

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2020
NAME OF PROVIDER OF SUPPLIER MANORCARE HEALTH SERVICES - BOULDER		STREET ADDRESS, CITY, STATE, ZIP 2800 PALO PKWY BOULDER, CO 80301	
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 - Many	<p>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 follow an effective 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 COVID-19. Specifically, the facility failed to: -Ensure staff donned appropriate PPE before entering a presumptive COVID-19 positive isolation room (new admission); -Ensure staff doffed PPE before exiting a presumptive COVID-19 positive room; -Ensure housekeeping staff changed their gloves and performed appropriate hand hygiene between resident care areas during housekeeping services; -Ensure housekeeping staff cleaned high-touch surfaces in resident rooms during routine daily cleaning; and, -Ensure adequate screening of all staff at the beginning of their shift for fever or symptoms of COVID-19. Findings include: I. Professional standards The Centers for Disease Control and Prevention (CDC) Using PPE, last updated 4/3/2020, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html, included the following recommendations for how to put on (don) PPE gear: 1. Identify and gather the proper PPE to don. 2. Perform hand hygiene using hand sanitizer. 3. Put on an isolation gown. Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel. 4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). Do not wear a respirator/face mask under your chin or store in a scrubs pocket between patients. Respirator straps should be placed on the crown of head (top strap) and base of neck (bottom strap). Facemask ties should be secured on the crown of head (top tie) and base of neck (bottom tie). If the mask has loops, hook them appropriately around your ears. 5. Put on a face shield or goggles. 6. Perform hand hygiene before putting on gloves. Gloves should cover the cuff (wrist) of the gown. 7. Healthcare personnel may now enter the patient room. According to the Centers for Disease and Prevention (CDC) Hand Hygiene in Healthcare Settings, last updated 1/31/2020, retrieved from https://www.cdc.gov/handhygiene/providers/index.html: 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. II. Facility policies and procedures The Basic Concepts for Hand Hygiene, date 5/2013, was provided by the NHA on 5/18/20. The policy read in pertinent part: Hand hygiene is the single most important measure for reducing the risk of the spread of infection. Hand hygiene is part of standard precautions. It can reduce the transmission of healthcare associated infections to patients and staff. The term hand hygiene includes either handwashing with soap and water or use of waterless hand sanitizer products (gels, rinses, foams). Hand hygiene occurs before and after each direct patient contact. Handwashing occurs after contact with blood, body fluids, secretions, excretions and equipment or contaminated articles. Consistent practice of good hand hygiene procedures reduces healthcare associated infections by preventing the spread of microorganisms Hand hygiene has been proven to reduce the risk of infections. The following is a list of some situations that require hand hygiene: -when coming on duty; -before and after direct patient contact; -before and after entering isolation precaution settings; -before applying gloves; -after contact with a patient with infectious diarrhea including but not limited to infections caused by norovirus, salmonella, shigella and C.difficile (perform handwashing with soap and water); -after removing gloves or aprons; -after touching items or surfaces in the immediate care area even if the patient wasn't touched; -after handling soiled equipment, surfaces or utensils, and, -after removing personal protective equipment III. Improper staff practices in isolation rooms A. Professional reference The Centers for Disease Control and Prevention (CDC) responding to coronavirus (covid-19) last updated 4/30/2020, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html, included the following recommendations. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. B. Observation and interviews On 5/14/2020 at 11:13 a.m., certified nurse aide (CNA) #1 was observed standing in front of one of the isolation rooms with a surgical mask on. The resident was a new admission from the hospital. CNA #1 donned a gown and a pair of gloves. She entered the presumptive Covid-19 positive room. She did not wear an N95 mask and an eye protector. She was about to exit the isolation room, and there was no trash can accessible at the exit door to doff PPE. She was observed to open the bathroom door with her gloved hand (contaminating the door handle) and she entered the bathroom. She doffed her gown and gloves and exited the room with her surgical mask on. She did not clean or disinfect the door knob that she touched when she opened the bathroom door to doff her PPE. CNA #1 was interviewed at 11:20 a.m. She said she received training on Covid-19 and the training was ongoing. She said the training included hand washing and the appropriate steps in donning and doffing PPE. She said the resident was a new admission and she was on isolation precautions for 14 days. She said she was instructed to wear gloves, gown and a surgical mask before entering the room. She said the resident was not Covid-19 positive so she did not need to wear an N95 and eye protector. She said she was fit-tested for an N95 mask but was instructed not to wear it. She said if the resident was Covid-19 positive, then she would wear an N95 and an eye protector before entering her room. She said the trash can was not accessible at the exit door. She said it was in the bathroom. She said she had to go into the bathroom to doff her PPE. She said disinfectant