STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065253	A. BUILDING _____ B. WING _____	10/20/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LA VILLA GRANDE CARE CENTER	2501 LITTLE BOOKCLIFF DR GRAND JUNCTION, CO 81501

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and staff interviews, the facility failed to ensure infection control practices were established and maintained to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections in two of four resident hallways. Specifically, the facility: -Failed to encourage residents to wear facemasks or cover their faces when out of their rooms; -Failed to ensure active screening was completed for visitors entering the building; and, -Failed to prevent the spread of COVID-19 to the memory care unit and to the Blue Spruce hall on 10/20/2020. Findings include: I. Failure to encourage residents to wear facemasks or covering their faces when out of their rooms. A. Professional reference According to the Centers for Disease Control and Prevention (CDC) Preparing for COVID-19: Long-term Care Facilities, Nursing Homes Using PPE (personal protective equipment), Recommendations, Background, Minimize Chance of Exposures, last updated 6/28/2020, retrieved on 10/23/2020 from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, included the following recommendations that residents may remove their cloth face covering when in their rooms but should put them back on when leaving their room. B. Facility policy and procedures The COVID-19 Community Reopening Plan, undated, was provided by the nursing home administrator (NHA) on 10/20/2020 at approximately 5:00 p.m., documented universal source control for everyone in the facility. It documented residents and visitors would wear a cloth face covering or facemask if able to tolerate and wear safely. C. Resident observations On 10/20/2020, the following observations were made: -At 9:15 a.m., two residents seated in the Columbine hall common area were unmasked and seated two or three feet apart from each other. A third resident was observed ambulating down the hall in their wheelchair. One unidentified staff member passed the resident with no encouragement to don a mask. The unidentified staff member passed the two residents seated in the common area again and did not encourage the residents to don a mask. -At 9:17 a.m., a female resident was sitting in her wheelchair a few feet outside of the door to her room. CNA #5 was standing in the hall speaking with this resident, but was not observed encouraging the resident to don a mask when out of her room. -At 10:10 a.m., an unidentified female CNA was observed passing a female resident in the hall and the resident was unmasked. No encouragement was heard from the CNA to have the resident don a mask when she was out of her room. -At 12:41 p.m., a female CNA was observed passing a male resident on the Blue Spruce hallway. The resident was not masked and no encouragement was provided by the staff for the resident to don a mask. -At 2:00 p.m., the activity assistant (AA) was observed speaking to a resident who was outside of her room on the Blue Spruce hall. The AA had an activity cart and was getting the resident some activity supplies. The resident was not masked and the AA was not witnessed encouraging the resident to don her mask when out of the room. It should be noted, at this time, the AA was observed trying to shake hands with an essential visitor to the facility before the visitor backed away and the AA caught what he was attempting to do. -At 2:15 p.m., a female resident was observed ambulating down the Blue Spruce hallway in her wheelchair. The resident's mask was secured below her nose. The resident passed an unidentified staff member who did not encourage the resident to pull up her mask. -At 2:35 p.m., a female resident in a red sweater was observed in the Columbine common area. She was seated in her wheelchair with her mask secured below her nose. A unidentified housekeeper and CNA #2 both passed the resident without encouraging the resident to pull up their mask when out of their room. -At 2:45 p.m., the registered nurse (RN) was observed speaking to Resident #12, who was ambulating down the Columbine hall in her wheelchair. The resident had her mask secured below her nose and the RN did not encourage the resident to pull up her mask. -At 2:50 p.m., CNA #2 and an unidentified housekeeper were observed standing in the Columbine hall common area. A male resident wearing a green shamrock hat was seated in the area without a mask. Neither staff encouraged the resident to don a mask while out of his room. -At 2:52 p.m., a female resident in a black hat was observed ambulating down Blue Spruce hall in her wheelchair. Her mask was secured below her chin. Several staff passed her and none were observed encouraging the resident to pull up her mask. -At 3:10 p.m., a male resident was observed ambulating down the Columbine hall in his wheelchair. His mask was secured below his nose. The resident stopped and