STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065332	A. BUILDING _____ B. WING _____	06/18/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LIFE CARE CENTER OF AURORA	14101 EAST EVANS AVE AURORA, CO 80014

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**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 interviews, the facility failed to properly maintain an infection control program designed to prevent the spread of the novel Coronavirus (COVID-19) in seven of eight neighborhoods. Specifically, the facility: -Failed to ensure proper hand hygiene was completed by visitors and associates during the screening process upon entrance into the facility; -Failed to ensure proper hand hygiene was completed after touching high-touch surfaces and after changing gloves; -Failed to ensure healthcare personnel wore the appropriate personal protective equipment (PPE) when entering and exiting rooms of quarantined residents; -Failed to ensure face shields were cleaned before and after use; -Failed to ensure healthcare personnel wore facemasks when in the facility; and, -Failed to ensure all non-dedicated, non-disposable vital signs equipment was sanitized properly in between residents' use. Findings include: I. Hand hygiene during visitor and associate screening process, and the proper use of PPE A. Professional standard According to the Centers for Disease and Prevention (CDC) Hand Hygiene in Healthcare Settings, last up updated 1/31/2020, retrieved from https://www.cdc.gov/handhygiene/providers/index.html, included the following recommendations: Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an alcohol-based hand sanitizer immediately before touching a patient, before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids or contaminated surfaces, and immediately after glove removal. Wash with soap and water when hands are visibly soiled, after caring for a person with known or suspected infectious diarrhea, and after known or suspected exposure to spores. When using alcohol-based hand sanitizer, put the product on hands and rub hands together. Cover all surfaces until hands feel dry. This should take around 20 seconds. B. Facility policy and procedure The Hand Hygiene policy and procedure, dated 5/7/2020, was provided by the director of nurses on 6/17/2020. The policy included handwashing/hand hygiene was generally considered the most important single procedure for preventing nosocomial infections. Although antiseptics and other handwashing agents did not sterilize the skin, they could reduce microbial contamination depending on the type and the amount of contamination, the agent used, the presence of residual activity, and the handwashing technique followed. The facility should provide education to associates on hand hygiene routinely, and this education should include but was not limited to: How to perform proper hand hygiene with alcohol based hand rub (ABHR) and with soap and water. Proper hand hygiene should be performed when coming on duty, before and after all resident contact, after contact with potentially infectious material, before applying gloves, after glove removal, prior to removal of face shield/eye protection and/or respirator during the doffing of PPE (personal protective equipment), and after touching your facemask or cloth face covering. To protect a patient from health care-associated infection, hand hygiene must be performed routinely and thoroughly. Using an ABHR was appropriate for decontaminating the hands before direct patient contact, before putting on gloves, after contact with a resident, after removing gloves, and after contact with inanimate objects in the resident's environment. C. Observations On 6/17/2020, the screening process for associates and visitors was observed at the single entrance of the facility. The registered dietician (RD) was performing the screenings and the following was observed: At 5:05 a.m., the RD was sitting at a small table inside the entrance to the facility. She was not wearing a facemask and immediately donned a procedure mask when visitors entered the building. The ABHR dispenser was located on the receptionist's desk, approximately six feet away from the screening table. At 6:03 a.m., a staff member entered the facility, was screened, and was allowed to enter the building. She did not wash or sanitize her hands upon entrance into the facility. At 6:21 a.m., a staff member entered the facility, was screened, and was allowed to enter the building. She did not wash or sanitize her hands upon entrance into the facility. At 6:22 a.m., registered nurse (RN) #1 entered the facility, was screened, and was allowed to enter the building. She did not wash or sanitize her hands upon entrance into the facility. At 6:22 a.m., a staff member entered the facility, was screened, and was allowed to enter the building. She did not wash or sanitize her hands upon entrance into the facility. At 6:23 a.m., a staff member entered the facility, was screened, and was allowed to enter the building. She did not wash or sanitize her hands upon entrance into the facility. At 6:46 a.m., a staff member entered the facility, was