STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065212	A. BUILDING _____ B. WING _____	07/09/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CENTENNIAL HEALTH CARE CENTER	1637 29TH AVENUE PL GREELEY, CO 80634

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 **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 maintain an infection control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of disease and infection such as coronavirus (COVID-19) in three of four halls observed for infection control practices. Specifically, the facility failed to: -Ensure proper personal protective equipment (PPE) isolation techniques were followed for COVID-19 positive Residents (#1, #3, #6, #7 and #8), isolation rooms 202, 206, and readmission isolation room [ROOM NUMBER]; -Ensure proper hand hygiene was performed during donning and doffing of PPE; and, -Ensure thorough screenings for COVID-19 symptoms were documented for Residents (#1, #3, #6, #7 and #8). Findings include: I. Isolation/PPE usage and hand hygiene A. The Centers for Disease Control (CDC) references According to the CDC guidance, Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19, dated 3/20/2020, retrieved 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 . The CDC (2020) Coronavirus Infection Control Recommendations, retrieved from :https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html, revealed in part, Healthcare professionals (HCP) should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses. Universal use of a facemask for source control is recommended for HCP. Accessed on 7/13/2020. The CDC (2020) Hand Hygiene, retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html, revealed in part, Hand hygiene is an important part of the U.S. response to the international emergence of COVID-19. [MEDICATION NAME] hand hygiene, which includes the use of alcohol-based hand rub (ABHR) or handwashing, is a simple yet effective way to prevent the spread of pathogens and infections in healthcare settings. CDC recommendations reflect this important role. The exact contribution of hand hygiene to the reduction of direct and indirect spread of coronaviruses between people is currently unknown. However, hand washing mechanically removes pathogens, and laboratory data demonstrate that ABHR formulations in the range of alcohol concentrations recommended by CDC, inactivate [DIAGNOSES REDACTED]-CoV-2. ABHR effectively reduces the number of pathogens that may be present on the hands of healthcare providers after brief interactions with patients or the care environment. The CDC recommends using ABHR with greater than 60% [MEDICATION NAME] or 70% [MEDICATION NAME] in healthcare settings. Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and are effective in the absence of a sink. Accessed on 7/13/2020. B. Facility policy Review of the Infection Prevention Strategies and Guidance for COVID-19 policy, updated 7/1/2020, provided by the nursing home administrator (NHA) on 7/9/2020 at 1:00 p.m., read in pertinent part: The center should ensure that all staff are using appropriate PPE when they are interacting with patients and residents to the extent PPE is available. Staff should perform hand hygiene, which includes washing hands with soap and water or using an alcohol-based hand sanitizer that contains 60 to 95% alcohol for at least 20 seconds, as appropriate. Conservation strategies should be followed by the center, as necessary, to provide care to the residents and protection for staff. -PPE Surgical face masks should be worn by suspected or confirmed COVID-19 residents when leaving their room for any reason and suspected or confirmed COVID-19 residents when direct care is being provided. N95 respirators should be worn by direct care staff caring for suspected or confirmed COVID-19 residents. Full PPE is recommended in dedicated areas where residents with suspected or confirmed COVID-19 are located. Reusable eye protection (e.g., goggles, face shields) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Personal eyeglasses and contact lenses are NOT considered adequate eye protection. To reuse eye protection, perform hand hygiene, apply a clean pair of gloves. Carefully wipe the inside of the face shield or goggles, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe. Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with environmental protection agency (EPA)-registered hospital disinfectant solution and ensure dwell time is met. Fully dry (place eye protection on a clean paper towel on a clean surface). Remove gloves and perform hand hygiene. Remove and discard gloves when leaving the resident room or care area, and immediately perform hand hygiene by washing hands with soap and water or using an alcohol-based hand sanitizer that contains 60 to 95% alcohol for at least 20 seconds. Keep in mind that glove use doesn't eliminate the need for hand hygiene. -Hand sanitizing Apply alcohol-based hand rub to the palm of one hand and then rub your hands together, covering all surfaces of your hands. Continue rubbing your hands together until all of the product has dried (usually about 30 seconds). C. Manufacturer's instructions Review of the manufacturer's instructions for the Medline Micro-Kill bleach wipe and the bleach-free and alcohol-free disinfectant cleaner wipe, provided by the NHA on 7/9/2020 at 1:03 p.m., read in pertinent part: Our comprehensive disinfectant wipes help reduce risks of cross-contamination and transmission of microorganisms listed on label when used on hard, non-porous surfaces and equipment. -The overall kill time was three minutes for the bleach wipe and 10 minutes for the bleach-free/alcohol-free wipe, the surface must remain wet with the product to achieve disinfection. -The bleach-free/alcohol-free wipe kills 13 microorganisms (coronavirus was not among those listed). The wipe was not to be used on medical equipment. -Individual protection measures include wearing protective gloves. D. Staff education Review of the staff education regarding use of PPE (donning and doffing) provided by the NHA on 7/9/2020 at 1:03 p.m. revealed a date of 3/26/2020 and the education regarding extended use-proper procedures of PPE use was dated 4/7/2020. -The NHA did not provide documentation of any education completed after 4/7/2020. II. Observations and staff interviews On 7/8/2020 at 1:45 p.m. in the common area on the south wing, there was an exit door to the enclosed smoking area. The COVID-19 positive residents were on hall 3 on the south wing. An unknown resident was seen reentering the facility from the smoking area. She used ABHR from a dispenser on the wall next to the door. She swiped her hands together then wiped them on her shorts, readjusted her mask, and proceeded to exit the wing. She passed hall 3 on her way back to the north wing. -At 2:00 p.m. the resident care specialist/certified nurse aide (RCS/CNA) exited COVID-19 positive room [ROOM NUMBER] on south hall 3. She was wearing a surgical mask and her personal glasses. She walked to hall 4 and entered readmission isolation room [ROOM NUMBER]. She did not change her mask or don an N95 mask, goggles or a face shield. After exiting the room she hooked her personal glasses, by the earpiece, into the front of her shirt. The RCS/CNA was interviewed at 2:10 p.m. She said she was supposed to wear an N95 mask and goggles when entering COVID-19 positive resident rooms. She said those items were stored in a paper bag in a room on south hall 2 and staff retrieved them when they needed to enter the positive isolation or quarantine rooms. She acknowledged she did not wear the appropriate PPE when she entered the positive room or the quarantine room. She said her goggles were laying on the counter at the nurse's station and her N95 mask was in the room on hall 2. -At 2:25 p.m. registered nurse (RN) #1 entered isolation room [ROOM NUMBER] wearing full PPE. She exited the room

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** - Some	(continued... from page 1) at 2:27 p.m. wearing goggles and an N95 mask. She walked down the hall, removed both items and placed them on top of her medication cart (med cart) with the outside of the mask laying on the cart. She did not clean the goggles or place the mask in its storage bag. -At 2:30 p.m. the NHA provided documentation of one-to-one education she completed with the RCS /CNA that read, The appropriate PPE must be worn before entering an isolation room. The following PPE is required: -N95 -Face shield/goggles -Gown -Gloves -At 2:37 p.m. the medical doctor (MD) was seen standing at the nurse's station leaning on the raised edge of the wooden counter. He was wearing an N95 mask and gloves. He was documenting on paper in front of him. He had his personal stethoscope draped over his shoulder and a pulse oximeter, provided by RN #1, in his gloved hand. -At 2:42 p.m. the MD approached COVID-19 positive room [ROOM NUMBER] wearing the same gloves. There was no eye protection available for him. RN #1 retrieved her goggles from on top of her med cart, did not clean them, and handed them to the MD. He did not clean the goggles and placed them over his glasses. After applying the goggles, he donned a gown. He then removed the gloves and donned a clean pair. He did not perform hand hygiene prior to donning the clean gloves. He then reached under the gown, retrieved his stethoscope, placed it on top of the gown on his shoulder, and tied the gown. He did not sanitize the stethoscope or the pulse oximeter prior to entering the resident room. -RN #1was interviewed at 2:45 p.m. She acknowledged