went into the resident telephone room to paint a pumpkin with the AA. The AA did not encourage the resident to pull up his mask during the entire time the activity with the resident was occurring, which was approximately 15 to 20 minutes. -At 3:15 p.m., a female resident was observed peeking into the telephone room to see what was happening. This resident was not wearing a mask and the AA did not encourage the female resident to don a mask when outside of her room. -At 3:17 p.m., Resident #12 was observed ambulating down Columbine hall in her wheelchair with her mask secured below her chin. At this time, four staff members were standing around the Columbine nurse's station and no staff were observed encouraging the resident to pull up her mask. D. Staff interviews The assistant director of nursing (ADON) was interviewed on 10/20/2020 at 2:05 p.m. She said the facility had just a few residents that were care planned for not wearing their masks when out of their rooms. She said the reasons included residents who wore oxygen and could not breathe through the masks and cognitively confused residents who would either chew on their masks or residents who could not physically remove the masks themselves. The nursing home administrator (NHA) and the staff development coordinator/infection preventionist (SDC/IP) were interviewed together on 10/20/2020 at 5:00 p.m. They said staff should still be encouraging all residents, with the exception of the residents residing in the facility's memory care unit, to don a mask when they were out of their rooms. They said the facility had six or seven residents that were unable to mask safety due to decreased cognition or respiratory distress. They said a few residents had been care-planned for not being able to mask, but not all unmasked residents observed in the facility had been care-planned for such. II. Failure to ensure active screening was completed for visitors entering the building A. Professional reference 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 7/15/2020, retrieved on 10/26/2020 from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html. It read in pertinent part, Screen everyone (patients, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. -Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature =100.0F or subjective fever. -Ask them if they have been advised to self-quarantine because of exposure to someone with [DIAGNOSES REDACTED]-CoV-2 infection. B. Facility policy and procedures The COVID-19 Community Reopening Plan, dated 9/17/2020, was provided by the NHA on 10/20/2020 at approximately 2:00 p.m. It documented essential visitors/vendors would continue to be screened for temperature, signs and symptoms of COVID-19 and exposure to COVID-19. The information would be documented on the visitor screening log. -The policy did not refer to active screening. A policy related to active screening was requested from the NHA and SDC/IP on 10/20/2020 at approximately 5:30 p.m., but one was not provided. C. Screening observation On 10/20/2020 at 8:35 a.m., a visitor to the facility approached the front door. The food services director (FSD) answered the door and directed the visitor to one of the facility's back entrances. The nursing home administrator (NHA) met the visitor and escorted them through the back door. He said certified nurse aide (CNA) #1 was the screener. CNA #1 did not offer the visitor a method to sanitize their hands. CNA #1 was observed to take the visitor's temperature, but

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 -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) did actively read the screening questions to the visitor and allowed the visitor to complete both forms himself. She did not review any of the answers. There was no place to put the used pen for disinfection between users. There was a sign posted above the screening desk which documented if no one was present to take temperatures, the person waiting to be screened should call a certain phone number. CNA #1 was not [MEDICATION NAME] social distancing and was directly next to the visitor while screening the visitor. D. Staff interviews The SDC/IP was interviewed on 10/20/2020 at 11:03 a.m. He said the facility's single point of entry was the back door. He said someone was manned back there at all times. He said CNA #1 had been the assigned screener that day, but for the most part, he said a staff member who had been on light duty following surgery was the assigned screener. He said he expected the screener to be an active screener. He stated active screening meant the screener should be asking questions and verifying what was written down. He said the screening form had a column for specifics, such as if the cough was a chronic condition or a new symptom. He said the facility should be verifying the baseline of the person being screened. He said, although there was no receptacle for used pens to be placed, there were individual alcohol-wipes on the desk that the screener should have encouraged people