screened, and instructed to use the hand sanitizer before entering the facility. The ABHR dispenser had been moved from the receptionist's desk over to the small screening table. The staff member did not use the hand sanitizer and entered the facility. At 6:47 a.m., certified nurse aide (CNA) #3 entered the facility, was screened, and instructed to use the hand sanitizer. She dispensed the ABHR into the palm of her hand and rubbed her hands together for less than five seconds. She did not ensure all surfaces of her hands were covered with the ABHR, and entered the facility. At 6:52 a.m., the transport coordinator/driver (TCD) entered the facility, was screened, and was allowed to enter the facility. The RD did not instruct or encourage the TCD to use the ABHR, and the TCD entered the facility without washing or sanitizing his hands. At 7:08 a.m., the certified occupational therapy assistant (COTA) entered the facility, was screened, and was allowed to enter the building. The RD did not instruct or encourage the COTA to use the ABHR, and the COTA entered the facility without washing or sanitizing her hands. At 7:16 a.m., a personal sitter from a local agency entered the facility, was screened, and was allowed to enter the building. She dispensed ABHR into the palm of her hand and rubbed her hands together for less than five seconds. She did not ensure all surfaces of her hands were covered. At 7:49 a.m., the corporate nurse consultant (CNC) entered the facility, was screened, and was allowed to enter the building. She did not wash or sanitize her hands. At 8:00 a.m., the business office manager (BOM) entered the facility, was screened, and was allowed to enter the building. The BOM dispensed ABHR into the palm of her hand, rubbed her hands together for less than 10 seconds, and did not ensure all surfaces of her hands were covered. At 8:13 a.m., a care provider for a local agency (CP) entered the facility, was screened, and was allowed to enter the building. She dispensed ABHR into the palm of her hand, rubbed her hands together for less than five seconds, and did not ensure all surfaces of her hands were covered. 4. Record review The class attendance record for the Coronavirus Screening Associates training, dated 4/29/2020 and ongoing, was provided by the DON on 6/18/2020 at 9:05 a.m., and showed the RD attended the training. 5. Staff interviews The RD was interviewed on 6/17/2020 at 6:04 a.m., and she said on the days she worked as the screener, she came in to work from 5:00 a.m. to 9:00 a.m. She said the facility limited visitors, associates, and vendors to enter at the main entrance where they were screened for COVID-19. She said she received an in-service for screening people from the infection control nurse, and if they had a temperature in the 99's, she was instructed to contact her supervisor. She said visitors and associates were supposed to perform hand hygiene before they entered the building. The staff development coordinator (SDC), who was also the infection control nurse, was interviewed on 6/18/2020 at 10:46 a.m. She said staff should was their hands when they entered the building, before and after any patient care, when visibly soiled, when donning and doffing PPE, when removing gloves, before delivering meal trays, after touching their facemask, and after touching any high-touch surface. The SDC said when staff used ABHR, they needed at least a quarter sized amount of it, Or even sometimes two pumps of the dispenser to give enough gel to have it be wet for that required 20 seconds. She said they started telling

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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They were screened with a series of questions that included any signs or symptoms of COVID-19, contact with anyone with the infection, if there was disease prevalence in their community, and if they had traveled to an area where COVID-19 was present. The SDC stated, They are required to sanitize their hands after screening. We put up extra signage because we saw that was an issue. It is a requirement. She clarified the importance of hand hygiene was included in the training the screeners had received, as well as in the signage posted at the reception area where the screening was conducted. The SDC said the facility provided training to the staff on hand hygiene in multiple ways, including at the monthly in-services with CNAs and nurses, direct observations on the floor of hand hygiene in every department, and in-the-moment education. She said each department did hand hygiene training that included a return demonstration checklist. She explained they had completed small group huddles on the wings, group training and demonstrations in the morning meetings, and had active surveillance on the floor all the time by all management and nursing staff. She said their associates had also been instructed to provide peer to peer observations. The SDC was informed of the observations of the lack of hand hygiene during the screening process and stated, We are humans. It means that human nature precludes perfection. The DON was interviewed on 6/18/20 at 11:00 a.m., and confirmed