

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065387	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2020
NAME OF PROVIDER OF SUPPLIER FOREST STREET COMPASSIONATE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3345 FOREST ST DENVER, CO 80207	
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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E 0015 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Address subsistence needs for staff and patients.</p> <p>Based on observations, record review and interviews, the facility failed to implement and follow Centers for Disease Control (CDC) guidelines related to personal protective equipment (PPE) usage to prevent possible transmission of the infectious disease, COVID-19. Specifically, the facility failed to ensure adequate PPE supply for the facility. Findings include: I. Facility policy: Review of the Facility Plan for Coronavirus COVID-19, undated, was provided by the regional clinical nurse (RCN) on 4/27/2020 at 11:45 a.m. and read in part, The purpose of this plan is to provide additional information to support the facility's COVID-19 pandemic plan. The COVID-19 situation is fluid and the response plan likely will require periodic alterations to remain aligned with the most current recommended approaches. The impact of the COVID-19 pandemic in our communities can not be predicted. As a result, our facility has put some measures in place to prepare for such an outbreak and protect both, our residents and staff. The facility will maintain appropriate personal protective equipment (PPE). Supplies will be ordered routinely and vendors will be notified should the facility's needs for supplies increase. If PPE becomes unavailable due to national shortage, the facility will follow CDC recommendations on PPE re-use and alternative PPE equipment. The Action Plan for Inadequate Supply of PPE, dated 4/2/2020, read in part, Facility will contact local community seamstresses to make alternative masks. Facility will provide and encourage staff to use the locally made masks for patient care until facility is able to acquire the standard approved masks. Facility has contacted and will continue to contact city and county of Denver and public health agencies for possible assistance with PPE, especially surgical and N95 masks (in back order). Facility has placed order for surgical and N95 from (medical supply company). II. Professional references Review of the CDC website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html, updated 4/15/2020, revealed in part, Key strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs). Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply. Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html, (updated April 13, 2020), in part: Healthcare Personnel (HCP) As part of source control efforts, HCP should wear a facemask at all times while they are in the healthcare facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. If there are anticipated shortages of facemasks, facemasks should be prioritized for HCP and then for patients with symptoms of COVID-19 (as supply allows). Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required. The Center for Disease Control (CDC), Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (4/30/2020), https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#minimize, (Update April 13, 2020) Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others (e.g., HCP, visitors) enter the room. Screening for symptoms and appropriate triage, evaluation, and isolation of individuals who report symptoms should still occur. III. Observations On 4/27/2020 at 12:15 p.m., a male resident was observed on the hallway, propelling his wheelchair towards the patio/garden door. The resident said he was going outside to smoke a cigarette. The resident did not have a face mask or other face cover. On 4/27/2020 at 12:45 p.m., a male resident was observed ambulating in the hallway. He had no face mask or face covering. On 4/27/2020 at 12:46 p.m., a male resident in a wheelchair was propelling in the hallway. He had no face mask or face covering. On 4/27/2020 at 12:59 p.m., a female resident was ambulating in the hallway. She had no face mask or face covering. On 4/27/2020 at 1:12 p.m., a male resident in a wheelchair was propelling himself in the hallway. He had no face mask or face covering. IV. Interviews Resident #1 was interviewed on 4/27/2020 at 1:14 p.m. He said he walks the halls two to three times a day. He said the facility had not offered him any kind of mask or face protection. Resident #2 was interviewed on 4/27/2020 at 1:16 p.m. He said he goes outside to smoke frequently, or as much as they will let me. He said he does not have a face mask or face protection. He said he had not been offered anything and he would wear one. Certified nurse aide (CNA)#1 was interviewed