STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065274	A. BUILDING _____ B. WING _____	05/05/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
NORTH STAR REHABILITATION AND CARE COMMUNITY	3185 W ARKANSAS AVE DENVER, CO 80219

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 0657 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to implement a comprehensive care plan for one (R 96) of two residents reviewed for care planning. This failure places the resident at risk for not having services to attain or maintain the resident's highest practicable physical, social, and mental well being. Specifically, the facility failed to implement a plan of care for the resident who was on contact isolation precautions and to develop a plan of care for the [DIAGNOSES REDACTED]. Diagnoses include, but are not limited to, [MEDICAL CONDITIONS]; Type two Diabetes Mellitus with diabetes [MEDICAL CONDITION] (damage to the peripheral nerves); essential hypertension; depression; and [MEDICAL CONDITION]. Observation on [DATE] at 10:10 AM, R 96's room has signage on the closed door which reads, contact isolation, and pictures of gown and gloves are required upon entry. [DATE] at 11:25 AM interview with ADM (Administrator), who reported no COVID-19 cases, about R 96 who is on isolation for PNA (Pneumonia). The ADM hands this surveyor a form entitled, COVID-19 Surveillance Form - Residents the form dated [DATE], has horizontal columns with R 96 name, date of birth, location/room number, symptom onset has date of ,[DATE], symptoms include fever, hospitalization No is indicated by a circle; COVID-19 testing No indicated by a circle, Outcome Survived/deceased nothing marked, Flu tested ? Noindicated by circle, and last question reads, were tests done for other respiratory pathogens? Yes is indicated by a circle, in addition CXR (chest x-ray) +(positive) PNA (pneumonia). Review of R 96's nursing notes on [DATE], late entry at 3:16 PM states on isolation, no order for isolation precautions. Review of Orders dated [DATE] reads, [MEDICATION NAME] (antibiotic commonly for prescribed for infections in the lung) Tablet 750 MG ([MEDICATION NAME]) Give 750 mg by mouth one time a day for infection until [DATE]. Review of the Care Plan for R 96 does not indicate R 96 is on isolation. There are no orders for contact isolation as of [DATE] when reviewing the active order summary report. The care plan, 22 pages, included but not limited to, focus and interventions are Diabetes Mellitus (Date initiated [DATE]); Oxygen therapy relating to [MEDICAL CONDITION] (Dated [DATE]). No focus on PNA or Isolation precautions. Review of R 96's [DIAGNOSES REDACTED]. [DATE] at 2:55 PM interview with the DON, when asked about R 96 and why there wasn't an order for [REDACTED]. When asked is it your expectation any active plan of care, such as contact isolation, be on the care plan, the DON says yes, It is my expectation that isolation precautions are on the care plan. When asked why the attending provider was not notified, reports that she (DON) often make calls to the doctor to assist the nurse, and further states the order was missed. The DON states she is the acting Infection Preventionist (IP), and further states the facility has been without a IP nurse since March. [DATE] at 4:53 PM interview with the Pharmacist, when asked why R 96 was prescribed [MEDICATION NAME], reports he has left lobe infiltrates pneumonia. Review of the Care Plans, Comprehensive Person-Centered policy revised [DATE], under subheading, Policy Interpretation and Implementation, number eight, The comprehensive, person-centered care plan will:, reads in pertinent part, g. Incorporate identified problem areas; h. Incorporate risk factors associated with identified problems; o. Reflect currently recognized standards of practice for problem areas and conditions. Review of the policy titled, Surveillance for Infections, subtitled, Policy Interpretation and Implementation, number eight reads in pertinent part The Charge Nurse will notify the Attending Physician and the Infection Preventionist of suspected infections, c. The attending physician and interdisciplinary team will determine the treatment plan for the resident. Review of Policy # NURS.9902, entitled Changes in Resident Condition, date developed [DATE], reviewed date [DATE], Accountability is Administrator, and Responsibility is the Director of Nursing. Under purpose reads,The resident, attending physician and legal representative or interested family member are notified when changes in condition or certain events occur. On page two of two, second paragraph reads in pertinent part, Immediate notification to physician would include but not limited to: acute changes in respiratory status, significant changes to vital signs. On page two, under subheading, documentation reads in pertinent part, Update the care plan as needed.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**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 provide an environment free from the transmission of infectious diseases. Specifically, the facility failed to: -Implement proper sanitation of supplies between uses. -Promote an environment conducive to the cessation of the transmission of infectious diseases during a pandemic. -Prevent the possible transmission of infectious disease between residents (R 97 and R96) sharing an isolation room. These failures place residents, staff, and visitors at risk for acquiring infectious diseases. Findings include: 1. 5/5/20 at 9:35 AM upon entry into the facility, the receptionist was screening visitors and staff in the foyer. The screening entailed taking temperatures (via scan thermometer across the forehead) and completing questionnaires. On the desk was one ink pen which this surveyor used and submitted the questionnaire to the receptionist. This surveyor placed the ink pen on the desk after completing the questionnaire. The receptionist did not sanitize the ink pen. Observed three other individuals use the same ink pen without any sanitation between use of the ink pen. 5/5/20 at 9:40 AM when asked why the ink pen was not sanitized after usage, the receptionist replied she was trying to get them in. When asked what was she taught, she stated that the ink pens (Multiple use) are to be sanitized after each use. 5/5/20 at 10:30 AM in an interview, the Administrator (ADM) reported I have corrected the issue, and further stated the receptionist will have two cups, one for dirty ink pens, and the other for clean ink pens. The ADM further stated this will eliminate people waiting for a clean pen. 2. Observations at 10:00 AM noted residents on the East Wing and West Wing mobilizing throughout the facility without masks. Throughout this survey, witnessed a resident using a computer in a communal area, residents propelling via wheelchair throughout the building, and residents ambulating around the nursing area, all without masks. Observations at 12:20 PM residents in the dining area sat an individual tables without masks on. During the entire observation time, no staff were observed to remind residents to wear masks when they were out of their rooms. Additionally, there was no resident centered signage noted in the dinning area, halls, computer room, or near the nursing areas to encourage or remind cognitively intact residents of the need to wear masks when they were out of their rooms. Interview with the ADM at 11:25 AM when asked why is there no resident center signage, reports most of the residents are cognitively unaware of what is going on, and stated we (department heads) have a group meeting with the residents, and inform them weekly of happenings. The ADM replied well, some of them do not want to wear them (the masks), we encourage social distancing. When the ADM was informed there was no resident center signage posted in the common areas to remind the residents of social distancing or cough etiquette. The ADM replied well some of them do not understand, when informed the ADM the signage is for the residents that can comprehend, and signage need to be visible since observation of a large percentage of residents were in communal places without adhering to social distancing or covering of mouth and nasal area and staff were not reminding the residents to follow infection control practices. The ADM acknowledged. Interview with the DON at 2:55 PM, when asked why no

