

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 06A171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN SOCIETY SIMLA		STREET ADDRESS, CITY, STATE, ZIP 320 PUEBLO AVE SIMLA, CO 80835	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure staff were performing protective measures to prevent the transmission of communicable diseases. Specifically, staff were not performing HH (Hand Hygiene) in between the use of gloves, staff were not washing hands correctly, staff were not washing hands or performing HH before entry and after exiting rooms, and staff failed to clean/disinfect resident's bedside table with disinfectant agents designed to cease the existence and transmission of communicable diseases. These failures place residents and staff at risk of acquiring infectious diseases. Findings include: 1. On 4/24/20 at 10:19 AM, HK1 was observed after cleaning room three, removed gloves, and without HH donned another pair of gloves. When asked, HK1 replied that he always changes gloves to be safe. I'm going to get the vacuum cleaner, and then I will wash my hands. When asked why he did not do HH before donning gloves and/or removing gloves, HK1 replied he was not aware that HH after the removal of gloves and donning gloves were required and stated, Okay. 2. On 4/24/20 at 10:25 AM, LPN1 was observed in the med-room put soap in his right hand from the soap dispenser, then using his left hand and turned on the faucet without rinsing hands first. LPN1 proceeded to lather both hands and wash less than 20 seconds, then LPN1 turned the faucet off with his wet hands, and once the faucet was off, he reached for paper towels in a stored container, dried hands and disposed of drying towel. When LPN1 was asked about the sequence of washing hands, he replied, Yea, I know, I was nervous. LPN1 then stated the correct course for washing hands. 3. On 4/24/20 at 10:40 AM, NA1 was observed cleaning the bedside tables of both residents in the room with Pro Sani Wipes without gloves and lifting and cleaning personal items (residents' belongings). Then NA1, without HH and no gloves, entered the room across the hall and began using the Pro Sani Wipes to clean the bedside tables of both residents, manipulating residents' personal items (brush, phone, and drinking cups), and then exited the room without performing HH. The NA1 walked down the hall (approximately 30 feet) to the women's restroom. The NA1 used the ABHR (Alcohol Based Hand Rub) adjacent on the wall, then dropped the wipe on the floor, when surveyor informed her that she dropped the towelette, she picked it up and tossed it in the trash, no HH after touching the used towelette. When asked her why the towelette on the floor was tossed in the garbage, she replied: It was dirty. When asked why she did not use HH after touching a dirty towelette, she replied: It was a sani wipe. When reminded her she said it was dirty, NA1 stated, I thought it was okay cause I'm cleaning things. When asked do you feel your hands are clean because of usage of the Pro Sani Wipes, the NA1 replied, Yes .well, aren't they? When asked her why she did not use the wall-mounted ABHR near the resident's room instead of walking down the hall, she replied, They don't have them everywhere, I wish they had it (ABHR) in their rooms. Later, stated, Not all rooms have sinks. The label on the Pro Sani Wipes container that NA1 used listed the product as Instant Hand Sanitizing Wipes, Contains 70% alcohol. Under uses: Antiseptic; for handwashing to decrease bacteria of the skin; apply topically to the skin to help prevent cross-contamination Under directions: Wipe hands, fingers, interdigital areas and wrist thoroughly with towelette. Be sure to utilize the entire surface (Towelette) allow to air dry. Nowhere on the usage information is the Pro Sani Wipes designed for the cleaning/disinfecting of residents' bedside tables. 4. On 4/24/20, observations were made of no HH signage above the wash station in the med-room, employee's bathroom, and communal restroom for female residents. 5. On 4/24/20 at 10:50 AM, in an interview the DON (Director of Nursing) was asked where do nursing staff wash their hands. The DON replied in the employees' bathroom, in the med-room, they use ABHR on the walls, use sinks in residents' rooms. When asked do all residents have bathrooms in their rooms, the DON replied, No. When asked why there is no signage in the common areas where staff wash their hands, the DON pointed to a approximately 5 X 7 paper pinned to the wall in front of what the DON described as the Nursing Desk. When the observations which were made were brought to the DON's attention, the DON acknowledged the issue and began to make copies of the signage above the Nursing Desk. The DON placed the signage on the wall above the sink in the med-room, and further stated she will secure signage for the employees' bathroom to remind them how to correctly wash hands. When asked what is the expectation before entering and upon exiting the resident's room, the DON replied, Is for them to wash their hands before and after exiting the resident's room with ABHR if they touch anything and if the hands are visibly dirty, they are to wash their hands with soap and water. When the DON was asked if the staff are authorized to use Pro Sani Wipes for cleaning/disinfecting the residents' bedside tables, the DON stated, No. The DON handed the surveyor the product specification document for Peroxide Multi Surface Cleaner and Disinfectant from ECOLAB. Review of this product's label evidenced that under the sub-heading of use it read in pertinent part, This product is recommended for cleaning and disinfecting of washable hard, non-porous environmental surfaces including: Tables, chairs, desks, bed frames, walls. The DON stated this is what we use to clean bedside tables. 6. Review of policy titled, Infection Prevention Surveillance Issued/Revised December 2019, page 2 of 4, subtitled, Two Types for surveillance can be implemented, Process Surveillance reviews practices directly related to client care in order to identify whether the practices comply with established prevention and control policies and procedures. Examples of this type of surveillance include monitoring of compliance with transmission-based precautions, proper hand hygiene and use of disposable gloves. The policy given by the DON and the ADM (Administrator) entitled, Handwashing and Glove Use, issued February 2013, revised 7/18 was reviewed. On page three of ten, under subsection Procedure, Handwashing, 1b reads, Wet hands under warm running water while making sure hands are always held lower than elbows. 1c reads in pertinent part, Lather hands with the amount of cleaning compound. 1d reads in pertinent part, Rub hands together vigorously for at least 20 seconds. 1e reads in pertinent part, rinse hands thoroughly under clean, running warm water., 1f. reads in pertinent part, Dry hands with paper towels., 1g. reads, Use paper towel to turn off faucet and to turn out lights or open door, if needed.' On page four of ten, under sub-section titled, Proper uses of Gloves, 1. reads in pertinent part, Hands are washed thoroughly before putting gloves on and taking gloves off. Note: The use of gloves does not eliminate the need for proper hand washing or good hygiene. 7. On 4/24/20 at 12:25 PM, in an interview with the DON and the ADM when asked what is your goal for compliance with HH, the reply was we want 100% compliance. When asked to quantify surveillance for last month, the DON replied we do audits, annual training, and skill fairs, further stated, we have not quantified the surveillance for HH. Shared observations with ADM of HH, the improper cleaning of residents' bedside tables, and the lack of HH upon entry and exiting residents' rooms. The ADM acknowledged and stated we have in-serviced them prior to this survey, and will do so again.</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.