

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065108	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2020
NAME OF PROVIDER OF SUPPLIER VILLAS AT SUNNY ACRES, THE		STREET ADDRESS, CITY, STATE, ZIP 2501 E 104TH AVE THORNTON, CO 80233	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record review the facility failed to implement an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the possible development and transmission of Coronavirus (COVID-19) communicable diseases and infections for six out of six units. Specifically, the facility failed to ensure: -Staff followed proper use of disposable gowns; -Staff cleaned a resident room and bathroom correctly; and, -Staff were actively screened. Findings include: I. Disposable gowns A. Professional reference The Centers for Disease Control (CDC) Using Personal Protective Equipment updated 8/19/2020 and accessed on 9/22/2020, https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html read in pertinent part; Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. B. Facility policy and procedures The Infection Control and Prevention policy, dated 7/9/2020, was provided by the nursing home administrator (NHA) on 9/9/2020 at 2:10 p.m. It read in pertinent part; The goal was to implement and recommend appropriate infection control strategies, guidance and standards from the local State and Federal agencies for an emerging infectious disease (EID) event. The policy of the facility was to include preparatory plans and actions to respond to the threat of the COVID-19, including but not limited to infection prevention and control practices in order to prevent transmission. Personal protective equipment (PPE) section read health care providers must receive training on and demonstrate an understanding of When to use the PPE, What PPE is necessary, How to properly don use and doff PPE in a manner to prevent self contamination How to properly dispose of or disinfect or maintain PPE and; The limitations of the PPE. Gowns: put on a clean isolation gown upon entry into the resident's room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or liner before leaving the residents room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use. C. Observations and interviews Licensed practical nurse (LPN) #2 was interviewed on 9/8/2020 at 10:35 a.m. She said the facility had an inservice on how to don and doff isolation gear. She said the gowns were supposed to be used one time and thrown away after resident care. Certified nurse aide (CNA) #5 was observed on 9/8/2020 at 2:45 p.m. in resident isolation room [ROOM NUMBER]. She took off the protective disposable gown she wore, rolled it up inside out into a ball and hung it on the wall in the residents room. The gown was stuffed in a holder that hung on the wall. Registered nurse (RN) #1 was observed on 9/8/2020 at 2:52 p.m. entering resident isolation room [ROOM NUMBER]. She took a used rolled up protective gown from the residents wall and put it on. She was immediately interviewed after and said all staff members wore the used gowns that hung on the wall. She said they just picked any gown and put it on. The gowns were not assigned to any particular staff. LPN #1 was interviewed on 9/9/2020 at 10:45 a.m. She said the isolation gowns were to be reused. She said multiple staff do use the gowns, they roll them up after use into a ball and hang them on the residents wall. She said there was not a specific gown to each discipline, they just wore the gown hung on the wall. The certified occupational therapy assistant (COTA) and assistant director of rehabilitation (ADOR) were observed on 9/9/2020 at 12:10 p.m. to enter resident isolation room [ROOM NUMBER]. They both donned a used rolled up gown that hung on the residents wall. The COTA and ADOR were interviewed immediately after and they said they were taught to reuse the gown and then roll it up into a ball inside out and hang it on the wall in the residents room. The assistant director of nurses (ADON) was interviewed on 9/9/2020 at 3:30 p.m. She said the gowns worn in the isolation rooms were discarded after each use. She said there was a risk of contamination when multiple staff members wore the same gown. She said they had enough gowns in the building to use one and discard after providing care. II Proper cleaning of resident room and bathroom A. Professional reference The Center for Disease Control and Prevention (updated 4/21/2020) Environmental Cleaning Procedures-Best Practices for Environmental Cleaning in Healthcare Facilities, retrieved on 9/22/2020 from: https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html. It read in pertinent part, Clean patient areas and patient zones before patient toilets. Follow proper procedures for effective uses of mops, clothes and solutions. B. Facility policy and procedure The Infection Control Housekeeping policy, revised in January 2020, was provided by the housekeeping supervisor (HKS) on 9/9/2020 at 1:22 p.m. It read in pertinent part; It is the policy of this facility to require effective environmental sanitation to lessen the hazards of exposure to contaminated fomites. Frequent cleaning of the facility's interior will aid in physically removing and reducing microorganisms potential contribution to the incidence of health-associated infections (HAI). C. Record review The housekeeper (HKS) provided the Chemical Contact/Wet Time sheet, undated, on 9/9/2020 at 12:20 p.m. It read bleach germicidal cleaner had a one minute dwell time for norovirus and COVID-19 and three minutes for [MEDICAL CONDITIONS]. D. Observations and interview The housekeeper (HKS) was observed on 9/9/2020 at 9:30 a.m. cleaning resident room [ROOM NUMBER]. This room was not an isolation room. She donned gloves, took out the trash and swept the floor. She sprayed the sink, counter and bedside table and wiped down everything right away without letting it stay on the surface to disinfect. She used a bleach germicidal spray. She sprayed the toilet tank, toilet bowl and toilet seat with the bleach spray and immediately used the toilet brush that soaked in Oxyvir mixture to clean the inside of the toilet then the outside of the tank and toilet seat with the same brush. She took the same rag she used for the counters and bedside table to wipe down the sides of the toilet, the rim of the toilet and the toilet seat that had contaminates on the surface from the inside of the toilet bowl. HKS was interviewed on 9/9/2020 at 12:18 p.m. She said she sprayed the bleach chemical on the surfaces in the resident room and let the chemical sit for three minutes then she wiped it off (however, this was not observed, see above). She said the chemical bleach solution used to clean the residents room had a dwell time (the time the chemical stayed on the surface before it was wiped off) of one minute for and resident who had a norovirus and three minute dwell time for any residents who had [MEDICAL CONDITIONS]. She said the resident rooms were cleaned from top to bottom and the toilet