STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065120	A. BUILDING _____ B. WING _____	**04/22/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CLEAR CREEK CARE CENTER	**7481 KNOX PL WESTMINSTER, CO 80030**

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	**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 establish and maintain an infection control and prevention program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections such as Coronavirus disease (COVID-19). Specifically, the facility failed to follow infection control procedures and effectively educate staff related to isolation and the proper use of personal protective equipment (PPE). I. Facility policy The company COVID-19 Policy, [DATE], was provided by the nursing home administrator (NHA) on [DATE] at 12:00 p.m. it read in pertinent part: Effective immediately, all staff will be re-educated in regard to: -Hand washing, to include when, how, how often and with what agents (e.g. soap and water or alcohol based solutions); -Standard infection prevention policies; -Appropriate use of PPE (which items and when to use them) with an emphasis on masks; -Any emerging changes related specifically to COVID-19 as they are identified. It is critical that all staff being educated both understand the information being presented and know where to go for any unanswered questions. II. Entrance conference On [DATE] at 11:20 a.m. the NHA was interviewed and stated the facility had 18 positive resident cases of which 14 were currently in the facility, three had expired and one was currently hospitalized . He continued to state five staff members had tested positive and many other staff members were out with symptoms. He stated the positive residents were all on the back hall and the facility was doing their best to keep staff consistent in the positive areas. He stated the facility had run out of isolation gowns so the staff were using cloth hospital gowns and plastic rain ponchos which had just been purchased that day ([DATE]). He stated the facility received four boxes of N95 respirator masks from the county health department, though could not replenish their gowns. He stated all staff were wearing the N95 respirator masks when caring for COVID-19 positive residents. III. Staff observations and interviews On [DATE] at 11:41 a certified nurse aide (CNA #2) was observed to enter a COVID positive room wearing two surgical masks, he did not wear a gown, gloves, or eye protection. At 11:47 a.m. CNA was interviewed and stated gowns were kept in the COVID positive rooms so they could be reused. He stated he did not know if any other staff was using the gown in the room and the gown did not have his name on it. He stated he donned and doffed gloves in the room. At 11:58 a.m. CNA #1 was observed leaving a COVID positive room with a linen bag. She was wearing an N95 mask with a surgical mask over the N95 mask and was not wearing eye protection and did not change her mask. She proceeded to the dirty utility room and was observed to perform hand hygiene. At 12:00 p.m. CNA was observed entering a non COVID room to answer a call light. At 12:02 p.m. the CNA was interviewed and stated she had doffed her dirty mask and replaced it with a clean mask prior to exiting the COVID positive room. She stated she wore a gown while in the room and doffed it prior to leaving and stated she did not wear eye protection. She stated she wore the N95 mask throughout the day. She stated the positive room she was observed exiting was the only positive room on her assignment. At 12:10 p.m. CNA #3 was observed leaving a COVID positive room wiping his forehead on his arm. He was observed wearing an N95 mask with a surgical mask over the N95 and was not wearing eye protection. He was interviewed and stated he wore an N95 respirator mask throughout the day with a surgical mask over it for each COVID positive room. He stated he changed the outer surgical mask for each COVID positive room. He stated the gowns were kept inside the positive rooms and were reused and the facility had run out of isolation gowns so cloth hospital gowns were being used. He stated he was responsible for five COVID positive rooms and three negative rooms on his assignment and did not change his N95 mask at all during his shift. At 12:17 p.m. CNA #2 was again observed entering a COVID positive room. He was wearing the same two surgical masks and was donning a plastic rain poncho. He stated he had an N95 mask last week but it became soiled and he had discarded it. He stated he had not received a new N95 mask from the facility and he did not know who to ask for one. He stated he did not know if an N95 mask was required for entry to positive rooms and he was responsible for two positive rooms on his assignment and five negative rooms. He stated the plastic ponchos were new PPE that day and he was unsure whether they were for re-use or multiple use and had not received education on how the ponchos were being used in the facility. IV. Interviews The NHA was interviewed on [DATE] at 12:55 p.m. and stated the facility was doing the best they could with the staffing and PPE the facility had available. He stated he could not answer whether staff should be changing their masks between positive and negative rooms and would have the director of nursing (DON) answer questions related to masks. He stated he was aware the staff assignments included both positive and negative resident rooms and these assignments could lead to further spread of [MEDICAL CONDITION] if infection control procedures were not followed. The DON was interviewed on [DATE] at 1:17 p.m. and stated the staff were being re-educated related to mask use and all were being provided with two N95 respirator masks. She stated the corporate guidance had been that surgical masks were just as effective as N95 respirator masks, though staff should be changing their masks between positive and negative rooms. She stated the staff had been able to choose the type of mask they wanted to wear as some staff were not comfortable in N95 masks because they were too tight. She stated the staff would be wearing N95 masks from that point on. The NHA was interviewed again at 1:28 p.m. and stated corporate education and guidance were provided at least twice a week related to [MEDICAL CONDITION] and changes in the guidance. He stated once the guidance was received it was passed on to floor staff through meetings, 1:1(one to one) education, electronic trainings, and signage throughout the facility. The NHA was interviewed again at 5:15 p.m. and stated the staff education related to mask use had been changed so many times, the staff must have gotten confused regarding which mask to use, when to use them, and when to change them. V. Record review A. Staff education A series of staff educations were provided by the facility and were reviewed offsite. On [DATE] staff received basic Coronavirus training. On [DATE] housekeeping staff received training related to transmission based and droplet isolation precautions. On [DATE] all staff received general Coronavirus training from the centers for disease control (CDC). On [DATE] all staff received training and guidance related to social distancing, attempting to socially distance residents, and resident hand hygiene. On [DATE] all staff received training and guidance related to re-using isolation gowns, using cloth gowns and donning PPE. There was no guidance related to doffing PPE. On [DATE] staff received training related to N95 respirator masks. The training included how and when to use N95 masks and how to store them for re-use. Additionally the training read each staff member would receive two N95 masks from the facility and two paper bags. One mask would be used in COVID positive rooms and the other would be used in negative rooms. B. Staff education after entrance of survey On [DATE] all staff received training on COVID: Isolation and critical use of PPE. The training included guidance on transmission based and droplet isolation precautions, how to don, doff, and preserve PPE, how and when to disinfect multi-use equipment, and conservation of alcohol based hand rub (ABHR). -Hand hygiene competencies were completed with all staff between [DATE] and [DATE]. The education provided did not include any PPE donning or doffing competencies. Educations prior to the onsite visit on [DATE] did not include training or guidance related to the use of masks, properly donning or doffing PPE, or specific training on isolation precautions.

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.