on 4/27/2020 at 12:30 p.m. She said the residents did not have any type of facemask in their rooms. She said the facility has not been enforcing use of facemasks by residents when they come out of their rooms. The regional clinical nurse (RCN) said that two of the residents had been offered a mask. He could not recall which two residents. He said the residents should have a face mask when they are out of their rooms. He said we need to work on this. V. Record review According to the Resident Line List, a template for date collection, dated 4/26/2020, revealed that out of 52 residents in the facility, 51 were tested for COVID-19. Twenty-four residents were positive for COVID-19. Eleven residents' laboratory result was negative for COVID-19. Sixteen residents were hospitalized. According to the Staff Line List, a template for date collection, dated 4/26/2020, revealed that out of 53 facility staff tested for COVID-19, 20 had positive laboratory result. VI. Interview The regional clinical nurse (RCN) was interviewed on 4/27/2020 at 1:55 p.m. He said most of the essential facility staff was ill with COVID-19 or quarantined due to the exposure. He said the corporate office was bringing management and essential staff from other states and used agency staff. He said the facility had enough PPE supply for approximately one week, in the current situation. He said the facility had 500 surgical masks, 50 - N95 masks, NO clothes face masks for residents use, 6 goggles for eye protection, 10 cases gloves and 15 - 4 ounces bottles of alcohol-based hand rub (ABHR). He said the facility received recently 1000 disposable gowns from the Health Department.</p>		
F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</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, including COVID-19 novel coronavirus in four of four resident neighborhoods. The failure affected all residents present in the facility which placed the facility in an immediate jeopardy situation. Specifically, the facility failed to: -Timely and appropriately provide an infection control training for staff and residents with emphasis on COVID-19; -Ensure residents had face masks/coverings while outside of their rooms; -Timely and appropriately assess residents for signs and symptoms of upper respiratory infection of COVID-19; and -Label chemicals with the chemical name and manufacturer information, and appropriately dilute bleach, used by the facility staff to disinfect surfaces, according to CDC guidelines. The facility's failure to monitor residents' upper and lower respiratory tract infection for signs and symptoms of possible COVID-19 novel coronavirus, according to standards of practice, coupled with the staff lack of knowledge and training created the situation for serious harm likely to occur at a level of immediate jeopardy due to potential transmission of [MEDICAL CONDITION]. Findings include: I. Record review - resident and staff status The Resident Line List, a template for data collection, dated [DATE], revealed that out of 52 residents in the facility, 51 were tested for COVID-19. Twenty-four residents were positive for COVID-19. Eleven</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 - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 1)</p> <p>residents' laboratory results were negative for COVID-19. Sixteen residents were hospitalized. The Staff Line List, a template for data collection, dated [DATE], revealed that out of 53 facility staff tested for COVID-19, 20 had positive laboratory results. II. Face masks for residents A. CDC recommended guidelines The Center for Disease Control (CDC), Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings ([DATE]), https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#minimize, (Update [DATE]), included: Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others (e.g., HCP, visitors) enter the room. Screening for symptoms and appropriate triage, evaluation, and isolation of individuals who report symptoms should still occur. B. Observations On [DATE] at 12:15 p.m., a male resident was observed in the hallway, propelling his wheelchair towards the patio/garden door. The resident said he was going outside to smoke a cigarette. The resident did not have a face mask or other face covering. On [DATE] at 12:45 p.m., a male resident was observed ambulating in the hallway. He had no face mask or face covering. On [DATE] at 12:46 p.m., a male resident in a wheelchair was propelling in the hallway. He had no face mask or face covering. On [DATE] at 12:59 p.m., a female resident was ambulating in the hallway. She had no face mask or face covering. On [DATE] at 1:12 p.m., a male resident in a wheelchair was propelling himself in the hallway. He had no face mask or face covering. C. Interviews Resident #1 was interviewed on [DATE] at 1:14 p.m. He said he walks the halls two to