

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065415	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2020
NAME OF PROVIDER OF SUPPLIER PIKES PEAK CENTER		STREET ADDRESS, CITY, STATE, ZIP 2719 N UNION BLVD COLORADO SPRINGS, CO 80909	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations and interviews the facility failed to follow infection control procedures to prevent the spread of infectious diseases such as COVID-19. Specifically, the facility failed to ensure nursing staff actively monitored residents two times a day to include temperature, heart rate, blood pressure, respiratory rate, pulse oximetry for four (#1, #2, #3, and #5) of five sample residents. Findings include I. Resident monitoring A. Facility process Facility directive, dated 4/9/2020, for blood pressure checks during the COVID-19 pandemic, was provided on 4/28/2020 at 11:45 a.m. In pertinent part, it stated blood pressure checks for residents and patients would change to an as needed basis, subject to the determination of the physician. By eliminating unnecessary blood pressure checks, the facility would further be reducing the potential for coronavirus to spread within the facility. B. Facility guidance COVID-19 preparation and rapid response, dated 4/24/20, in pertinent part: Active monitoring of all residents should occur once daily to include temperature, heart rate, blood pressure, respiratory rate, pulse oximetry, changes in mental status, and any symptoms (cough, shortness of breath, difficulty breathing, fever, chills, rigors, myalgia, headache, sore throat, C. Record review April 2020 vital signs for four of five residents revealed full vital signs (temperature, heart rate, blood pressure, respiratory rate, pulse oximetry, changes in mental status, and any respiratory symptoms (shortness of breath, cough, sputum production, sore throat, rhinorrhea) were not consistently completed two times a day per the 4/24/2020 Covid-19 Preparation and Rapid Response checklist for LTCFs, Part II Rapid Response. -Resident #1, age 73, was admitted [DATE] and readmitted [DATE]. His [DIAGNOSES REDACTED]. His blood pressure had not been documented since 4/11/2020. -Resident #2, age 72, was admitted [DATE]. [DIAGNOSES REDACTED]. Her blood pressure had not been documented since 4/16/2020. -Resident #3, age 72, was admitted [DATE]. [DIAGNOSES REDACTED]. Documentation of her 4/2020 vital signs showed her blood pressure had not been documented since 4/10/2020. -Resident #5, age 68, was admitted [DATE]. [DIAGNOSES REDACTED]. Documentation of her 4/2020 vital signs showed her blood pressure was not documented each day. Documentation of the resident 's 4/2020 vital signs showed her temperature, oxygen saturation and respirations were completed at least three times a day. Her blood pressure was documented as taken from 4/1/2020 to 4/8/2020, 4/12/2020 and 4/16/2020. There was no data for her pulse. D. Interview Certified nurse aide (CNA) #1 was interviewed on 4/28/2020 at 11:15 a.m. She said they take the vitals three times a day, which included temperature, pulse, oxygen saturation, and respiration. Licensed practical nurse (LPN) #1 was interviewed on 4/28/2020 at 11:35 a.m. She said that the nurses check all vitals, including pulse, oxygen saturation, temperature, and respiratory for changes in condition, three times a day. She said they had been monitoring blood pressures, but that recently that had changed and they were not doing it anymore. She said if the resident has blood pressure medication that was the only time they would do blood pressure checks. The director of nursing (DON) was interviewed on 4/28/2020 at 11:50 a.m. The DON said that they monitored residents for their full set of vitals every shift. Registered nurse (RN) #1 was interviewed on 5/4/2020 at 4:07 p.m. The RN stated that nurses completed vital signs (temperature, respiration, oxygen saturation, blood pressure, and pulse) every eight hours. RN #2 was interviewed on 5/4/2020 at 4:49 p.m. The RN stated that the certified nurse aides took resident vital signs. She said that since COVID-19, they were checking residents' temperatures, respiration, oxygen saturation, blood pressure, and pulse every eight hours.</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.