

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>065100</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ROCK CANYON RESPIRATORY AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2515 PITMAN PL PUEBLO, CO 81004</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, record review and interviews, the facility failed to effectively follow an infection control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of disease and infection. Specifically, the facility: -Failed to ensure staff who provided care to residents in isolation rooms replaced their surgical/N95 face mask, -Failed to ensure doffing of personal protective equipment (PPE) was done in a manner to prevent contamination, and properly dispose of PPE; and, -Failed to ensure active and correct screening was completed for all staff. I. Lack of using necessary PPE A. Reference The CDC, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated July 15, 2020, retrieved from: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html</a>, (7/23/2020) It read in pertinent part: Personal Protective Equipment (PPE): HCP who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE. The PPE recommended when caring for a patient with suspected or confirmed COVID-19 includes the following: Respirator or Facemask (Cloth face coverings are NOT PPE and should not be worn for the care of patients with suspected or confirmed COVID-19 or other situations where use of a respirator or facemask is recommended.): -Put on an N95 respirator (or equivalent or higher-level respirator) or facemask (if a respirator is not available) before entry into the patient room or care area, if not already wearing one as part of extended use strategies to optimize PPE supply. Other respirators include other disposable filtering facepiece respirators, powered air purifying respirators (PAPRs), or [MEDICATION NAME] respirators. -N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol generating procedure. See appendix for respirator definition. Disposable respirators and facemasks should be removed and discarded after exiting the patient 's room or care area and closing the door unless implementing extended use or reuse. Perform hand hygiene after removing the respirator or facemask. Gowns: -Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use. B. Facility policies and procedures The Infection Control Policies and Procedures policy, revised 4/8/2020, was provided on 7/22/2020 at 10:55 a.m. by the director of nursing (DON). The goals of the infection control program are to identify and implement standard and transmission based precautions and appropriate use of personal protective equipment (PPE) for infection control strategies for an emerging infectious disease (EID) event. The Policy was to identify indications for when PPE should be used and the types of PPE used in our facility to provide care to residents and prevent transmission of the disease during and EID. C. Observations On 7/22/2020 at 8:24 a.m., certified nurse aide (CNA) #1 was observed going into room [ROOM NUMBER]. CNA #1 was observed donning her personal protective equipment (PPE). CNA #1 entered room [ROOM NUMBER] closed the door and provided care to the resident. Approximately 20 minutes later CNA #1 exited room [ROOM NUMBER]. She doffed the disposable gown and placed it into a plastic bag. She removed her gloves and goggles and proceeded to sanitize her hands and goggles. She said she would use a mask for the whole week unless the mask became torn or soiled. She said she would place her mask in a paper bag after every shift and retrieve it for her next shift. She said the facility had NP95 masks but did not utilize them since they did not have any positive COVID-19 cases, so we do not have to change mask after exiting isolation rooms. On 7/22/2020 at 8:47 a.m. physical therapy (PT) #1 was observed entering room [ROOM NUMBER]. The room was under isolation for being a new admission. PT #1 had a disposable gown in a plastic bag. She took out the gown, donned the gown, gloves, and goggles. At approximately 9:13 a.m. She exited room [ROOM NUMBER]. She doffed the disposable gown and placed it into a plastic bag. She removed her gloves and goggles and proceeded to sanitize her hands and goggles. She said she only had one mask to last the entire week unless the mask became torn or soiled. She said she was not instructed to change her mask when entering or exiting an isolation room. On 7/22/2020 at PT #2 and assistant director of nursing (ADON) were observed entering room [ROOM NUMBER]. PT #2 and ADON grabbed two gowns from the isolation cart outside of room [ROOM NUMBER]. They both donned their gowns, gloves, and goggles and entered room [ROOM NUMBER]. At approximately 8:55 they both exited room [ROOM NUMBER]. PT #2 and ADON doffed the disposable gown. They removed their gloves and goggles and proceeded to sanitize their hands and goggles. PT #2 and ADON did not change their masks during this process. On 7/22/2020 at 9:35 a.m. the activity