the facility had been doing quite a bit of training on hand hygiene. He said he was surprised visitors and associates were not performing hand hygiene during the screening process and it should be completed when they entered the facility. He said the RD did not fulfill her duties for proper screening of their associates and that would need to be addressed immediately with education. He stated, Moving forward, we have to find a way to improve and make it better. II. Failure to ensure appropriate use of PPE, and hand hygiene. A. Professional standard According to the Centers for Disease Control and Prevention (CDC) Preparing for COVID-19: Long-term Care Facilities, Healthcare Professionals, Infection Control, last updated 5/18/2020, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, included the following recommendations as part of source control efforts, healthcare professionals (HCP) should wear a facemask at all times while in the healthcare facility. When available, facemasks were generally preferred over cloth face coverings for HCP as facemasks offered both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. B. Facility policy and procedures The Coronavirus (COVID 19) ([DIAGNOSES REDACTED]-CoV-2) policy, most recently revised 5/22/2020, was provided by the director of nursing (DON) on 6/18/2020 at 10:00 a.m. It documented that cloth face coverings are not considered PPE and should not be worn by HCP (health care professionals) when PPE is indicated. It documented the facility should ensure HCP practice source control measures in the break room and other common areas (i.e., HCP wear a facemask). It documented associates who enter the facility wearing a personal face mask or covering, should remove their personal face mask/covering and store with personal belongings and apply a facility face mask at the beginning of their shift. HCP should wear a facemask at all times while they are in the healthcare facility. According to the undated All Associates letter provided by the nursing home administrator (NHA) on 6/18/2020 at approximately 10:30 a.m., it documented cloth masks cannot be worn for any patient care activity. You can wear a cloth mask into the building from home, but you must leave it in the mask room in a paper bag with your name on it and wear a surgical mask at all times in the building. C. Observations of 6/17/2020 CNA #6 was observed entering resident room [ROOM NUMBER] on 6/17/2020 at 5:26 a.m. The staff member did not perform hand hygiene prior to entering the resident room. There was a hand sanitizer dispenser observed on the wall next to the resident door. A sign on the residents door read Please observe standard precautions and continue universal masking for care in this room, Perform hand hygiene prior to entering. On 6/17/2020 at 5:40 a.m., certified nurse aide (CNA) #6 was observed in room [ROOM NUMBER] of the quarantined wing for all newly admitted residents. He removed the washable protective gown he was wearing and hung it on the wall just inside the room. He exited the room and placed his protective face shield on the isolation cart outside the door. He removed his gloves and donned a pair of gloves entered room [ROOM NUMBER]. He did not perform hand hygiene between changing gloves. On 6/17/2020 at 5:49 a.m., registered nurse (RN) #2 was observed as she donned her personal protective equipment (PPE) in the quarantine wing of the facility. As she attempted to place the gown over her head she accidentally knocked a small paper medication cup to the floor. She retrieved the cup from the floor and moved the isolation cart to look for the dropped medication. She donned a pair of gloves and entered a resident room. She did not perform hand hygiene after retrieving an item from the floor and donning clean gloves. She did not wear a face shield. On 6/17/2020 at 5:51 a.m., CNA #7 entered the quarantine wing of the facility through the suspended plastic barrier. He pulled the zipper up as entered and down once he was on the quarantined side of the curtain. He donned his gloves and other PPE and entered a resident room. He did not perform hand hygiene upon entering the quarantine wing or prior to donning his gloves and other PPE. On 6/17/2020 at 6:00 a.m., RN #2 was observed as she exited room [ROOM NUMBER] in the quarantined wing of the facility. She removed her gown and hung it inside the room. She removed and disposed of her gloves inside the resident room. She exited through the zippered plastic barrier and went to the medication cart on the non-quarantined side of the suspended curtain. She did not perform hand hygiene after exiting the resident room or after leaving the quarantine area. On 6/17/2020 the quarantine wing for newly admitted residents was continuously observed from 5:40 a.m. through 6:30 a.m. Throughout the observation period RN #2 entered and exited multiple quarantined resident rooms. She did not wear a protective face shield of any kind. She said she wore glasses and the face shield was optional. On 6/17/2020 at 7:30 a.m., CNA #8 was observed as he exited the zipped wall from the quarantine wing of the facility. He walked to the nurse's