

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065231	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2020
NAME OF PROVIDER OF SUPPLIER UNIVERSITY PARK CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 945 DESERT FLOWER BLVD PUEBLO, CO 81001	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, record review and interviews, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility failed to follow infection control procedures to prevent the spread of pathogens within the facility. Findings include: I. Professional reference The Center for Clinical Standards and Quality/Quality, Safety & Oversight Group Memorandum Ref:QSO-20-14-NH ((DATE)20) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED), documented in pertinent part: Limiting visitors and individuals: Expanded recommendations: 2. Facilities should increase visible signage at entrances/exits, offer temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the facility (if supply allows). Also, provide instruction, before visitors enter the facility and residents' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or for a certain situation as mentioned above. II. Observations The staffed front desk with a visitor screening and hand hygiene station was observed on 3/10/2020 from 12:37 p.m. to 1:08 p.m.: -At 12:37 p.m. four staff entered the building at the initial entrance without hand sanitization. -At 12:40 p.m. a visitor entered without performing hand sanitization and was not provided education on hand hygiene, limiting surfaces touched, and the use of personal protective equipment (PPE) according to the current facility's policy. -At 12:49 p.m. a visitor entered the facility, did perform hand hygiene, but did not receive education on hand hygiene in the facility. -At 12:49 p.m. a staff entered the building without performing hand hygiene. -At 12:49 p.m. a staff entered the building without performing hand hygiene. -At 12:49 p.m. a staff entered the building without performing hand hygiene. -At 12:53 p.m. a staff entered the building without performing hand hygiene. -At 12:59 p.m. a vendor (pharmacy delivery) entered the building and did perform hand hygiene, but did not receive education on hand hygiene. -At 12:59 p.m. a staff member did perform hand hygiene before entering the facility. -At 1:00 p.m. a vendor (carrying a piece of medical equipment) entered the building without performing hand hygiene or receiving education on hand hygiene. -At 1:03 p.m. a family visitor entered the building without performing hand hygiene or receiving any education on hand hygiene. -At 1:06 p.m. two staff entered the building, one performed hand hygiene, one did not, before entering the facility. -At 1:06 p.m. two family members entered the building without performing hand hygiene, and did not receive education on hand hygiene. -At 1:06 p.m. a staff entered the building without performing hand hygiene. -At 1:08 p.m. a visitor entered the building without performing hand hygiene and did not receive education on hand hygiene. III. Record review Upon entry to the facility, the receptionist (RCT) asked all visitors and vendors to fill out a form titled Enhanced Visitor Sign-In. The form had a column for the visitor name, phone number, the resident name to be visited, the room number of the resident to be visited, if the individual had traveled recently, had a fever, had a cough, had shortness of breath, and time in and out. Review of six random staff from the current schedule identified the randomly chosen staff had received hand hygiene training and had completed competencies. IV. Interviews The RCT was interviewed on 3/10/2020 at 1:10 p.m. She said the training she had received for entry to the facility included the form. She said the form was started the previous evening ((DATE)20). She said she was trained to explain the form was a new procedure, fill out name tags that identified an individual had completed the form, ask the questions, and if a visitor said yes to any of the questions, she was to notify the NHA, director of nursing (DON), and assistant DON (ADON), and they would make the decision for entrance. She said that was her only training. The DON was interviewed on 3/10/2020 at 1:23 p.m. She said the RCT should have had visitors and vendors perform hand hygiene prior to entry to the facility. She said she was surprised the observed staff did not perform hand hygiene upon entry to the facility. She said the RCT was trained by the NHA, DON, and the ADON the previous night ((DATE)20). She said the training was for her to explain the form, ask the questions, and if anyone had said yes for the RCT to get the NHA, DON or ADON to determine admission into the facility. The DON said the training included encouragement of hand hygiene. Registered nurse (RN) #3 was interviewed on 3/10/2020 at 2:29 p.m. She said she had received several training sessions recently on hand hygiene and the importance of hand washing. She said hand hygiene needed to be performed entering and exiting a resident room, before and after any cares were provided for a resident, after she picked up anything off the floor, and coming in and going out of the building. Housekeeping (HSGK) #1 was interviewed on 3/10/2020 at 2:33 p.m. She said she had received education on hand hygiene upon hire and very recently. She said she had to wash her hands going into and exiting any room and when changing or taking off gloves. She said staff needed to perform hand hygiene when entering or exiting the facility.</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.