staff (ACT) #1 was observed handing out newsletters to all rooms in the rehabilitation unit. ACT #1 was observed entering room [ROOM NUMBER] and room [ROOM NUMBER], which were both isolation rooms for new admits. ACT #1 had a disposable gown in a plastic bag. She took out the gown, and donned the gown. She exited room [ROOM NUMBER]. She doffed the disposable gown and placed it into a plastic bag. She then proceeded to sanitize her hands. She completed the same process of donning and doffing again upon entering room [ROOM NUMBER]. She said she would wear the same mask for a week unless it was wet or dirty. She said she was never told she had to replace her mask when entering or exiting an isolation room. D. Staff interview Assistant director of nursing (ADON) was interviewed on 7/22/2020 at 9:47 a.m. The ADON was told of the observations above. She said staff are required to use full PPE when entering an isolation room. She said staff should put on a gown, gloves, goggles before entering an isolation room. She said the facility did have NP95 masks but are not utilizing them since they do not have any positive cases of COVID-19. She said staff received a mask and they use it for all their shifts. She said they place them in paper bags and reuse them unless they are torn wet or soiled. She said they do not change them every time they go into an isolation room. The ADON said she never really thought about replacing the face masks after exiting the isolation room. She said a negative outcome would be cross contamination and spread of infection. II. Doffing of PPE A. Observations On 7/22/2020 at 8:24 a.m., certified nurse aide (CNA) #1 was observed going into room [ROOM NUMBER]. CNA #1 was observed donning her personal protective equipment (PPE). CNA #1 entered room [ROOM NUMBER] closed the door and provided care to the resident. Approximately 20 minutes later CNA #1 exited room [ROOM NUMBER]. She doffed the disposable gown and placed it into a plastic bag outside the residents ' room. She removed her gloves and goggles and proceeded to sanitize her hands and goggles. She said she would reuse the gown for all isolation rooms. She said the only time she would change her gown was when a resident had [MEDICAL CONDITIONS] (MEDICAL CONDITION) or [MEDICAL CONDITION]-resistant staphylococcus (MRSA). On 7/22/2020 at 8:47 a.m. physical therapy (PT) #1 was observed entering room [ROOM NUMBER]. The room was under isolation for being a new admission. PT #1 had a disposable gown in a plastic bag. She took out the gown, donned the gown, gloves, and goggles. At approximately 9:13 a.m. She exited room [ROOM NUMBER]. She doffed the disposable gown and placed it into a plastic bag outside the resident 's room. She removed her gloves and goggles and proceeded to sanitize her hands and</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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>goggles. She said she would use the same gown for all residents. She said she would only change her gown if a resident had [MEDICAL CONDITIONS]. She said she did not have to use a new gown for the resident in room [ROOM NUMBER] because she was not positive for COVID-19. She said she had received training on PPE from the facility and her professional training. On 7/22/2020 at PT #2 and ADON were observed entering room [ROOM NUMBER]. PT #2 and ADON grabbed two gowns from the isolation cart outside of room [ROOM NUMBER]. They both donned their gowns, gloves, and goggles and entered room [ROOM NUMBER]. At approximately 8:55 they both exited room [ROOM NUMBER]. PT #2 and ADON both doffed their PPE outside of the resident 's rooms. PT #2 removed her gloves and placed them into her right hand. She then removed her gown and rolled her gloves into her gown. The PT #2 walked toward the nursing station and discarded her PPE into the biohazard room. On 7/22/2020 at 9:35 a.m. the activity staff (ACT) #1 was observed handing out newsletters to all rooms in the rehabilitation unit. ACT #1 was observed entering room [ROOM NUMBER] and room [ROOM NUMBER], which were both isolation rooms for new admits. ACT #1 had a disposable gown in a plastic bag. She took out the gown, and donned the gown. She exited room [ROOM NUMBER]. She doffed the disposable gown outside of the resident 's room and placed it into a plastic bag. She then proceeded to sanitize her hands. She completed the same process of donning and doffing again upon entering room [ROOM NUMBER]. She said she placed the gown into her plastic bag as she would reuse the gown every time she entered an isolation room. She said she was never told she could not reuse the gown. B. Staff interviews The director of nursing and staff development coordinator (SDC) were interviewed on 7/22/2020 at 12:48 p.m. The DON and SDC were told of the observations above. The SDC said staff should doff their PPE in the room and not outside of the residents '. The SDC said the facility had adequate PPE but were limiting its use as the facility did not have any positive COVID-19 cases in the facility. The SDC said a negative outcome for not changing surgical masks and gowns would be the spread of infections.