wipes should have been in the bathroom to wipe the door handle that she touched while going into the bathroom. She said there were no disinfect wipes available in the bathroom to clean and wipe the door handle. She said the trash can should have been at the exit door making it easier to doff PPE without contaminating anything in the room. Registered nurse (RN) #1 was interviewed 5/14/2020 at 11:30 a.m. She said there were five residents on isolation precautions for 14 days. She said they were all new admissions from the hospital. She said the five residents were not Covid-19 positive. She said</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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>before entering the isolation rooms, she would don gloves, a gown and a surgical mask. She said if the residents were Covid-19 positive, then they would wear the full set of PPE to include gloves, gown, N95, face shield and eye protector. On 5/14/2020 at 12:24p.m., social worker (SW) #1 was observed to exit an isolation room. She exited the isolation room with her gloves and gown on. She removed her gloves and gown across the hall after she exited the isolation room. SW #1 was interviewed on 5/14/2020 at 12:30 p.m. She said she received training on Covid-19. She said she was aware to remove her PPE before exiting the isolation room. She said the trash can was not accessible at the exit door. She said the trash can was in the resident's bath room. She said if the trash can was in the room at the door, it would have made it easier for her to remove her PPE before exiting the room. IV. Improper environmental cleaning A. Observation of HK #1 On 5/14/2020 at 10:43 a.m., housekeeper (HK) #1 was observed. She donned gloves but did not perform hand hygiene. She removed a bucket from the cleaning cart and proceeded to the resident's room. In the bucket were a bottle of disinfectant, a commode brush and a rag. She started to clean the bathroom first. She sprayed the disinfectant in the toilet, around the toilet and in the sink. She used a commode brush to clean inside the toilet and around it. She removed a rag from the bucket and wiped down the sink. She exited the bathroom and proceeded to her cleaning cart. She removed the mop from her cart and mopped the floor. She changed her gloves and did not perform hand hygiene. She donned a clean pair of gloves and removed a rag from the cart. She proceeded into the residents' room (shared room). She started with the left side of the room (resident A side). She removed the resident cell phone, cup and a bag of chips from the bedside table. She sprayed the disinfectant on the table and used a rag to wipe it down. She put the resident's cell phone, cup and his bag of chips back on the table after she was done cleaning his side. She proceeded to the right side (resident B side) of the room. She did not change her gloves and perform hand hygiene prior to moving to the right side. She used the same gloved hands to remove the resident's drinking cup from the bedside table. She sprayed the table and wiped it down. She proceeded to her cart and removed the mop. She proceeded to the room and mopped the floor. She exited the room. She did not clean and disinfect highly touched areas such as door knobs, door handles, phones, light switches and call buttons. She removed her gloves and performed hand hygiene. B. Interview with HK #1 HK #1 was interviewed on 5/14/2020 at 11:11 a.m. She said her supervisor provided training to her on how to clean a resident's room but her supervisor was no longer at the facility. She said the process was to clean the bathroom first and then clean the bedroom. She said she was aware to perform hand hygiene whenever she removed her gloves, but she forgot. She said she was not aware of changing her gloves and performing hand hygiene between resident's care areas while cleaning the room. She said she was instructed to clean and disinfect the highly touched surfaces such as door knobs, door handles, phone, light switches and call buttons, but she forgot. C. Observations of HK #2 Cleaning practices of HK #2 was observed on 5/14/20 at 10:34 a.m. Observations of the housekeeping cleaning cart revealed a broom resting in an attached dustpan fastened to the cart. The broom was upside down, with the handle in the soiled dustpan and visibly soil broom head above the surface of the cart. The broom head was positioned approximately two inches from the stack of clean cloths. The HK performed hand hygiene, donned gloves, and collected his cleaning supplies. He reached for a cleaning cloth from the stack of dry cloths on top of the cart. When removing the cloth from the stack, the corner of clean cloth touched the bristles of a broom head. HK #2 entered a resident's bathroom with his cleaning supplies and cleaning cloth. He did not change the cloth after it touched the broom head. -At 10:45 a.m., HK #2 completed the cleaning of the room, doffed his gloves on exit, touched keys, multiple surfaces of his housekeeping cart, and moved his cart in front of another resident's room. He did not perform hand hygiene after doffing his gloves. -At 10:47 a.m., HK #2 donned a new set of gloves without hand hygiene, collected his cleaning surfaces and entered the resident's bathroom. -At 10:54 a.m., HK#2 completed cleaning the bathroom, doffed his gloves inside the bathroom, and exited the room with soiled cleaning cloths held in his bare hand. He placed the soiled cleaning cloths that he used inside the resident's bathroom, placed them into a plastic bag and handled his keys. He did not perform hand hygiene after touching the soiled cleaning cloths. The HK donned a new pair of gloves. He did not perform hand hygiene before donning the gloves. -At 10:55 a.m., HK #2 removed the mop cleaning pad used to clean the bathroom floor