she did not sanitize her goggles after she exited isolation room [ROOM NUMBER] and placed them on top of the med cart. She said she gave the goggles and a pulse oximeter to the MD to use in the COVID-19 positive room. She said she did not clean them prior to giving them to the MD. She asked, Should I have cleaned them before I gave them to him? -At 2:48 p.m. the MD exited room [ROOM NUMBER] wearing gloves and the goggles. He went to the nurse's station, placed his stethoscope and the pulse oximeter on the ledge next to his paperwork and pen. RN #1 provided the MD with an alcohol-free/bleach-free wipe to clean the pulse oximeter. He used the same wipe to clean his stethoscope. He then placed the soiled wipe on the ledge where it then fell to the floor. He did not pick it up. Still wearing the gloves, he picked up his ink pen and documented on the paper in front of him, touching the paper, his pen, and the ledge. He then wrote something on the palm of his gloved right hand. At this time RN #1 cleaned the goggles with the alcohol-free/bleach-free wipe, with her bare hands and handed them back to the MD. -At 2:57 p.m. the MD walked to south hall 2 to enter isolation room [ROOM NUMBER]. Wearing the same gloves, he approached the isolation cart outside the room. He placed his stethoscope on top of the cart, donned a gown, then placed his stethoscope over his shoulder and entered the room. He did not perform hand hygiene or change gloves. -At 3:04 p.m. the MD exited room [ROOM NUMBER]. He was wearing gloves and goggles. He obtained a disinfecting wipe and cleaned his stethoscope then walked back to close the door to room [ROOM NUMBER]. He removed the goggles and cleaned them with the same wipe he cleaned the stethoscope with and placed both items on top of the isolation cart. He then removed the gloves and used the same wipe to clean his bare forearms. He did not perform hand hygiene and went to the nurse's station with the gloves in his hand and placed them on the ledge next to his pen and paper. He made documentation on his paperwork and returned to hall 2 to enter another isolation room. -At 3:08 p.m. the MD donned gloves and a gown without performing hand hygiene and entered isolation room [ROOM NUMBER]. -At 3:17 p.m. the MD exited room [ROOM NUMBER] wearing an N95 mask and gloves. He approached the nurse's station and applied ABHR to his gloved hands and spread the ABHR onto his bare forearms. He then exited the south wing into the main part of the building wearing the N95 mask and the gloves, carrying his pen and paper. On 7/9/2020 at 9:33 a.m. the nurse practitioner (NP) was seen exiting COVID-19 positive room [ROOM NUMBER]. She was wearing a face shield but no mask. She did not perform hand hygiene, went to the nurse's station and placed her stethoscope on the counter, then obtained a disinfecting wipe to clean it and placed it around her neck. She cleaned the face shield and waved it in the air. -At 9:48 p.m. COVID-19 positive Resident #8 was seen opening the door to her room with her mask below her nose. Staff passed her and did not acknowledge her. She proceeded into the hall. A staff member approached her wearing a surgical mask, donned a gown and gloves. She did not don goggles, a face shield, or an N95 mask, and assisted Resident #8 into her room while leaning forward near the resident's face to speak to her. -At 9:54 a.m. RN #2 was seen entering COVID-19 positive room [ROOM NUMBER]. She was carrying packages of paper towel to place at the sink area in the room. She was wearing a surgical mask and did not don any other PPE. She exited that room, did not perform hand hygiene, opened the door to COVID-19 positive room [ROOM NUMBER], entered, and used the ABHR near that sink, then exited that room. -At 9:57 a.m., while in COVID-19 positive room [ROOM NUMBER], the activity director (AD) told the resident she did not have to wear a mask. -From 10:30 a.m. to 10:41 a.m. Resident #8 had exited her room grabbing onto the isolation cart in the hall. She was not wearing a mask. RN #2 approached the resident wearing only a surgical mask. She did not don PPE. She grabbed the handles of the resident's wheelchair with her bare hands. RN #2 bent forward near the resident's face to encourage her to return to her room. The resident refused. The scheduler approached the resident as well. She applied a surgical mask to the resident's face with her bare hands and the resident immediately pulled it down. She did not don PPE and was only wearing a surgical mask. The resident continued to refuse to return to her room. The scheduler brought Resident #8 a cup of water which the resident then sat on top of the isolation cart. The scheduler then walked away from RN #2 and Resident #8 and entered a supply room to obtain items for another staff