to use. He said he would have expected the screener to point out the location of the hand sanitizer to the visitor rather than having the visitor look around for it, located on a wall away from the screening desk. He said additional education about the active screening process would be provided to all staff working before the end of business that day. He said they would focus on sanitizing the pens being used between each user. The NHA and SDC/IP were interviewed together on 10/20/2020 at 5:00 p.m. The NHA said he expected the facility screener to look over the questions with the person being screened, review the questions and review anything that would look abnormal. He said he had educated staff to document anything abnormal in a column on the right-hand side of the screening form. The SDC/IP said he would want to be informed of low temperatures as well as high temperatures. They said, until present, only five staff members had been trained for the screening process and CNA #1 had received the training. III. Failure to prevent the spread of COVID-19 to the Blue Spruce hall and memory care unit A. Professional reference 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 7/15/2020, retrieved on 10/26/2020 from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html. It read in pertinent part, Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19 and other pathogens, including [MEDICAL CONDITION] (e.g., Carbapenemase-producing organisms, [MEDICAL CONDITION]). As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP). Facilities should assign at least one individual with training in IPC to provide on-site of their COVID-19 prevention and response activities because of the breadth of activities for which an IPC program is responsible, including developing IPC policies and procedures, performing infection surveillance, providing competency-based training of HCP, and auditing adherence to recommended IPC practices. B. Facility policy and procedures The Coronavirus (COVID-19) policy, revised 8/1/2020, was provided by the NHA on 10/20/2020 at approximately 5:00 p.m. It documented the procedure identified guidelines regarding symptoms of COVID-19, criteria for potential suspicion of a case of COVID-19 and management processes when a suspected and/or confirmed case is identified. It documented symptoms, including but not limited to, fever with a temperature of greater than 100 degrees Fahrenheit. It documented it may be reasonable to suspect a case of COVID-19 if the following criteria was met: Team members or residents are asymptomatic and have had unprotected (i.e. without PPE) close contact with at-risk individuals. C. Staff interviews On 10/20/2020 at approximately 7:30 p.m., a voice mail was received from the NHA, stating the facility has just received positive COVID-19 test results for four residents in the facility. The NHA and SDC/IP were interviewed via telephone on 10/21/2020 at 7:46 a.m. The NHA said results from the most recent COVID-19 testing for the residents had been trickling in all evening on 10/20/2020. He said four of the 50 tests they had received thus far of the 72 residents tested had returned as positive. He said the positive residents lived on the Blue Spruce hall and the memory care unit. He said all residents thus far remained negative on the Columbine hall. They stated all residents had been asymptomatic so far except for one resident who resided on the memory care. They said on the night of 10/19/2020, this resident ran a temperature of 100.6 F, was given Tylenol and was rechecked on 10/20/2020 at 1:00 p.m. At that time, the resident's temperature was 99.7 F. They said this resident's temperature normally ran in the 99's, but the resident was isolated in her room the night of 10/19/2020 at 10:14 p.m. just in case. The SDC/IP said they had not begun tracking/trending or any tracing yet. They said the plan was to have all residents retested on [DATE], as well as all staff working that day. They said the rest of the staff who were not working would be retested with an outdoor testing station set up. They said everyone would get re-tested twice, once this week and once next week, kept as close as they could to re-testing seven days apart. They said when conducting tracing, if any staff stated they have had known contact with anyone COVID-19 positive, the facility would test them three to five days following the known contact, per facility policy. An email was received by the NHA on 10/22/2020 at 2:14 p.m. It stated the facility had received a second positive test for one of the four residents who had tested positive on 10/19/2020. He said the resident's symptoms included a cough and diarrhea. A second email was received by the NHA on 10/22/2020 at 2:28 p.m. It stated a fifth resident had just received a positive COVID-19 test. A third email was received by the NHA on 10/23/2020 at 2:06 p.m. It stated a total of 17 residents in the facility had positive COVID-19 results. At this time, no staff had tested positive for COVID-19.