

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065432	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER KATHERINE AND CHARLES HOVER GREEN HOUSES, INC		STREET ADDRESS, CITY, STATE, ZIP 1425 BELMONT DR LONGMONT, CO 80503	
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 review, the facility failed to establish and maintain an infection control program designed to provide a safe, sanitary environment and to help prevent the development and transmission of communicable diseases and infections such as Coronavirus disease (COVID-19). Specifically, the facility failed to: -Ensure staff had all updated training and information about COVID-19 prior to caring for residents; -Ensure all staff were properly screened prior to entering the facility to care for residents; and -Ensure the facility's COVID-19 policy was up to date with the most recent CDC recommendations. Findings include: I. Professional reference According to the Centers for Disease Control and Prevention (CDC) website, Preparing for COVID-19: Long-term Care Facilities, Nursing Homes: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html (retrieved 5/29/2020), Ensure that healthcare providers (HCP) are educated, trained and have practiced the appropriate use of personal protective equipment (PPE) prior to care for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin and the environment during the process of removing such equipment. Educate them about new policies for source control while in the facility. Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of shortness of breath, new or change in cough, sore throat, and muscle aches, nausea, vomiting, diarrhea, abdominal pain, headache, runny nose, fatigue. According to the Colorado Department of Public Health and Environment (CDPHE), Communicable Disease Branch, COVID-19 Preparation and Rapid Response: Checklist for Long Term Care Facilities, 4/24/2020, All staff should be screened at the beginning of their shift for fever (take temperature) or symptoms (cough, shortness of breath, difficulty breathing, fever, chills, rigors, myalgia, headache, sore throat, new olfactory (smell) and taste disorder; consider also rhinorrhea, diarrhea, nausea or vomiting). According to the Centers for Disease Control and Prevention (CDC) website, Return to Work Criteria, https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-to-work.html, retrieved 5/29/2020, Symptomatic healthcare personnel (HCP) with suspected or confirmed COVID-19 should be excluded from work until: -At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medication and improvement in respiratory symptoms -At least 10 days have passed since symptoms first appeared. II. Failure to ensure current education and training A. Record review Review of the facility's training records for COVID-19 revealed five of the 11 staff members providing care or scheduled to provide care to the residents on 5/6/2020 had not received the most current/updated information for COVID-19 provided by the facility. B. Staff interview The DON was interviewed on 5/6/2020 at 1:30 p.m. She said all staff should be educated with any updated information prior to working their shift. III. Failure to ensure proper screening of staff A. Record review On 5/18/2020 review of the employee screening forms from 3/14/2020 to 5/6/2020 revealed the following: -On 4/15/2020 at 2:17 p.m. a staff member answered yes to being exposed to someone with documented or suspected COVID-19. No follow-up was documented. -On 4/24, 4/25, 4/26, 5/4 and 5/5/2020, no screening was documented for several staff members; -On 4/24/2020 at 10:00 a.m. a staff member answered yes to coughing/sneezing. The staff members screen themselves and there was no documented follow up. The staff screening log for temperatures and respiratory symptoms was reviewed on 5/18/2020 and revealed the following: -On 3/12/2020 temperatures were being logged in as low as 88 degrees Fahrenheit (F) and 93.4 degrees (F). -On 4/9/2020 at 6:00 a.m. a staff member logged in with no temperature being recorded. -On 5/1/2020 at 6:42 a.m. a staff member logged in with no temperature being recorded. -Between the dates of 5/5/2020 and 5/6/2020, a temperature was logged in, however the name of the person the temperature was obtained from, date and time, were not recorded. B. Staff interview The nursing home administrator (NHA) and director of nursing (DON) were interviewed on 5/6/2020 at 1:30 p.m. They said the staff are screening themselves for symptoms and they notify the nurse in the house they are assigned to work. The nurse is to contact the DON so the staff member can be interviewed and directed to leave the premises and seek medical attention. They said the sheets were being monitored daily. They said the staff member that answered yes to coughing/sneezing was tested for COVID-19 and had been off the schedule since. IV. Updating policy A. Record review The facility's Coronavirus (COVID 19) policy and procedure, last revised August 2014, reviewed on 5/6/2020, revealed the policy was not updated with the most current recommendations from the CDC. The recommendations for how long a healthcare worker should be excluded from work was only 24 hours after they no longer had a fever and seven days from symptom onset instead of the recommended 72 hours and 10 days. B. Staff interviews The NHA and DON were interviewed on 5/6/2020 at 1:30 p.m. They said they were trying to keep up with all the recommendations from the CDC and health department and agreed their policy needed to be updated with the most recent recommendations.</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.