member in an isolation room on hall 4. She did not perform hand hygiene. RN #2 then knelt next to Resident #8's wheelchair, to speak to her face to face. Resident #8 did not have her mask on. After Resident #8 agreed to return to her room, the scheduler walked away to hall 2 to obtain her N95 mask and face shield. She did not perform hand hygiene prior to donning PPE. -At 10:41 a.m. RN #2 entered COVID-19 positive room [ROOM NUMBER], wearing a surgical mask, to wash her hands. She did not don any other PPE. She then exited that room and walked to isolation room [ROOM NUMBER]. She entered the room to talk to the resident wearing the same surgical mask and did not don any other PPE. -At 10:43 a.m. RN #2 exited isolation room [ROOM NUMBER], walked to hall 1 and entered non isolation room [ROOM NUMBER]. She was wearing the same surgical mask. -At 11:26 a.m. the AD was observed to use ABHR, rubbing her hands together for eight seconds then waving her hands in the air as she exited the south hall. -At 11:26 a.m. the scheduler donned PPE to enter COVID-19 positive room [ROOM NUMBER], she did not perform hand hygiene prior to donning gloves. She entered the room with a sit-to-stand lift that had been in the hall with a sling draped over it. At 11:34 a.m. she exited the room with the lift and the sling draped over the machine. She placed the lift in the hallway outside room [ROOM NUMBER] and did not clean it. -At 11:30 a.m. RN #2 entered COVID-19 positive room [ROOM NUMBER] wearing only a surgical mask. She spoke to the resident, exited the room and returned with an N95 mask and a face shield. She donned PPE but did not perform hand hygiene prior to donning gloves. -At 11:37 a.m. RN #2 exited isolation room [ROOM NUMBER]. She used a disinfecting wipe to clean the face shield then waved it vigorously in the air and placed it on top of the isolation cart outside room [ROOM NUMBER]. -At 11:38 a.m. the RCS/CNA and the scheduler entered isolation room [ROOM NUMBER] with the sit-to-stand lift and the sling that had been parked in the hall outside room [ROOM NUMBER]. They did not clean the machine prior to using it or when they exited the room with it at 11:50 a.m. The sling was no longer on the machine. -At 11:41 a.m. Resident #8 was seen exiting her room in her wheelchair with no mask on. She was grabbing a hold of the hand rails on each side of her room door to help propel herself out into the hall. RN #2 was wearing a surgical mask and donned a gown and gloves to assist the resident back into her room. She did not perform hand hygiene prior to donning the gloves. She did not don an N95 mask, goggles or a face shield. She bent down into the resident's face multiple times to speak to her. -At 11:44 a.m. RN #2 exited room [ROOM NUMBER] wearing the gown and gloves. She removed those items in the hallway and reentered the resident room to dispose of them and washed her hands at the sink in the room. She did not sanitize the handrails in the hallway that Resident #8 was holding onto when she exited her room. -At 11:52 a.m. RN #2 was seen again on hall 3 outside a COVID-19 positive isolation room waving her face shield in the air after she cleaned it. -At 12:15 p.m. Resident #8 was observed in her room seated in her wheelchair in front of the hand washing sink, eating with her lunch plate on the counter next to the sink. Staff did not acknowledge her or redirect her. -At 12:17 p.m. RN #2 exited COVID-19 positive isolation room [ROOM NUMBER]. She cleaned her face shield and waved it in the air stating, It takes forever for it to dry. -At 12:48 p.m. RN #2 entered COVID-19 positive isolation room [ROOM NUMBER] to deliver medication and when she exited at 12:52 p.m. she again cleaned her face shield and waved it in the air to dry. There were multiple observations on 7/8/2020 and 7/9/2020 of residents from the north wing entering the south wing through closed double doors, having to walk around the nurse's station, past COVID-19 positive and isolation rooms on halls 3 and 4, to exit into the smoking area. When they reentered the building they took the same path back to the north wing. RN #1 said it was the only way for the residents from the north wing to get to the smoking area. The NHA and the director of clinical services (DCS) were interviewed on 7/9/2020 at 1:10 p.m. They said gloves were a one time use item and were to be disposed of after each use. Staff were not to wear gloves in the hallways at any time. They said this applied to any physician or NP that treated residents in the facility. They said the isolation rooms did not have designated vital sign equipment so the MD used his personal stethoscope when he examined residents. They said they needed to provide direct one-to-one education to the MD and physician staff. They said staff were to follow the correct procedures for donning and doffing PPE. They said it was not

