

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>065234</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>EVERGREEN NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1991 CARROLL AVE ALAMOSA, CO 81101</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>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 two of three neighborhoods for two of three sample residents. Specifically, the facility: -Failed to ensure hand hygiene was completed appropriately; -Failed to ensure social distancing for residents in social areas; -Failed to ensure residents had face covering while staff were assisting them in their rooms; and -Failed to ensure employees were screened appropriately Findings include: I. Hand washing A. Professional reference According to the Centers for Disease and Prevention (CDC) Hand Hygiene in Healthcare Settings, last updated 1/31/2020, retrieved from <a href="https://www.cdc.gov/handhygiene/providers/index.html">https://www.cdc.gov/handhygiene/providers/index.html</a>, included the following recommendations: Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an alcohol-based hand sanitizer immediately before touching a patient, before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids or contaminated surfaces, and immediately after glove removal. Wash with soap and water when hands are visibly soiled, after caring for a person with known or suspected infectious diarrhea, and after known or suspected exposure to spores. When using alcohol-based hand sanitizer, put the product on hands and rub hands together. Cover all surfaces until hands feel dry. This should take around 20 seconds. When cleaning hands with soap and water, wet hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use a towel to turn off the faucet. Avoid using hot water, to prevent drying of skin. Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right times. B. Observations On 4/27/2020 at 3:59 p.m., certified nurse aide (CNA) #1 was observed to come back inside from the outside with a resident. She was observed to go to the handwashing sink on the secured unit, and she washed her hands, however, she did not wash her hands for 20 seconds. On 4/27/2020 at 4:27 p.m., CNA #1 was observed a second time to use the handwashing sink. She washed her hands under water, for six seconds. C. Interviews The NHA, director of nursing (DON) and the infection control preventionist (ICP) 9:30 a.m. The ICP said that handwashing should occur before any task, between residents, when they go to the common areas and when become soiled. He said the handwashing should be done with soap and water for 20 seconds. The NHA said the ABHR dries within 10 seconds and therefore can not be rubbed for 20 seconds. The DON said she used the ABHR the night before and she rubbed her hands vigorously, however it dried up prior to the 20 seconds. II. Face masks for residents A. 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 (4/30/2020), <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. B. Facility policy The Personal Protective Equipment (PPE) for Residents and Visitors Policy with a revision dated 0 3/25/2020 read in pertinent parts, PPE is utilized as needed for the protection of residents, staff and visitors. The types of personal protective equipment available to residents and visitors includes: face mask, gloves, impermeable gowns. Education is provided to residents and responsible parties regarding infection control per the Resident and Family education for Infection Control and Infectious Diseases policy. Staff will supply and assist residents with face masks as needed. C. Observations On 4/27/2020 at 4:18 p.m., CNA #2 was observed to enter the room of Resident #1. The resident was coughing. The CNA #2 was observed to bend down to get eye level with the resident to ask if she wanted some water. The CNA was approximately 12 inches from the resident at eye level. The resident continued to cough, while the CNA continued to be within 12 inches. The resident did not have a mask on, and the CNA failed to request the resident place a tissue in front of mouth or a mask on. The CNA proceeded to assist the resident to bed. On 4/27/2020 at approximately 4:45 p.m., CNA #2 entered Resident #3 's room. She spoke to the resident, however she did not ask the resident to cover her mouth with a tissue or to place a mask on. On 4/27/2020 at approximately 4:45 p.m., CNA #3 was observed to enter Resident #4 's room. She spoke with the resident and did not ask the resident to cover her mouth with a tissue or a face mask. On 4/27/2020 at approximately 5:00 p.m., the nursing home administrator (NHA) was observed to serve the dinner meal to Resident #2. The NHA spoke with the resident and assisted the resident to fill the spoon. She did not ask the resident to place a tissue or wear a mask, when she was within 12 inches of the resident. On 4/27/2020 at 5:05 p.m., CNA #4 served dinner to Resident #5 her dinner meal. The CNA #4 failed to ask the resident to place a tissue over her face, while he was serving her meal within 12 inches of the resident. D. Interviews The CNA #1 was interviewed on 4/27/2020 at approximately 4:30 p.m. The CNA #1 said resident did not like to wear the mask. She confirmed that she did not remind the resident to place a tissue over her mouth. She said she had been trained to ask the resident to cover her mouth. The NHA, director of nursing (DON) and the infection control preventionist (ICP) 9:30 a.m. The DON said the staff had been trained to ask the resident to cover their mouth when the staff were working with the residents. She said the secured unit, the residents were not able to keep the masks on. She said the facility had enough cloth masks for the resident use. III. Social distancing on secured unit A. Professional Reference 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: -Cancel all group activities and communal dining -Enforce social distancing among residents. -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. B. Observations On 4/27/2020 at approximately 3:50 p.m., the secured unit had residents sitting at tables not six feet apart. On 4/27/2020 at 4:00 p.m., an unidentified CNA assisted a resident to the dining room table. She sat him next to another resident at a square table. The residents were not social distancing and sitting approximately three feet from each other, with no mask. On 4/27/2020 at 4:05 p.m., Resident #7 was assisted to a table in the dining room. The table had another resident sitting at it. They were approximately three feet from each other. On 4/27/2020 at approximately 4:45 p.m., during the dinner meal, the Resident #6 was observed sitting with another resident which they were approximately three feet away from each other. The CNA #5 was sitting with the two residents and assisting. The dining room had two other tables which had two residents sitting at the tables. They were approximately three feet apart. Interviews The NHA was interviewed on 4/27/2020 at approximately 5:30 p.m. The NHA said the secured unit was difficult to keep social distancing, because the residents move themselves near others. The NHA said the staff had been trained on social distancing. The NHA, director of nursing (DON) and the infection control preventionist (ICP) 9:30 a.m. The NHA said the secured unit had five tables, and it was not possible to ensure that the residents kept six feet apart</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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<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 1)</p> <p>because of the configuration of the secured unit. She said she continued to encourage staff to keep the residents six feet apart. IV. Failure to screen staff properly A. Interviews CNA #5 was interviewed on 4/27/2020 at approximately 5:30 p.m. The CNA #5 said she screened herself including taking her own temperature when she arrived at work each day. The assistant business office manager was interviewed on 4/27/2020 at 5:30 p.m. The ABOM said he would screen visitors and vendors before entry to the facility. He said he took the temperature, asked the screening questions which included, signs and symptoms of COVID 19. He said he screened some staff, however, staff screened themselves for the most part when they came in to work. The dietary aide (DA) was interviewed on 4/27/2020 at approximately 5:30 p.m. The DA said she screened herself when she came to work each day. The NHA, director of nursing (DON) and the infection control preventionist (ICP) 9:30 a.m. The NHA said that when staff come in groups it was difficult to have one person screen all of the staff. She said the staff then screen themselves because they were health care workers and understand temperatures and symptoms for COVID 19. She said the thermometer was audible so the temperatures could be heard. The NHA said it seemed to be safe and reasonable.</p>		