three times a day. He said the facility had not offered him any kind of mask or face protection. Resident #2 was interviewed on [DATE] at 1:16 p.m. He said he went outside to smoke frequently, or as much as they will let me. He said he did not have a face mask or face protection. He said he had not been offered anything and he would wear one. Certified nurse aide (CNA) #1 was interviewed on [DATE] at 12:30 p.m. She said the residents did not have any type of face masks in their rooms. She said, The facility has not been enforcing use of facemasks by residents when they come out of their rooms. The regional clinical nurse (RCN) said that two of the residents had been offered face masks. He could not recall which two residents. He said the residents should have a face mask when they are out of their rooms. He said, We need to work on this. II. Resident screening for signs and symptoms of COVID-19 A. Professional reference The Centers for Disease Control and Prevention https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html (updated [DATE]), read in part: Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness. Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >99.0oF might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19. People with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness. Symptoms may appear [DATE] days after exposure to [MEDICAL CONDITION]. People with these symptoms may have COVID-19: cough, shortness of breath, fever, chills, muscle pain, sore throat, and new loss of taste or smell. This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea. Colorado Department of Public Health and Environment Covid-19 Preparation and Rapid Response Checklist for Long Term Care Facilities (LTCF's), retrieved from: https://covid19.colorado.gov/ltrcf on [DATE]. Rapid response, Increase active monitoring of all residents to two times daily to include temperature, heart rate, blood pressure, respiratory rate, pulse oximetry, changes in mental status, cough, shortness of breath, difficulty breathing, fever, chills, rigors, myalgia, headache, sore throat, new smell or taste disorder, rhinorrhea (runny nose), diarrhea, nausea or vomiting. B. Record Review Resident #2 The resident's medical record was reviewed for the month of [DATE] on [DATE] at 1:30 p.m. It did not document a screening twice daily or daily. The record documented the following: On [DATE] (no time documented) this resident was assessed once, his temperature was 97.9 degrees Fahrenheit and he had no respiratory symptoms. He was assessed three days later on [DATE] (no time documented), his temperature was 98.2 degrees Fahrenheit and he had no respiratory symptoms. He was assessed once daily from [DATE] to [DATE] for a temperature and respiratory symptoms. He had no fever or symptoms. As of [DATE], the resident had not been assessed. The resident's monitoring/assessment for signs and symptoms of COVID-19 was not completed for 10 days. Resident #3 The resident's medical record was reviewed on [DATE] at 1:34 p.m. The record documented the resident had been assessed on [DATE], [DATE], [DATE], [DATE], once daily for signs and symptoms of COVID-19. He was not assessed on [DATE] and [DATE]. He was assessed once to twice daily from [DATE] to [DATE]. He was not assessed on [DATE]. He was assessed once on [DATE]. The resident's monitoring/assessment for signs and symptoms of COVID-19 was not completed for 10 days. Resident #4 The resident's medical record was reviewed on [DATE] at 1:38 p.m. There was no documentation that the resident had been assessed for signs and symptoms of COVID-19 since [DATE]. The resident's monitoring/assessment for signs and symptoms of COVID-19 was not completed for 10 days. C. Interview The regional clinical nurse (RCN) was interviewed on [DATE] at 1:55 p.m. He said the residents should be screened every shift. He said on the COVID positive unit they were screened every 12 hours and on the non-COVID positive unit they were screened every eight hours. The RCN said he had reviewed the nurses' notes for the above three residents. He said the residents were not screened as they were supposed to be screened. He said all of the residents should be monitored twice daily. He said, We will have to work on that. III. Disinfectants A. Professional reference Centers for Disease Control and Prevention (CDC) Cleaning Spaces where COVID-19 Cases Spent Time ([DATE]) retrieved from https://www.cdc.gov/coronavirus/2019-ncov/community on [DATE], read in part, Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing: five tablespoons ([DATE]rd cup) bleach per gallon of water or four teaspoons bleach per quart of water. B. Observation On [DATE] at 11:18 a.m. in the main dining room, a spray bottle containing blue colored liquid, (three quarters) full and a bottle containing yellow colored fluid in a clear spray