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 2) appropriate for the north wing residents to have to enter the south wing and pass by the COVID-19 positive hall to go out to smoke. They said effective immediately they would set up a smoking area off the north wing for those residents. III. COVID-19 status in the building A. Staff interviews The nursing home administrator (NHA) and director of clinical services (DCS) were interviewed on 7/8/2020 at 3:43 p.m. They said they had two positive COVID-19 residents and four positive COVID-19 staff. They said they started weekly testing for residents and staff on 6/22/2020. They said everyone was asymptomatic. They said they were classified as an outbreak on 6/24/2020 or 6/25/2020. The NHA was interviewed again on 7/9/2020 at 9:30 a.m. She said there were three more positive COVID-19 residents resulting in a total of five positive COVID-19 residents in the building. She said three other residents were waiting for their second negative test. She said they did not have an infection prevention staff member at this time. She said the director of nursing (DON) was new in the position and was currently on vacation. The NHA and the DCS were interviewed again on 7/9/2020 at 1:10 p.m. They said they had a total of 20 resident deaths associated with COVID-19. B. Professional reference Review of the COVID-19 checklist for long term care facilities (LTCFs) for preparation and rapid response, https://drive.google.com/file/d/1ej-1kbX20euOGJHkcgO5zJb1TTD1Lf87/view, dated 5/13/2020, revealed Prevention: Active monitoring of all residents should occur once daily to include temperature, heart rate, blood pressure, respiratory rate, pulse oximetry .Rapid response: Increase active monitoring of all residents to two times daily to include temperature, heart rate, blood pressure, respiratory rate, pulse oximetry, changes in mental status and any symptoms (cough, shortness of breath, difficulty breathing, fever, chills, rigors, myalgia, headache, sore throat, new olfactory (smell) and taste disorder) .Ill residents should be monitored at least three times a day. Accessed 7/13/2020. The CDC ((2020) Preparing for COVID-19 in Nursing Homes, retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, revealed in part, Actively monitor all residents upon admission and at least daily for fever .and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement Transmission-Based Precautions as described below .Increase monitoring of ill residents, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least 3 times daily to identify and quickly manage serious infection. Accessed 7/14/2020. IV. Resident screening A. Resident #1 1. Resident status Resident #1, age 68, was admitted on [DATE]. According to the July 2020 computerized physician orders [REDACTED]. 2. Record review Review of the June 2020 and July 2020 medication administration record (MAR) and treatment administration record (TAR) revealed the resident was being monitored for blood pressure, respirations and O2 (oxygen) saturation two to three times a day. Temperature and pulse was monitored once a day. COVID-19 monitoring increased to every four hours on 7/8/2020 for temperature, pulse, respirations and O2 saturations. Review of the progress notes revealed the following: On 7/8/2020 at 16:55 (4:55 p.m.): Resident notified of COVID+ results. She was informed that she will be moved to a different room for isolation. The vitals summary documentation for June 2020 and July 2020 revealed: -Pulse and temperatures were monitored once a day for the month of June. -Pulse was monitored once a day on 7/1, 7/2, 7/3, 7/5, 7/6 and 7/7/2020 and temperatures were monitored once a day on 7/1, 7/2, 7/3, 7/5, 7/6 and 7/7/2020. Resident screening/monitoring should have been completed twice a day once illness was identified in the facility. B. Resident #3 1. Resident status Resident #3, age 76, was admitted on [DATE]. According to the July 2020 CPO, [DIAGNOSES REDACTED]. 2. Record review Review of the June 2020 and July 2020 MAR and TAR revealed the resident was being monitored for pulse, respirations and O2 saturations every four hours from 6/4 to 6/7/2020; for blood pressure, pulse, respirations and O2 saturations once a day from 6/7 to 6/8/2020; for blood pressure, temperatures, pulse, O2 saturations and respirations every four hours from 6/8 to 6/18/2020; or temperatures, pulse and O2 saturations every shift (twice a day) from 6/18 to 7/2/2020; for temperatures, pulse and O2 saturations every shift from 5/7 to 7/2/2020; and for temperature, pulse, respirations and O2 saturations every four hours from 7/2/2020 until current. Blood pressure was monitored once. Review of the facilities