from the bottom surface of his mop head with his left gloved hand. In his right gloved hand, he held the mop handle with the same hand he hand a clean damp cloth. He placed the mop pad into a plastic bag and entered the resident's room. HK #2 did not remove his gloves contaminated by the soiled mop head. He did not change the cleaning cloth after it touched the handle of the mop used to clean the resident's bathrooms. Between 10:56 a.m. and 10:58 a.m., HK #2 wiped down high touch surfaces in the resident's room with gloves and a cleaning cloth contaminated by the housekeeping mop. High touch surfaces include the resident's bedside table, and call light push button and cord. With his gloved hands he touched the resident's personal items on the bedside table by sliding them around the table to clean the surface underneath. -At 10:58 a.m., HK doffed his gloves, performed hand hygiene with ABHR and exited the room. D. Interview with HK #2 HK #2 was interviewed on 5/14/20 at 11:28 a.m. According to the housekeeper he should perform hand hygiene before donning ppe and after doffing ppe and felt he conducted hand hygiene appropriately when cleaning residents' rooms. He did not find a concern with placement of the broom next to the clean cloths. He did not find a concern with the same gloves that touched contaminated surfaces such as the mop head, were the same gloves used to clean high touch surfaces in the resident's room. V. Leadership interviews The director of nursing (DON) was interviewed on 5/14/2020 at 1:18 p.m. She said all staff were provided training on Covid-19. She said the training included hand washing, donning and doffing PPE appropriately. She said she was not the infection control specialist (ICS) but she was a part of the infection control process and had been in her position for approximately two months. She said there were five residents who were on isolation precautions for 14 days because they were new admissions. She said the process for new admissions was that they had to be screened by the corporate office. She said the screening process was taking temperatures and screening of respiratory symptoms. She said if the resident had two temperatures below 99 degrees Fahrenheit with no respiratory symptoms then the resident would have met the criteria for admission and would be placed on isolation precautions for 14 days without the use of full PPE. She said if the resident did not meet criteria then they would be placed on isolation precautions with the use of the full PPE to include: gloves, gown, N95, eye protector and face shield. She said all staff were trained to doff before exiting an isolation room. She said SW #1 should have doffed her PPE before exiting the isolation room to prevent the spread of infection. She said she would ensure the trash can was accessible at the exit door for staff to doff without contaminating anything in the room. She said housekeeping staff were trained on hand hygiene. She said HK #1 should have performed hand hygiene when she removed her gloves. She said she should have cleaned and disinfected highly touched areas such as door knobs, door handles, phone, light switches and call button to prevent the spray of infection. She said education would be provided. The interim nursing home administrator (INHA) was interviewed on 5/14/2020 at 2:15 p.m. He said he had been in his position for two weeks. He said all staff were trained on Covid-19. He said currently there was no housekeeping supervisor. He said he and the DON were responsible to supervise housekeeping. He said HK #1 should have performed hand hygiene when she removed her gloves. He said she should have cleaned and disinfected the highly touched areas such as door knobs, door handles, light switches, phones and call buttons to prevent the spread of infection. He said education would be provided to the housekeepers. The ICS was interviewed on 5/15/2020 at 9:30 a.m. she said all staff were trained on Covid-19. She said the training included hand washing for 20 seconds, donning and doffing PPE appropriately, cleaning and disinfecting. She said training was provided to the department's heads and the expectation was for the department heads to train their staff. She said she would randomly at times round up on the units to ensure staff were following infection control practices. She said if there was any break in infection control, she would provide on the spot education to correct the situation. She said all new admissions that met the criteria (see above, DON's interview) were placed in quarantine for 14 days with the use of gloves, gown and surgical mask. She said if the resident had any of the respiratory symptoms related to Covid-19, they would be placed on isolation precautions with the use of the full set of PPE to include N95 mask and eye protection. She said her guidance was from the local health department and state health department (CDPHE). She said the staff should doff before exiting an isolation room to prevent the spread of infection. She said the trash can should be accessible at the exit door for all staff to doff PPE. She said she would provide education to staff and ensure trash cans were accessible at the exit doors. She said all housekeeping staff were trained to perform hand hygiene whenever gloves were removed and between each resident's care areas. She said they were trained to clean and disinfect highly touched areas such as door knobs, door handles, light switches, phones and call buttons. She said she would re-educate HK #1. The assistant vice president of clinical services (AVP), the regional director of operations (RDO) and the medical director (MD) were interviewed along with the facility management team on 5/15/2020 at 1:45 p.m. The AVP said the process for new admissions was if the resident came from a hospital that was Covid-19 positive, the resident would have had exposure and would be put on isolation precautions for 14 days with the use of full PPE including N95 mask and eye protection. She said if the hospital did not have Covid-19, then the resident would be placed on isolation precaution for</p>		

