

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065100	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER ROCK CANYON RESPIRATORY AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2515 PITMAN PL PUEBLO, CO 81004	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, record review, and interviews, the facility failed to properly maintain an infection control program designed to prevent the spread of COVID-19. Specifically, the facility failed to follow droplet precautions with proper personal protective equipment (PPE). Findings include: I. Professional reference The Centers for Disease Control (CDC) Key Strategies to Prepare for Coronavirus COVID-19 in Long Term Care Facilities, dated April 2020, read in pertinent part: If COVID-19 is identified in the facility, have health care providers (HCP) wear all recommended PPE for care of all residents (regardless of symptoms) on the affected unit (or facility-wide depending on the situation). This includes: an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown. HCP should be trained on PPE use including putting it on and taking it off. This approach is recommended because of the high risk of unrecognized infection among residents. Recent experience suggests that a substantial proportion of residents could have COVID-19 without reporting symptoms or before symptoms develop. II. Facility policy and procedure The Infection and Prevention Policy revised 3/9/2020, provided by the director of nurses (DON) on 5/27/2020 at 11:30 a.m., read in pertinent part: To identify and implement recommended Standards and Transmission-based Precautions and appropriate use of Personal Protective Equipment (PPE) for infection control strategies for an Emerging Infectious Disease (EID) event. Non healthcare visitors who enter the room of a patient with known or suspected COVID-19 should adhere to Standard and Transmission-based Precautions and use a respirator or facemask, gown, gloves, and eye protection. III. Observations and interviews Observations on 5/27/2020 at 11:25 a.m. showed the resident room [ROOM NUMBER] had a sign on the door that read droplet precautions. The door was open and a PPE cart sat outside the door. A registered nurse (RN) was observed on 5/27/2020 at 11:30 a.m. in resident room [ROOM NUMBER], which was an isolation room. He wore a disposable gown, gloves, a surgical mask and personal eyeglasses. He assisted to reposition the resident's urinary catheter tube (a tube inside of the bladder) to help with the resident's comfort. He said he wore PPE, a gown, gloves and a surgical mask when he worked with any resident and their bodily fluids. However, eyeglasses are not considered PPE. The RN was observed on 5/27/2020 at 11:50 a.m. to put on a gown and gloves to enter isolation room [ROOM NUMBER]. He already had on a surgical mask. The RN said only one resident was in isolation in that double occupancy room. The privacy curtain was pulled all the way around the isolated resident's side. Licensed practical nurse (LPN) #1 entered the room; she wore a gown, gloves and a surgical mask. She assisted the RN with personal cares for the isolated resident. Gowns were then taken off and placed in the regular trash can next to the sink. Neither nurse had any eye protection on and contaminated gowns were put in regular trash. Activities assistant (AA) #1 was interviewed on 5/27/2020 at 12:05 p.m. She said new resident admissions to the facility were in isolation for 14 days. She said PPE was worn to include a gown, gloves, face shield, headgear and a surgical mask. The assistant director of nurses (ADON) was interviewed on 5/27/2020 at 12:15p.m She said when a resident was in isolation, PPE to wear was a gown, gloves and a surgical mask. Certified nurse aide (CNA) #1 was observed on 5/27/2020 at 12:32 p.m. in an isolation room. She wore a gown, gloves and a surgical mask. She had on her own glasses but no other eye protection. The respiratory therapist (RT) was observed on 5/27/2020 at 1:05 p.m. in isolation room [ROOM NUMBER]. She wore a gown, gloves and a surgical mask. She assisted the resident with a breathing treatment (medication given through inhaled oxygen). She did not have eye protection on. She was interviewed and said eye protection was worn when she worked around residents who had sputum or body fluids. A housekeeper was observed on 5/27/2020 at 1:45 p.m. to clean resident room [ROOM NUMBER]. She wore a gown, gloves and a surgical mask. No eye protection was worn. AA #2 was observed on 5/27/2020 at 1:50 p.m. to enter room [ROOM NUMBER] without any PPE other than a surgical mask. He spoke to the resident near his bed and then left the room. He said he did not have to wear any PPE (gown, gloves, eye protection) because he had no direct care with the resident. He said residents that had an isolation cart outside of the room and a sign on the door that said droplet precautions were in isolation. He said again he does not perform personal care so he was allowed into the room without a gown. LPN #2 was interviewed on 5/27/2020 at 1:13 p.m. She said when a resident was in isolation they had an isolation cart outside of the room and anyone that went into the room wore a gown, gloves and a surgical mask for all needs, not just personal care. She said the surgical masks were reusable and they wore them for one week. The infection preventionist (IP) was interviewed on 5/27/2020 at 2:32 p.m. She said room [ROOM NUMBER] was on droplet precautions and all staff needed to wear a gown, gloves and a surgical mask in the room. She said eye protection was worn when assisting residents with high skin contact duties such as bathing, peri care, dental hygiene, wound care, [MEDICAL CONDITION] or catheter care as well as when the resident was symptomatic. She said when the staff did not wear the proper PPE, transmission of infection would occur. The RN consultant (RNC) was interviewed on 5/27/2020 at 4:15 p.m. She said staff wore all PPE in an isolation room even when personal care was not given. She said the facility would start to reeducate the staff on what PPE to wear in an isolation room right now. The executive director (ED) was interviewed on 5/27/2020 at 4:20 p.m. He said eye protection was worn by facility staff when a resident was symptomatic only. Follow-up provided by the ED on 5/27/2020 at 4:40 p.m., which revealed inservice training records for 31 staff members on the objective of droplet precautions. The record did not show what specific training was given to the staff.</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.