COVID-19 tracking; Resident #3 tested positive on 6/29/2020. The vitals summary documentation for June 2020 and July 2020 revealed: -O2 saturations were monitored twice a day on 6/30, 7/1/2020. -O2 saturation monitoring was blank on 6/7/2020. -Respiration monitoring was blank on 6/1, 6/2, 6/3, 6/7 and 6/19 through 7/1/2020. -Pulse rate monitoring was blank on 6/7/2020, -Pulse rate was monitored twice a day on 6/30 and 7/1/2020. -Temperature monitoring was blank on 6/5, 6/6 and 6/7/2020. -Temperatures were monitored twice a day on 6/30 and 7/1/2020. -Blood pressure monitoring was blank on 6/1 through 6/7 and 6/18 through 7/2/2020. -Blood pressure was monitored once a day on 7/3, 7/4, 7/5, 7/6, 7/7 and 7/8/2020. Resident screening/monitoring should have been completed once a day before illness was identified in the facility; twice a day once illness was identified in the facility; and increased to three times a day for ill residents (6/29/2020). C. Resident #6 1. Resident status Resident #6, age 90, was admitted on [DATE]. According to the July 2020 CPO, [DIAGNOSES REDACTED]. 2. Record review Review of the June 2020 and July 2020 MAR and TAR revealed the residents were being monitored for blood pressure, temperatures, pulse, O2 saturation and respirations every shift from 5/7 through 7/8/2020. The residents were being monitored for temperatures, pulse, respirations and O2 saturations every four hours from 7/8/2020 to current. Blood pressure was monitored once. Review of the progress notes revealed: On 7/8/2020 at 16:54 (4:54 p.m.): Resident notified of COVID+ results. She was informed that she will be moved to a different room for isolation. The vitals summary documentation for June 2020 and July 2020 revealed: -Respiration monitoring was blank from 6/1 through 7/7/2020. -Blood pressure was monitored once a day on 6/24 through 7/8/2020. Resident screening/monitoring should have been completed once a day before illness was identified in the facility and twice a day once illness was identified in the facility. D. Resident #7 1. Resident status Resident #7, age 69, was admitted on [DATE]. According to the July 2020 CPO, [DIAGNOSES REDACTED]. 2. Record review Review of the June 2020 and July 2020 MAR and TAR revealed the resident was being monitored for temperature, pulse and O2 saturations every shift from 5/7 through 7/8/2020. The residents were being monitored for temperature, pulse, respirations and O2 saturations every four hours from 7/8/2020 to current. Review of the progress notes revealed: On 7/8/2020 at 16:53 (4:53 p.m.): Resident notified of COVID+ results. He was informed that he will be moved to a different room for isolation. The vitals summary documentation for June 2020 and July 2020 revealed: -O2 saturations were monitored once a day on 6/29/2020, -Respiration monitoring was blank from 6/1 through 6/5/2020, 6/7 through 6/11/2020, 6/13 through 6/22/2020 and 6/25 through 7/6/2020. -Pulse was monitored once a day on 6/29/2020. -Temperature was monitored once a day on 6/29/2020. -Blood pressure monitoring was blank on 6/1 through 6/5/2020, 6/7 through 6/11/2020, 6/13 through 6/22/2020, 6/25 through 7/1/2020 and 7/3 through 7/6/2020. -Blood pressure was monitored once a day on 6/24, 7/2, 7/7 and 7/8/2020. Resident screening/monitoring should have been completed once a day before illness was identified in the facility and twice a day once illness was identified in the facility. E. Resident #8 1. Resident status Resident #8, age 95, was admitted on [DATE]. According to the July 2020 CPO, [DIAGNOSES REDACTED]. 2. Record review Review of the June 2020 and July 2020 MAR and TAR revealed the resident was being monitored for blood pressure, temperatures, pulse, respirations and O2 saturations twice a day from 5/23 through 7/2/2020. The resident was monitored for temperature, pulse and respirations every four hours from 7/2/2020 through current. Review of the facilities COVID-19 tracking; Resident #8 tested positive on 6/29/2020. The vitals summary documentation for June 2020 and July 2020 revealed: -Respiration monitoring was blank on 6/11 through 7/1/2020. -Pulse was monitored once a day on 7/1/2020. -Blood pressure was monitored once a day on 7/2, 7/3, 7/4, 7/5, 7/6, 7/7 and 7/8/2020. -Blood pressure monitoring was blank on 6/11 through 7/1/2020. Resident screening/monitoring should have been completed once a day before illness was identified in the facility; twice a day once illness was identified in the facility; and increased to three times a day for ill residents (6/29/2020). F. Staff interview The NHA and the DCS were interviewed on 7/9/2020 at 1:10 p.m. They said they were not aware the staff was not monitoring all of the aspects of the COVID-19 screening requirements. The DCS said she would look into the identified issues.