station and made photo copies. He did not perform hand hygiene after he exited the quarantine area. On 6/17/2020 at 8:10 a.m., the staff development coordinator (SDC) was observed in the quarantined wing of the facility. She answered a resident call light and donned her PPE. She was wearing a surgical mask and face shield. She did not wear a N95 respirator mask in a presumed positive COVID-19 resident's room. At 8:30 a.m., CNA #3 was observed passing a breakfast tray to room [ROOM NUMBER]. She was wearing a cloth mask. She said in the beginning, everyone in the facility was wearing N95 respirators, as COVID was in the facility. She said, since the facility was currently COVID free, they were now wearing surgical or cloth masks. She said the guidance about the appropriateness of cloth masks when providing care was not received by any staff in the facility; she said she just heard on the television that it was okay. At 8:39 a.m., an unidentified female staff was observed walking down the hall of the first floor while she had her surgical mask in her left hand. She began donning her mask when she was approximately halfway down the hall. She said she was enjoying the air conditioning. D. Staff interviews The NHA, DON, SDC, CNC and RVP were interviewed on 6/17/2020 at 9:45 a.m. The DON and SDC said when staff were working the floor and providing care to residents, they should be wearing a surgical mask. They said a cloth mask was not acceptable when providing care. They said all staff should be wearing some type of mask at all times in the facility, including the facility hallways. CNA #6 was interviewed on 6/17/2020 at 6:05 a.m. She said staff were trained on hand hygiene and that included performing hand hygiene prior to touching a resident, or going in and out of resident rooms. The director of nursing (DON) and SDC were interviewed on 6/18/2020 at 9:45 a.m. They said the zippered plastic sheet barrier was put in place as a reminder to staff to wear appropriate PPE in the quarantine wing. They said face shields should be worn whenever entering a resident room in the quarantine wing. They said hand hygiene should be performed anytime gloves were changed and upon entering or exiting the quarantine wing hallway and anytime a gloved hand comes in contact with a contaminated surface. They said extensive education had been provided to all staff and ongoing audits and education were in place. V. Failure to disinfection multi-use vital equipment A. Reference The Colorado Department of Public Health and Environment (CDPHE) COVID-19 Preparation and Rapid Response: Checklist for Long-Term Care Facilities (LTCFs), retrieved from https://drive.google.com/file/d/1ej-1kbX20euOGJHkcgO5zJb1TTD1Lf87/view (updated 5/13/2020). It read in part, Ensure that all non-dedicated, non-disposable resident care equipment is cleaned and disinfected according to manufacturer's instructions after each use (e.g., thermometers, pulse ox, blood pressure cuffs, resident lifts) prior to use on additional residents. Use an environmental protection agency (EPA) registered hospital-grade disinfectant to frequently clean high-touch surfaces and shared resident care equipment in addition to routine environmental cleaning. Refer to the EPA website for a complete list of approved disinfectants with an emerging [MEDICAL CONDITION] pathogen claim: https://www.epa.gov/pesticide-registration/list- n-disinfectants-use-against-[DIAGNOSES REDACTED]-cov-2. Validate environmental services staff members processes: (1) Follow label instructions on the hospital grade disinfectant; (2) Validate disinfection policies and procedures (e.g., cleaning from clean to dirty, changing gloves and performing hand hygiene between rooms and between resident surfaces within the same room). B. Observations CNA #5 was observed disinfecting

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	(continued... from page 2) a vitals cart on 6/17/2020 at 6:30 a.m. The thermometer on the vitals cart was observed to be not intact with wires exposing and medical tape holding it together. CNA #5 was using a disinfectant wipe and cleaning over the medical tape on the thermometer. (tape was not a cleanable surface)The CNA then continued down the hallway to perform vitals on her residents. On 6/17/2020 at 6:50 a.m. CNA #5 was observed exiting a resident room after performing vital signs. She disinfected the machine and components with a disinfectant wipe while cleaning the thermometer and over the tape with the wipe. She then continued on to another resident room with the vitals cart to perform vitals on another resident. C. Staff interview CNA #5 was interviewed on 6/17/2020 at 7:02 a.m. She said she disinfected the machine before and after every resident use. She acknowledged the thermometer was not intact and said it still worked with the tape holding it together. She was unsure if the tape was a cleanable surface. The DON was interviewed on 6/17/2020 at 9:26 a.m. He said it would depend on the type of tape if it was a cleanable surface, but generally tape was not a cleanable surface. He said he would take a look at all vitals carts in the facility and inspect them.