

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 325032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2020
NAME OF PROVIDER OF SUPPLIER SANDIA RIDGE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2216 LESTER DRIVE NE ALBUQUERQUE, NM 87112	
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	<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 observation and interview the facility failed to implement all recommended transmission based precautions for residents newly admitted and readmitted to the facility. While caring for residents suspected of having COVID-19 during the 2020 public health emergency, these practices put eighteen residents (R #1, R #2, R #3, R #4, R #5, R #6, R #7, R #8, R #9, R #10, R #11, R #12, R #13, R #14, R #15, R #16, R #17 and R #18) of eighteen (R #1 - R #18) at increased risk for infection with COVID-19. On the date of this survey, 06/22/20, recommended /nationally recognized transmission based precautions included staff caring for residents newly admitted or readmitted to wear gowns, gloves, an N95 face mask (or higher level protection) and goggles or face shield and for residents to be placed in a private room (if available) with the door closed for 14 days. If all recommended standard and transmission based precautions are not consistently adhered to, safe resident care that inhibits transmission of infections from person to person is more likely to occur. The findings are: A. On 06/22/20 at 11:45 am, during interview, Registered Nurse (RN) #1 (when questioned about wearing an N95 face mask when caring for readmitted resident) revealed, No I don't always wear an N95. He further revealed, that if he wore one or not depended on how long he expected to be in the residents room and stated he had not been fit tested for the N95 mask he had for use. B. On 06/22/20 between 12:15 pm and 12:50 pm, during observation in the unit identified by the Administrator as the, AQU (Acute Quarantine Unit) with Certified Nursing Assistant (CNA #1) there were 18 residents living on the unit. 1. There was one empty room (room [ROOM NUMBER]). 2. There were 3 residents on the unit who had been admitted within the past 14 days (R # 6, R #10 and R #14). 3. There were 6 residents in private rooms as follows: a. In room [ROOM NUMBER], R #4 (admit 05/21/20). b. In room [ROOM NUMBER], R # 5 (admit 12/10/15). c. In room [ROOM NUMBER], R# 6 (admit 06/17/20). d. In room [ROOM NUMBER], R #9 (admit 06/01/20). e. In room [ROOM NUMBER], R #11 (admit 06/05/20). f. In room [ROOM NUMBER], R #13 (admit 04/28/20). 4. All 13 room doors's were open to the hall. 5. There were no curtains drawn between the residents, R #10 and R #14 in room [ROOM NUMBER]. 6. There was signage at entry to R #6, R #10 and R #14's resident rooms that said only, Contact and Droplet (transmission based precautions) The signage did not state what PPE should be put on prior to entering the room and did not specify using N95 masks as per recommendations for care of newly admitted or readmitted residents. C. On 06/22/20 at approximately 12:30 pm, during interview, CNA #1 revealed, she had not been fit tested for the N95 she was wearing or for any N95 mask. D . On 06/22/20 at approximately 1:30 pm, during interview, the interim DON revealed, that in making a decision of who to cohort and who to place in a private room on the AQU they try to cohort residents who were admitted to the unit at about the same date or time so that the room will empty out at about the same time to be cleaned and disinfected for new admits or readmits. E. Record review of facility policy, IC303 Droplet Precautions and Respiratory Hygiene/ Cough Etiquette, dated as revised 06/15/19, provided by facility Administrator on 06/22/20 revealed, 1. Place patient in private room, if possible .1.2 When neither private room nor cohorting is possible .1.3 Draw curtain between patient beds. F. Record review of facility policy, IC300 Airborne Infection Isolation Precautions, dated as revised 03/01/18, provided by facility Administrator on 06/22/20 revealed, 1.1 Keep resident in room with door closed until transfer .3. Wear proper PPE including respiratory protection (N95 respirator) prior to entering room .</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.