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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>065285</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                  | (X3) DATE SURVEY COMPLETED<br><b>04/01/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>CASTLE ROCK CARE CENTER</b>   |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>4001 HOME ST<br/>CASTLE ROCK, CO 80108</b> |   |
| 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 0842<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Many             | <p><b>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review and interview, the facility failed to maintain readily accessible medical records for each resident. Specifically, the facility failed to have access to all electronic records during the focused infection control survey. Findings include: I. Notification Upon arrival to the facility on [DATE] at 9:45 a.m., the assistant director of nursing (ADON) informed the survey team the electronic medical records and (EMRs) system used by the facility had been hacked and were being held for ransom across the country. She said all facilities that utilized the EMR system the facility utilized were experiencing the same problem. On 4/1/2020 at 10:46 a.m. the nursing home administrator (NHA) informed the survey team the point click care (PCC) had been breached and it prevented the facility from accessing all EMRs and emails. He assured the team the facility would continue to work and provide quality of care to the residents. He explained the system went down sometime in the early morning on 4/1/2020. He said the medication administration records (MARs) backed up to a server in the facility every 12 hours. He said the facility was able to print up paper MARs for medication administration. He said the nurses were working with paper MARs. He said the nurses would be documenting on paper until the EMR system was accessible. II. Updates/interviews On 4/1/2020 at 11:00 p.m. the facility informed the survey team they still did not have access to the EMR system. The NHA said he was unable to access his email. At 12:15 p.m. he said the facility was not able to access EMRs, and the information technology (IT) department was working diligently on fixing the blocked access. He said the staff were still providing quality care, and the expectation of the nurses was to continue to document on paper. He said having access to the EMR would provide easier communication, but the facility would continue to provide great care to its residents. He said it was an unforeseeable event. He said the facility had nothing in place or a plan to deal with the hacked computers. He explained the main server was the system being held for ransom.</p>  |   |   |
| F 0880<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Some             | <p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, record review and interviews, the facility failed to effectively follow an infection control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and possible transmission of Coronavirus disease (COVID-19) and infection. Specifically, the facility failed to ensure coronavirus training was provided to all facility staff in a timely manner. Findings include: I. Professional reference The Center for Clinical Standards and Quality/Quality, Safety &amp; Oversight Group Memorandum Ref: QSO-20-09-ALL (2/6/2020) Information for Healthcare Facilities Concerning 2019 Novel Coronavirus Illness (2019-nCoV). Train and Educate Healthcare Personnel: Provide HCP with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training. Ensure that HCP are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment. On 4/1/2020 at 12:39 p.m., the director of nursing provided a copy of the [MEDICAL CONDITION] in service, which was provided by the facility for staff dated 3/10/2020, 3/17/2020, and 3/19/2020. The in-service revealed mandatory meetings for all nurses and CNA's for Coronavirus education. It contained: -Personal protective equipment (PPE); -Hand hygiene; -Universal precautions; and, -Isolations signs and symptoms. The sign-up sheets identified 30 staff members who attended the 2020-nCoV in-service. The facility provided a staff sheet of all staff in the facility which identified 67 staff members currently working in the facility. II. Record review Record review of the emergency preparedness Covid-19 checklist on 4/1/2020 at 1:05 p.m. read in pertinent part. Page four for supplies and resources and alcohol-based hand sanitizer for hand hygiene was checked off as completed on 3/19/2020. III. Staff interviews Have you been provided training or in-services specifically to the Coronavirus (2019-nCoV)? The times and responses revealed staff responses: Certified nurse aide (CNA) #1 was interviewed on 4/1/2020 at 10:35 a.m. She said, I have not received any training on the coronavirus. Certified nurse aide (CNA) #2 was interviewed on 4/1/2020 at 10:40 a.m. She said, No training on coronavirus thus far. Housekeeper was interviewed on 4/1/2020 at 10:50 a.m. She said, No training on coronavirus. Cook # 1 was interviewed on 4/1/2020 at 11:12 a.m. She said she had worked at the facility for one year and had no specific training on Covid-19. The dietary manager (DM) was interviewed on 4/1/2020 at 11:15 a.m. He said he had no training during his orientation on Covid-19 and dining. He was new to that position as of 3/25/2020. The assistant director of nurses (ADON) was interviewed on 4/1/2020 at 1:10 p.m. She said she had not trained all the staff on Covid-19. She said the staff did have Relias (computer training) for that. The Director of nurses (DON) was interviewed on 4/1/2020 at 1:15 p.m. She said all staff needed to be trained on Covid-19. She said she created educational sheets to train the staff and she would do that this week. She said she talked to everyone often but did not document what was discussed or trained on. She said negative outcomes did occur with cross contamination from resident to resident and staff to resident. She said the facility would get the training done this week. She said the Covid-19 preparedness checklist was completed on 3/19/2020. IV. Follow-up DON provided a more completed Covid-19 preparedness checklist at 1:45 p.m. That record review showed some of the training to be completed with a checkmark and a date but some areas of that checklist had no dates as to when the training was completed.</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.