STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065015	A. BUILDING _____ B. WING _____	**05/08/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MOUNTAIN VISTA HEALTH CENTER	**4800 TABOR ST WHEAT RIDGE, CO 80033**

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.** Based on observations, record reviews, and interviews, the facility failed to provide an environment conducive to the prevention of transmissible diseases. Specifically, the facility failed to ensure agency staff was instructed on the cleaning of multiple use equipment. The facility failed to ensure ABHR (Alcohol Based Hand Rub) was readily available for staff use with residents on contact isolation in the Memory Care Unit. These failures place residents, staff, and visitors at risk for acquiring infectious diseases. Findings include: 1. Observation on May 7, 2020 at 10:32 AM in the Memory Care unit, revealed an isolation cart (Plastic bin with three drawers) near the doorway of ___(room number), with a droplet precaution sign on the door, indicating what PPE (Personal Protective Equipment) was required before entry into room. A wall mounted ABHR (Alcohol Base Hand Rub) container was observed to be empty and to have a sticky note on it indicating there is no ABHR. There was no ABHR in any of the drawers of the isolation cart. When LPN1 was asked if the resident in ___ (room number) was on isolation, LPN1 stated, Yes, When asked where is the ABHR, as one of the requirements prior to donning PPE. LPN1 looked at the wall mounted ABHR, and noted it was empty, then LPN1 stated, It should be in his bin (isolation cart). LPN1 looked in all three drawers of the isolation cart, and stated, Well, they are normally there .let me go get some. LPN1 left the locked unit of the Memory Care Unit, and returned approximately seven minutes later with several (more than three) containers of ABHR. Interview with LPN1, when asked why the wall mounted ABHR was empty, LPN1 stated, they were throwing the bags away, and we been using the portable. When asked who is responsible for replacing them, LPN1 stated, We all are, when we notice it being empty. 2. Observation on May 7, 2020 at approximately 11:00 AM revealed RN1 coming from a resident's room with a portable tympanic thermometer, RN1 began cleaning the thermometer with one inch alcohol pads. When asked is that the facility's thermometer, RN1 stated, No, I bring my own thermometer and blood pressure cuff. When asked does the facility supply these items, RN1 stated, I don't know .I know they supply it for the COVID residents, and it's in their rooms. When RN1 was asked is alcohol pad an approved disinfectant for the multiple resident use thermometer, RN1 stated, I don't know. When asked have you asked someone where they keep thermometers and disinfectant, RN1 stated,Look, I am an agency nurse, and I am hour and half behind passing meds . Interview with the DON (Director of Nursing) on May 7, 2020 at 11:15 AM, when asked does the facility supply portable thermometers and blood pressure cuffs for the nurses, the DON walks with this surveyor to the nursing desk, and shows approximately (five) blood pressure cuffs and other equipment. When the DON was asked are alcohol pads an approved agent for disinfection of multiple use equipment, the DON states No, we have some cleaner we use for equipment. When the DON was asked was RN1 asked or expected to bring her personal thermometer and blood pressure cuff for use while working, the DON states, No, we have the things she needs. When asked who orients agency nurses to infection control procedures, including but not limited to disinfecting multiple use equipment, the DON stated, the agency does competencies, and sends them to us (facility). Record review of the contract between the facility representative and _____(Name of the agency), dated and signed by both parties on 1/7/20, on page two of four, number nine, Facility Rules and Regulation, reads in pertinent part, It shall be the responsibility of facility to orient Individuals to the facility and acquaint the employee with facility's nursing policies as may be necessary to perform their temporary duties. In an interview with the DON, Corporate Clinical Director (CCD), and NHA (Nursing Home Administrator) at 12:30 PM, when asked for competencies for RN1, DON and the (CCD) submitted a profile checklist from ___(Name), nothing indicated infection control including but not limited to disinfection for equipment was listed, and the CCD states, yea, we noticed and we called them .they are supposed to send it to us. They brought documentation of screening questionnaire for COVID-19, and for donning and doffing PPE, and PPE presentation by CHCA (Colorado Health Care Association & Center for Assisted Living) on providing safe meal service in residential care during COVID-19 crisis : Leaning on Best Practices., and blank competency check list, in which RN1's Agency is not listed. At approximately 2:00 PM, the DON submitted a signed document that RN1 was educated on the acceptable agent to clean equipment with and infection control practices. , .

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.