STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065409	A. BUILDING _____ B. WING _____	**05/04/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CONTINUING CARE AT WIND CREST	**3420 MILL VISTA RD HIGHLANDS RANCH, CO 80129**

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 -** Many	**Provide and implement an infection prevention and control program.** Based on observations and interviews, the facility failed to maintain an effective infection prevention and control program designed to provide a safe, sanitary environment and to help prevent the development and transmission of communicable dseases and infections such as COVID-19 for four of four halls and two of two dining rooms. Specifically, the facility failed to ensure adequate hand hygiene during meals, ensure resident mask usage and ensure quarantine isolation measures were followed. Findings include: I. Facility policy: Review of the Coronavirus COVID-19 information and updates policy (pages two and three), dated 4/8/2020, provided by the director of nurses (DON) on 5/4/2020 at 10:05 a.m. revealed in part Resident will remain in isolation/quarantine until provider discontinues recommendation. II. Reference 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) .Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others .Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply. Review of the CDC website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html, updated 4/13/2020, revealed in part Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting . Patients and visitors should, ideally, be wearing their own cloth face covering upon arrival to the facility. If not, they should be offered a facemask or cloth face covering as supplies allow, which should be worn while they are in the facility .Patients and visitors should, ideally, be wearing their own cloth face covering upon arrival to the facility. If not, they should be offered a facemask or cloth face covering as supplies allow, which should be worn while they are in the facility .Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location. III. Observations, record review and interviews Interview with the assistant director of nursing (ADON) on 5/4/2020 at 8:55 a.m. revealed the following resident rooms were under quarantine related to new admission status/asymptomatic: 1104, 1105, 1107, 1109, 1119, 1129, 1133 and 1124. The Bistro dining room was observed on 5/4/2020 at 9:00 a.m. There were four residents in the dining room eating breakfast. They did not have any facemasks near them. Resident #8 was observed going down the hallway in a wheelchair. He was initially assisted by a staff member and then continued by himself. The DON was observed talking to him. The resident was not wearing a mask and staff did not encourage use of a facemask. The main dining room was observed on 5/4/2020 at 9:18 a.m. There were seven residents eating breakfast and did not have any facemasks nearby. The staff did not offer/encourage use of facemasks with the residents, after the completion of breakfast. The DON was interviewed on 5/4/2020 at 9:18 a.m. She said they placed residents newly admitted or readmitted into a 14 day quarantine. She said the residents wore masks only during cares. The hallways were observed at 10:10 a.m. with the following: -Rooms 1123-1133: There were two hallway sanitizer dispensers. -Rooms 1134-1144: There were two hallway sanitizer dispensers. -Rooms 1112-1122: There were three hallway dispensers. -Rooms 1101-1111: There were two hallways sanitizer dispensers. Sanitizer dispensers were not readily accessible throughout the facility. At 10:17 a.m, Resident #1 was observed walking down the hallway with use of a walker. She was not wearing a mask. Another resident was watching TV in a common area around rooms 1112-1122 and not wearing a mask. The main dining room was observed on 5/4/2020 at 10:17 a.m. One resident was sitting at a table, without a mask. Resident #1 was observed walking down the hallway into the dining room area, without a mask. This resident was noted to be in quarantine. Another resident was observed in a small TV area without a mask. The DON and the Assistant director of nurses (ADON) (IC-infection control) were interviewed on 5/4/2020 at 9:18 a.m. The DON said that residents with high cognition ate in their rooms. She said the residents requiring assistance and cueing ate in the dining room. She said the residents used masks with cares only. She said the residents did not have the retention to wear the masks. They said they had been short on personal protective equipment (PPE). They said the normal gel sanitizer was backordered. The ADON said they did not have enough sanitizer supply for the residents to have sanitizer in their rooms. She said they had enough stock for the sanitizer wall units and they had just gotten some supply for the medication pass. They said they did not have enough surgical masks. They said they did not have any cloth masks for the residents. They said they kept some masks up front in case the residents needed to leave the facility, but the residents did not have them when they left their rooms.

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.