

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065395	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2020
NAME OF PROVIDER OF SUPPLIER SUITES AT HOLLY CREEK CARE CENTER, THE		STREET ADDRESS, CITY, STATE, ZIP 5590 E PEAKVIEW AVE CENTENNIAL, CO 80121	
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>Based on observation, record review and interviews, the facility failed to consistently follow accepted infection control practices to prevent the potential spread of Coronavirus 2019 (COVID-19). Specifically, the facility failed to follow Center for Disease Control and Prevention (CDC) guidelines to prescreen screen all employees for possible symptoms of COVID-19 prior to the start of their shift. Findings include: I. Standard According to the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, last revised 4/12/2020, Screen all healthcare personnel (HCP) at the beginning of their shift for fever and symptoms consistent with COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. Retrieved online from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html. II. Facility policies and procedures The Clinical Coronavirus 2019-n-CoV Guidelines, dated February 2020, provided by the nursing home administrator (NHA) on 5/5/2020 at 9:44 a.m., read in pertinent part: Prompt detection effective triage and isolation of potentially infectious persons are essential to prevent unnecessary exposures among residents/clients/guests, associates, healthcare personnel and visitors at the community. The Non-clinical Coronavirus 2019-n-CoV Guidelines, dated February 2020, provided by the NHA on 5/5/2020 at 9:44 a.m., read in pertinent part: Monitor and manage exposed associates: -Movement and monitoring decisions for healthcare professionals with exposure to 2019-nCoV should be made in consultation with public health authorities. The Community Screening for COVID-19 procedure, dated 4/20/2020 provided by the NHA on 5/5/2020 at 11:55 a.m., read in pertinent part: Screening will be performed on visitors and associates and will be logged. Records must be maintained and available for surveyors, as requested. Ensure privacy in documentation. Screening of questions below and for temperature will be done on associates and visitors attempting to enter Community. For Colorado only, each screening must also be documented on a separate form. III. Failure A. Record review Staff screening sheets were provided by the NHA on 5/5/2020 at 9:50 a.m. Review of staff screening sheets for clinical care staff working all shifts 5/1/2020 through 5/5/2020 revealed the facility failed to maintain documentation that the clinical staff were consistently screened each time they entered to work a shift. The facility was unable to produce screening documentation for the following staff: -Licensed practical nurse (LPN) #1 working 5/2/2020 at 5:00 a.m. -LPN #1 working 5/3/2020 at 5:00 a.m. -Certified nursing aide (CNA) #1 working 5/3/2020 at 6:00 p.m. -CNA #2 working 5/5/2020 at 6:00 p.m. B. Interviews The concierge was interviewed on 5/5/2020 at 8:10 a.m. She said each staff coming into work was to complete the COVID-19 Screening Questionnaire for review. After reviewing the questionnaire she took their (staff) temperatures for the record. Staff were permitted to enter for work unless they had any concerning symptoms and/or a temperature of 100.0 Fahrenheit or higher. The staff development coordinator (SDC) was interviewed on 5/5/2020 at 9:30 a.m. The SDC said staff were not permitted to begin work until they were screened for possible symptoms of coronavirus. A trained staff is stationed at the concierge desk from 6:00 a.m. to 7:00 p.m. to screen employees as they enter for their shift. When there was no concierge assigned to the front desk, staff were to report to the concierge's desk at the assisted living entrance. The assisted living front was staffed 24 hours a day seven dates a week. Once screened and cleared to start work staff had to walk back around the building to get remote access to the skilled nursing facility entrance so they were not walking through areas they were not assigned to work. The NHA, director of nursing and SDC were interviewed on 5/8/2020 at 9:00 a.m. The NHA said the facility had four concierge staff who were trained and competency tested to screen and temperature test employees for potential symptoms of coronavirus prior to their start of work. The NHA said the concierge staff made sure each staff completed the COVID-19 screening questionnaire, reviewed their answers and were to report any concerning symptoms immediately to management. The NHA said because staff were occasionally screened at the assisted living desk, their screening sheets were sometimes misplaced. She said, We will look for the missing COVID-19 Screening Questionnaire sheets and forward them for review. C. Follow-Up The NHA forwarded a secured email on 5/5/2020 at 5:09 p.m. The email contained additional staff COVID-19 Screening Questionnaire forms that had been requested at the end of the day of the onsite survey visit. The facility was able to locate and forward 14 of the 18 requested staff screening sheets.</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.