as CNA?nurses when cleaning isolation rooms. This could lead to cross contamination. The resolution portion recorded Housekeeping was to (be) supplied with disposable gowns. Housekeeping was trained on use of disposable gowns (one for each isolation room) in addition to other PPE (N95 mask, gloves and face shield). The MTD was interviewed on 9/16/2020 at 10:17 a.m. He said he provided hand hygiene training to housekeeping staff. He said he had no knowledge of the potential implication of housekeeping staff sharing the same gown with nursing staff until it was identified on survey. He acknowledged that the in-service and amendments made (see above) were done after being identified during the survey.</p>		