bottle (one quarter) full were observed on a counter at the entry to the dining room. The spray bottles were not labeled. The nursing home administrator (NHA) and regional clinical nurse (RCN) were present. They both said they did not know what kind of fluid was in the bottles, but they would find out. The regional nurse said it should be some kind of disinfectants and that the bottles should have been labeled. C. Interviews The assistant administrator (ANHA) was interviewed on [DATE] at 11:20 a.m. He said the spray bottle with yellow fluid was bleach and the blue fluid was Virex II. He said he did not know the dwell time for either of the disinfectants. He said he did not know the ratio of water to bleach for the bleach solution or who had mixed it. He said he would follow up with maintenance and housekeeping. He said the bottles should be labeled. The regional maintenance director (RMD) was interviewed on [DATE] at 11:30 a.m. He said the blue solution was Virex II disinfectant and the yellow solution was bleach and water. He said he did not know who was mixing the bleach solution but he would take over this task as of today. He said the correct ratio of bleach to water was one teaspoon of bleach to 32 ounces of water; he said he thought the kitchen staff had mixed the solution. The RMD said the bottles needed to be labeled for safety reasons. The regional dietary director (RDD) was interviewed on [DATE] at 12:57 p.m. He said a dietary aide had mixed the unlabeled bleach solution last night. He did not know what ratio of bleach to water she had used. He said the correct ratio was [DATE], 50 percent bleach to 50 percent water. D. Record review The Virex II label manufacturer information was reviewed on [DATE] at 1:30 p.m. The information documented the product was a one step cleaner, surfaces needed to remain wet for 10 minutes, and it caused severe skin burns, severe eye damage, and serious damage to mouth, throat and stomach. Keep tightly closed. Keep only in the original container. IV. Facility notice of Immediate Jeopardy On [DATE] at 1:15 p.m., the ANHA was notified of the Immediate Jeopardy under F880, infection prevention and control. A. Facility plan to remove Immediate Jeopardy On [DATE] at 4:00 p.m., the ANHA provided a plan to remove the Immediate Jeopardy. The plan read: All staff will be educated by NDA/designee prior to working their next shift on wearing PPE appropriately. NHA/designee will complete an audit twice daily during walking rounds to ensure compliance in this area. This audit will be conducted twice daily for 30 days to ensure compliance. Further education and disciplinary action will occur as needed. All staff will be educated prior to working their next shift that all residents will have face covering and they are to be worn when in commons areas. Residents who refuse to wear face covering will be provided education and reminders on why they need to wear a mask. This education will be noted in the progress notes. NHA/designee will complete an audit twice daily during walking rounds to ensure compliance in this area. This audit will be conducted twice daily for 30 days to ensure compliance. Further education and disciplinary action will occur as needed. All nurses will be educated prior to working their next shift that residents will be screened twice daily and PRN to ensure signs and symptoms of COVID are not present. This documentation will be noted in the progress notes. NHA/designee will complete an audit of 50% of residents to ensure compliance in this area. This audit will be conducted daily for 30 days to ensure compliance. Further education and disciplinary action will occur as needed. All staff will be educated prior to their next shift regarding appropriate disinfectants for COVID</p>		

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<p>F 0880</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>(continued... from page 2)</p> <p>according to CDC. NHA/designee will complete an audit twice daily during walking rounds to ensure compliance in this area. This audit will be conducted twice daily for 30 days to ensure compliance. Further education and disciplinary action will occur as needed. All staff will be educated prior to their next shift that only educated personnel will be allowed to mix bleach/water solution to avoid confusion. These personnel will ensure there is adequate supply of mixture at all times. This mixture will then be placed into containers for use that are properly labeled. NHA/designee will oversee and document compliance with every bleach mixture for the next 14 days to ensure compliance. Further education and disciplinary action will occur as needed. B. Removal of Immediate Jeopardy On [DATE] at 4:30 p.m. the ANHA was notified the Immediate Jeopardy situation was removed. However, deficient practice remained at an H level.</p>		