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065274	A. BUILDING _____ B. WING _____	**05/05/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
NORTH STAR REHABILITATION AND CARE COMMUNITY	**3185 W ARKANSAS AVE DENVER, CO 80219**

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	(continued... from page 1) resident centered signage to assist in the prevention of infectious diseases was present throughout the facility, the DON stated, I will do it (place resident centered signage) today. 3. Resident 97 (R 97) is an 82 yo male admitted [DATE]. [DIAGNOSES REDACTED]. Review of Section C of the MDS (Minimum Data Sheet) dated March 31, 2020, revealed R 97 has a BIMS (Brief Interview for Mental Status) of five (00-15) indicated R 97 is cognitively impaired. Section G, Functional Status of the MDS, dated [DATE], indicated R 97 requires extensive assistance - resident involved in activity; staff provide guided maneuvering. Observation at 10:10 AM, noted R 97 in a wheelchair near the common area without a face mask with headphones on looking at hand held electronic device. Observation at 12:30 PM, R 97 was in the dinning area with no mask on. Interview at 11:30 AM with the ADM, when asked why R 97 is allowed to move throughout the building without protective barriers, report by the ADM was He is not on isolation, his roommate is. When asked was a risk assessment completed to verify the resident is not a risk for transmission of infectious disease, ADM referred to the DON. When asked was the resident informed and instructed on isolation precautions, the ADM report he speaks Spanish only and is cognitively challenged. Interview with the DON at 3:00 PM when asked was a risk assessment completed for R 97 to assure R 97 is not at risk for transmission of infectious disease, DON replied no, and further stated R 97's bed is near the door, and the curtain separates R 97 from R 96. Shared observations with the DON and stated he was seen in multiple places without protective barrier, how can you protect others in making sure R 97 is not infectious and/or will transmit infectious diseases to others, the DON acknowledged. When shared with the DON/Acting IC (Infection Prevention Control) Nurse that the role is as an Infection Preventionist is to assess the risk and do surveillance for potentially infectious diseases, the DON shared the former IPC Nurse quit in mid March, and the facility is actively pursuing potential candidates for the role as an IPC. 4. Policy Review: Review of the Surveillance for Infections policy revised September 2017. Under sub heading, Policy Statement reads, The Infection Preventionist will conduct ongoing surveillance for Healthcare-Associated Infections (HAIs) and other epidemiologically significant infections that have substantial impact on potential resident outcome and that may require transmission-based precautions and other preventative interventions. Under sub-heading, Policy Interpretation and Implementation number one reads, The purpose of the surveillance of infections is to identify both individual cases and trends of epidemiologically significant organisms and Healthcare-Associated Infections, to guide appropriate interventions, and prevent future infections.