</p> <p>III. Failure to ensure active screening and restrict staff with symptoms from working A. The Centers for Disease Control (CDC) recommended guidelines The CDC, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated July 15, 2020, retrieved from: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html</a>. (7/23/2020) It read in pertinent part, Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19: Although screening for symptoms will not identify asymptomatic or pre-symptomatic individuals with [DIAGNOSES REDACTED]-CoV-2 infection, symptom screening remains an important strategy to identify those who could have COVID-19 so appropriate precautions can be implemented. -Take steps to ensure that everyone adheres to source control measures and hand hygiene practices while in a healthcare facility. Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand sanitizer (ABHS) with 60-95% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins. -Limit and monitor points of entry to the facility. -Consider establishing screening stations outside the facility to screen individuals before they enter. Screen everyone (patients, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. -Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature =100.0F or subjective fever. -Ask them if they have been advised to self-quarantine because of exposure to someone with [DIAGNOSES REDACTED]-CoV-2 infection. B. Record review The employee sign in screening form from the nurses station for the east entry on 7/22/2020 included: Certified nurse aide (CNA) #1 recorded a temperature of 99.5, the documented time was 6:00 a.m. The answer for cough, fever or flu was NO. The question, Have you recently traveled outside of the U.S.A., had possible/actual exposure to a COVID-19 patient, or any respiratory infections was answered YES. The question, Have you washed your hands or used an alcohol based hand rub (ABHR) prior to entering the facility was answered YES. -From this form, CNA#1 had an elevated temperature. CNA #2 recorded a temperature of 98.6, the documented time was 6:00 a.m. The form had no questions answered. -Incomplete form CNA #3 recorded a temperature of 97.8, the documented time was 6:00 a.m. The answer for cough, fever or flu was NO. The question, Have you recently traveled outside of the U.S.A., had possible/actual exposure to a COVID-19 patient, or any respiratory infections was answered NO. The question, Have you washed your hands or used an alcohol based hand rub (ABHR) prior to entering the facility was answered NO. -CNA#3 had not washed or sanitized her hands prior to entry to the facility. C. Observations and interviews On 7/22/2020 at 8:00 a.m. the east door of the rehabilitation building was unlocked. Upon entry, licensed practical nurse (LPN) #1 said all visitors were to be screened in at the main building. She said she entered at the east door and would screen herself. She said the nurses station had a screening form for staff to complete when arriving for their shift. She said all the staff screened themselves daily. She said the director of nursing (DON) reviewed the daily screening. On 7/22/2020 at 8:17 a.m. physical therapist (PT) #1 was observed entering the building from the east doors. She went to the nurses station, took her temperature and entered the therapy room. In the therapy room she filled out the employee sign in screening form. On 7/22/2020 at 8:27 a.m. the director of rehabilitation (DOR) said she had staff do their own screenings. She said she kept a separate binder in the therapy room so she could verify the staff had completed the screening. The DON and the staff development coordinator (SDC) were interviewed at 12:47 p.m. The DON said the screening process was for the staff to enter the building they were assigned to, go to the nurses station, take their temperature, and answer the questions on the employee sign in screening form. She said the facility had completed competencies on self-screening. She said if the form was not completed correctly, the staff would not be allowed to work. She said the three entries from that morning. She said CNA #3 had gone for the day, and she would provide education for CNA #1 and CNA #2. She said if an employee was seen not screening properly, she or the SDC would provide the identified staff education. She said the separate binders were easier for the supervisors to keep track of their staff to ensure the screenings were done daily. D. Follow-up On 7/22/2020 at 1:50 p.m. the DON provided an inservice training. The training was titled, COVID Screening Questionnaire: staff will properly fill out the screening questions in its entirety prior to providing care and will be screening by another person and NOT screen themselves to ensure efficacy. The names on the form were CNA #1, CNA #2, and CNA #3, and it was signed by the DON.</p>		