tank, rim and toilet seat were sprayed and wiped down with a separate rag from the counters. The toilet bowl was cleaned with the toilet brush (the brush was not supposed to clean a surface outside of the inside of the toilet bowl). III. Staff screening A. Professional reference The Centers for Disease Control (CDC), Infection Prevention and Control Assessment tool updated 5/8/2020, accessed on 9/22/2020 from https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf from read in pertinent part; All healthcare personnel (HCP) should self-monitor when they are not at work and be actively screened upon entering the facility. Ideally, this would occur at the entrance to the facility, before they begin their shift. Screening includes temperature check and asking about symptoms like subjective fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell. If they have a fever of 100.0 F or higher or symptoms, they should be masked and sent home. Because symptom screening will not identify individuals who are infected but otherwise asymptomatic or pre-symptomatic, facilities should also implement universal source control policies requiring anyone in the facility to wear a facemask or cloth face covering. B. Facility policy and procedure The Staff Screening policy, revised in September 2020, was provided by the nursing home administrator (NHA) on 9/9/2020 at 2:10</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1) p.m. It read in pertinent part; It is the policy of this facility that all employees will be screened according to the most recent Center for Disease Control (CDC) guidelines for COVID-19 prior to entering the facility before each scheduled shift. -All staff will check in at designated screening areas prior to entering the facility. -Staff will be screened using facility employees screening tool. -The facility employee screening tool will be updated regularly using the most recent guidance from CDC for COVID-19. -Any staff who refuses to be screened will not be allowed to enter the facility. -Any staff who has positive symptoms or travel according to the screen tool should be sent home and or tested according to facility protocol. C. Observations and interviews Licensed practical nurse (LPN) #2 was interviewed on 9/8/2020 at 10:35 a.m. She said she self screened herself daily by taking her temperature and wrote her temperature in a book at the nurse station. She said there was a line at the main nurse station so she went to the other nurse station to screen herself there (where she walked past residents). She said the staff entered a side door by the time clock and screened themselves at the nurse station. The front desk receptionist (RP) was interviewed on 9/8/2020 at 3:15 p.m. She said she screened the facility staff during day time hours with a questionnaire to ask about any COVID-19 symptoms they had. She took their temperature and when it read high on the thermometer (not a specific number identified) she called the director of nurses (DON) or the nursing home administrator (NHA) for guidance. She said the nurse at the nurses stations screened staff and visitors who entered the building after hours. The housekeeper was interviewed on 9/9/2020 at 9:30 a.m. She said she took her own temperature and wrote that in a book at the nurses station when she came to work. She said she was taught to self screen from the COVID-19 education inservice the facility provided. Certified nurse aide (CNA) #4 was interviewed on 9/9/2020 at 10:00 a.m. She said she self screened herself when she came to work. She said she took her own temperature and wrote it in the book at the nurses station. She said she answered the questions on the sign in sheet that asked about symptoms. She said the staff came in the side door instead of the front door because everyone had a key code to get into the building where there was no facility staff present to screen them. LPN #1 was interviewed on 9/9/2020 at 10:45 a.m. She said she screened herself when she came to work in the morning however, she had not yet recorded her screen before her shift. The ADON was interviewed on 9/9/2020 at 4:15 p.m. She said she trained the facility staff in the past 24 hours to not self screen themselves when they came to work after being identified on the survey. As of 9/9/2020, she set up a table in front of the nurse station to have all staff members stop and get screened by a screener with temperature, filling out the questionnaire and to have them wash their hands. The nursing home administrator (NHA) was interviewed on 9/9/2020 at 4:30 p.m. He said a table was set up that morning by the nurse station to have all employees get screened by another person. He supplied the schedule of employees who were to be the screeners daily and gave a copy of the job description ad that was listed online for this new position that was to be added. CNA #2 was interviewed on 9/10/2020 at 1:25 p.m. She said she screened herself daily and wrote her temperature down in the book at the nurses station located on the secured unit. She said she had not had any staff screen her before. She said she had not been trained in the past 24 to 48 hours to not screen herself due to the ADON saying she provided staff education on 9/9/2020 (see ADON interview below). CNA #3 was interviewed on 9/10/2020 at 1:30 p.m. She said she screened herself when she came to work. She said she wrote her temperature down in the book at the nurses station located on the secured unit. She said she had not been trained in the past 24 to 48 hours to not screen herself. The ADON was interviewed again on 9/10/2020 at 2:10 p.m. She said the staff in the memory care unit were trained on 9/9/2020 to not self screen themselves. -However, interviews with CNA #2 and #3 revealed they had not had the training (see above). D. Record review The Visitor and Employee Sign in sheet had three yes or no questions on the form. -Do you have a cough or a fever? -Have you recently traveled outside the United State (USA), had possible actual exposure to a COVID-19 patient, or any respiratory infections? -Have you washed your hands or used an alcohol based hand rub (ABHR) prior to entering the facility facility? The staff circled yes or no on the form and were to be screened by another staff member. Review of the Visitor and Employee Sign in sheet on 9/9/2020 at 9:20 a.m. showed LPN #2's name on the top with no other names on the sheet. -LPN #2 was not actively screened by another staff member and the questions not filled out. Review of the Visitor and Employee Sign in sheet on 9/9/2020 at 11:10 a.m. showed LPN #1 and LPN #2's name on the sheet. LPN #2 said she added her own information in the book when she remembered to review the sign-in sheet. -LPN #1 started her day shift at 6:00 a.m. with a five hour delay in screening. IV. Facility COVID-19 status The NHA was interviewed on 9/8/2020 at 9:30 a.m. He said the facility had no COVID-19 positive residents or staff. He said there were no presumptive positive COVID-19 residents or staff.</p>		