| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 065209 | A. BUILDING _____ B. WING _____ | 04/02/2020 |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| WESTERN HILLS HEALTH CARE CENTER | 1625 CARR ST LAKEWOOD, CO 80214 |

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<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Few | **Provide and implement an infection prevention and control program.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on observation and interviews, the facility failed to maintain an infection control program designed to provide a safe, sanitary and comfortable environment to help prevent the possible development and transmission of Coronavirus disease (COVID-19) and infection. Specifically, the facility failed to perform proper hand hygiene during resident care for Resident #5 according to infection control practices. Findings include: I. Facility policy and procedure The Hand Hygiene policy and procedure, revised 7/25/19 was provided by the staff development coordinator (SDC) on [DATE]/2020 at 2:00 p.m. It read, in pertinent part, .Hand washing should be performed when the hands are visibly dirty, contaminated, or soiled . II. Observation and interview On [DATE]/2020 at 11:12 a.m. CNA #2 was observed to provide incontinent bowel movement (BM) care to Resident #5. Resident #5 was observed in bed and on a bedpan. CNA #2 washed her hands and donned gloves and gathered supplies (a brief and wipes). The resident utilized her bed controls to place herself in supine position. CNA #2 asked the resident to roll to her left side. She removed the bedpan from underneath the resident's buttocks. The bedpan was covered in a plastic bag. CNA #2 removed the plastic bag from the bedpan and placed it in the trash can and put the bedpan aside toward the bottom of the resident's bed. The resident had fecal matter adhered to her peri-area and buttocks. CNA #2 utilized wet wipes to clean the fecal matter from Resident #5's buttocks/coccyx. While she wiped with wet wipes her gloves became soiled with this matter. CNA #2 doffed her gloves, placed them in the trash and then donned clean gloves. -She did not sanitize her hands prior to placing the clean gloves. CNA #2, rolled the dirty chuck and incontinent pad under Resident #5's buttock and placed the clean brief under her buttocks and then she asked Resident #5 to roll onto her back. CNA #2 utilized the wet wipes to clean the resident's peri-area of the fecal matter, then CNA #2 doffed her gloves and donned clean gloves. -She did not sanitize her hands prior to placing the clean gloves. CNA #2 asked Resident #5 to roll and she placed a dirty chuck and incontinent pad in a plastic bag. CNA #2 doffed her gloves and donned clean gloves. -She did not sanitize her hands prior to placing clean gloves. CNA #2 fastened the residents ' brief. She placed a bag around the bedpan and placed it on the floor, she removed the trash from the can. She doffed her gloves and donned new gloves. -She did not sanitize her hands prior to placing clean gloves. Resident #5 asked the CNA to apply some cream to her legs. CNA #2 applied [MEDICATION NAME] ([MEDICATION NAME]) to her bilateral lower extremities. CNA doffed her gloves and donned clean gloves.<br>-She did not sanitize prior to placing clean gloves. Then she tied up all of the trash and linen, and placed a trash liner in the trash can and doffed her gloves. She washed her hands at the sink. Throughout the process of CNA #2 providing peri care, when her hands were visibly soiled, she did not do hand hygiene. CNA #2 was interviewed at 11:35 a.m. She said she did see the fecal matter on her gloves the first time she changed them. She said she usually sanitized her hands after she was finished with care. She said because she did not touch the outer glove she did not think she needed to sanitize her hands. She said she did have alcohol based hand sanitizer (ABHS) in her pocket but just forgot to use it. She said she should have washed her hands when she changed her gloves but she was nervous. III. Administrative interviews The executive director (ED), director of nursing (DON), and SDC were interviewed on [DATE]/2020 at 1:39 p.m. The DON said they had started education on personal protective equipment (PPE) and proper hand hygiene in early March 2020 and it had been ongoing. They said CNA #2 was a seasoned CNA and should have sanitized her hands if they were visibly soiled. The DON said she planned to review the hand hygiene process with CNA #2 again. IV. Follow-up The DON said they completed hand hygiene education to include proper handwashing after her hands were visibly soiled with CNA #2 on [DATE]/2020, during the exit interview via phone on 4/2/2020 at 10:35 a.m. |

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.