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 2)</p> <p>14 days but not with the use of full PPE. They were made aware of the CDC guidelines regarding new admissions. The RDO said she would update the policy to ensure the appropriate use of PPE for new admissions was implemented to prevent the spread of infection.</p> <p>VI. Inadequate staff screening process A. Professional standards The Centers for Disease and Prevention (CDC) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (revised), dated 3/13/20, retrieved from https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf, included the following recommendations: Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home. B. Observations The front entrance screening process was observed on 5/14/20 at 9:40 a.m. The receptionist reviewed the screening questions with individuals entering the facility, encouraged hand hygiene and took their temperature ensuring it was under 99 degrees Fahrenheit. The NHA clarified the facility's staff screening process. According to the NHA, staff may enter through the front or the back entrances of the facility. He said staff entering through the back entrance conduct their own screen for signs and symptoms of COVID-19. The employee self-screening set up was observed on 5/14/20 at 11:35 a.m. The self-screening tools were found on a small counter next to the employee break room, near the back entrance. The observed tools included a thermometer, alcohol wipes, one pen, a log, and a questionnaire. C. Staff interviews Certified nurse aide (CNA) #2 was interviewed on 5/14/20 at 11:40 a.m. According to the CNA, most staff enter the facility through the back entrance. She said she completed her own screening to enter the facility. She said no one verified her temperature or reviewed signs and symptoms or risk of exposure when she entered the facility other than herself. The staffing coordinator (SC) was interviewed on 5/14/20 at 11:45 a.m. The SC said the majority of the staff do their own screening for COVID-19 because they enter the facility from the back entrance. She said she often entered the facility through the front entrance where the receptionist verified her temperature and reviewed any signs and symptoms or her recent risk of exposure. The receptionist was interviewed at 11:50 a.m. The receptionist said she was trained to ensure no one entered the facility with possible signs and symptoms of COVID-19. She said each individual must complete the screening process to proceed past the front lobby and into resident care areas. She said she was trained to look for possible signs of concern such as a fever over 99 degrees F., red eyes, sweating, or any other possible appearance of a potential illness. She said she was responsible for reviewing other symptoms that the individual may be experiencing. She said she also reviewed their recent risk of exposure to COVID-19. She said only a few staff enter the facility through the front entrance for her to actively screen. The business office manager (BOM) was interviewed 5/14/20 at 1:05 p.m. She said she was responsible for screening anyone who entered the facility in the morning before the receptionist arrived or when the receptionist was on a break. She said she was trained to actively screen any staff members who enter from the front entrance. The BOM said she ensures that they have not had known exposure to COVID 19, exhibiting symptoms and temperature was under 99 degrees F. The DON was interviewed on 5/14/20 at 1:08 a.m. She said she allowed staff to take their own temperature and complete the screening questionnaire. She said she trusted her staff and stated that they would not put residents at risk for COVID-19. She said she also did not have the staffing resources available to allocate a nurse or trained staff member to actively screen and monitor staff entering the facility through the back entrance at change of shift. The NHA was interviewed on 5/14/20 at 2:05 p.m. He said the facility was not actively screening all their staff when they entered the facility but should have been. He said the facility did not have a staffing shortage and felt that resources could be made available to ensure all staff entering the facility could be actively screened and monitored by a trained staff member to verify all staff entering the facility did not have exposure to or signs and symptoms of COVID 19. The infection control preventionist (ICP), was interviewed on 5/15/20 at 9:45 a.m. The ICP said she was concerned about the facility's current staff screening process. She said she did not support the practice of allowing staff to enter from the back entrance. She said there was no one to monitor and ensure that staff were not potentially bringing in COVID. She said a nurse was originally posted at the back entrance to perform the employee COVID screening but was later removed. She said she was told that the facility could not dedicate a person to the back entrance because the facility was short on staff. A nurse no longer provided the screening when staff entered the facility from the back, resulting in staff having to self-screen. The assistant vice president of clinical services (AVP) was interviewed with facility management, the medical director and the regional director of operations on 5/18/20 at 11:04 a.m. According to the AVP, the facility should actively screen each staff member entering the facility. She said she would provide the guidance and tools needed to assist the facility in their staff screening process.</p>		