

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065251	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2020
NAME OF PROVIDER OF SUPPLIER PAONIA CARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1625 MEADOWBROOK BLVD PAONIA, CO 81428	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, record review and interviews, the facility failed to implement proper infection control standards to prevent possible Coronavirus disease (COVID-19) transmission for two of two resident hallways. Specifically, the facility failed to: -Implement proper use of personal protective equipment (PPE) in relation to staff mask use; and, -Implement proper social distancing upon the memory care resident hallway. Findings include: I. Facility policy and procedure The [MEDICAL CONDITION]/COVID-19 policy, updated 4/13/2020, provided via email from the nursing home administrator (NHA) on 4/17/2020 at 2:46 p.m. read in purpose, to provide guidance to long term care providers on how to prepare for COVID-19, an emerging infection disease, whose incidence in humans has increased or threatens to increase in the near future and that has the potential to pose a significant public health threat and danger of infection to the residents, families, and staff of the skilled nursing center. Staff would be educated on the exposure risks, symptoms, and prevention. Place special emphasis on reviewing the basic infection prevention and control, use of personal protective equipment (PPE), transmission based precautions, and hand hygiene. II. Face mask use A. Observations On 4/15/2020 at 11:30 a.m. the assistant director of nursing (ADON) was observed sitting at the nursing station working on her computer. Her face mask was worn improperly and exposing her nose. Another unknown staff member was observed in the nursing station with a face mask that was not tied on the bottom and you could see her lower lip exposed. On 4/15/2020 at 11:55 a.m. the payroll manager (PR), who also works in environmental services part time, was observed cleaning a resident room. Her facemask was not worn properly not and fully covering her face and exposing her nose. On 4/15/2020 at 11:58 a.m. dietary aide #1 (DA #1) was observed passing out beverages and silverware with a food cart. Her face mask was not worn properly exposing her nose and upper lip while over the food cart and disturbing resident drinks and eating utensils. On 4/15/2020 at 12:30 p.m. DA #2 was observed in the dining room during resident lunch. She was observed working the steam table with her mask falling down and exposing her nose. At 12:44 p.m. DA #2 was observed in the kitchen sorting kitchen ware with her mask falling down again exposing her nose. On 4/15/2020 at 12:47 p.m. the ADON was observed in the dining room assisting a resident with lunch. She was sitting right next to him feeding the resident while her face mask was falling down exposing her nose. B. Staff interviews The ADON was interviewed on 4/15/2020 at 11:48 a.m. She said her mask should have been covering her full face while in the building but that it falls down sometimes. She was also interviewed earlier at 11:24 a.m., and she said the facility had provided training on proper PPE usage which included mask use. Her mask was falling down exposing her nose during the interview. The dietary supervisor (DS) was interviewed on 4/15/2020 at 12:45 p.m. She said all staff, including dietary staff, had been trained on the proper use of face masks. She said they were to wear masks at all times and the nose and mouth should be fully covered. The DON said on 4/15/2020 at 12:50 p.m. staff masks should be at least covering the mouth and nose. III. Social distancing on the memory care unit A. Observations On 4/15/2020 at 11:00 a.m. two unknown residents in wheelchairs were sitting adjacent to each other at a table in the memory care unit common area with staff around. They were not six feet away from each other. At 12:23 p.m. the same two unknown residents were still sitting adjacent to each other in the memory care area with staff around. They were not six feet apart, the residents did not attempt to move from the position the staff placed them in. B. Staff interviews Licensed practical nurse (LPN) #1 was interviewed on 4/15/2020 at 11:10 a.m. She said they have been trained to keep residents at least six feet apart from each other, but with ambulatory and confused residents on the Alzheimer's unit it was difficult to do that at times. The ADON was interviewed on 4/15/2020 at 11:24 a.m. She said she and the staff in the facility have been trained and informed to keep residents six feet away from each other. The activities assistant (AA) was interviewed on 4/15/2020 at 11:35 a.m. She said she had been trained to keep residents six feet apart for social distancing. IV. NHA and DON interview The NHA and DON were interviewed via phone on 4/16/2020 at 9:32 a.m. The DON said the mask should be covering their nose, mouth, and face area. She said they had educated staff on the proper mask usage and told them it was a preventive measure and for the residents. They said staff have all been educated on keeping residents at least six feet apart for social distancing. The NHA said they have marked the floors with tape which indicates six feet so staff and residents know how far to stay away, but they said they have not marked the floors back on the memory care unit. They said they have some folks with cognitive deficits on the memory care unit, and they don't understand the need for social distance so they have to get creative on the memory care side to keep residents apart such as taking the residents for a walk or reorientating them to the day room. V. Follow up information Follow up information from the NHA provided via email on 4/17/2020 at 4:40 p.m. showed they had marked the six feet spacing on the floors of the memory care unit and reeducated staff members.</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.