

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065399	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2020
NAME OF PROVIDER OF SUPPLIER RIO GRANDE INN		STREET ADDRESS, CITY, STATE, ZIP 39 CALLE MILLER LA JARA, CO 81140	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, record review and interviews, 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 COVID-19 in one of five halls. Specifically, the facility failed to ensure staff wore personal protective equipment (PPE) while providing care to a resident in isolation. Findings include: I. The Centers for Disease Control (CDC) recommended guidelines The CDC, Preparing for COVID-19 in Nursing Homes, updated May 19, 2020, retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html. It read in pertinent part, Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP (healthcare personnel) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. II. Facility PPE training The PPE training provided by the facility on COVID-19, Donning Personal Protective Equipment (PPE), was provided by the nursing home administrator (NHA) at 1:35 p.m. It read in pertinent part: Gown: 1. Fully cover torso from neck to knees, cover arms to end of wrist and wrap around back. 2. Fasten in back of neck and waist. Gloves: 1. Extend to cover the wrist of the isolation gown. III. Observations and interviews On 7/20/2020 at 1:04 p.m. B 06, an isolation room, the physical therapy assistant (PTA) was observed in the room with a pair of eye goggles on top of their head while visiting with the resident. Upon exit of the room, the PTA was interviewed immediately after the observation and said he should have worn the goggles while in the room. He said the mask he had on was the same mask he wore all day. He said he did not change his mask for an isolation COVID-19 room. He said the gown was short sleeved and all the facilities he had worked in recently had short sleeved gowns for isolation rooms. He said he had received training on PPE during school and had received specific COVID-19 PPE training by the facility. On 7/20/2020 at 1:09 p.m. in room B 01, an isolation room, housekeeper (HSKG) #1 was observed with no PPE on. He had on a procedural mask and gloves, but did not have on eye protection or a gown. He was talking to the resident. Room B 01 had three cloth gowns hanging on the door, two hanging from a hook on the left side of the door and one hanging on the right side of the door. The isolation cart outside of the room had a pair of goggles, a box of gloves and a set of dedicated vital sign equipment. -This indicated there were sufficient supplies for proper PPE donning. HSKG #1 was interviewed immediately after the observation above and said he had been employed at the facility for over a year. He said he had received COVID-19 training from the owner of the facility that included a fit test with the N-95 masks. He said he had not been trained on donning/doffing PPE. He said the mask he was wearing in the room was the same mask he wore all day. He said if the resident was a positive COVID-19 resident, the nursing staff would let him know and he would wear an N-95, if available. He said he thought the resident had been in isolation for about six days. IV. Interviews Certified nurse aide (CNA) #1 was interviewed on 7/20/2020 at 12:57 p.m. She said the steps to put on PPE was to sanitize her hands, put on a gown and put on gloves. She said she did not use the goggles. She said she had received training on several occasions on donning/doffing of PPE. She said all the gowns that the staff had been using were short sleeved for the isolation rooms. She said after the training, she often wondered why all the gowns were short sleeved. She said she did not change her mask when entering and exiting the isolation rooms. The NHA was interviewed on 7/20/2020 at 2:42 p.m. She said he expectations for PPE use for an isolation room was prior to going into the room, the staff would check the cart for supplies. She said the steps for donning PPE were to wash their hands, put on a gown, a mask, goggles and gloves. She said the facility used cloth gowns. She said all of the gowns were short sleeved. She said she had difficulty sourcing long sleeved cloth gowns. She said the facility had long sleeved disposable gowns, however the facility was saving the long sleeved gowns for a COVID-19 positive resident. She said the gowns should not have been stacked on top of each other on the door of B 01. She said by stacking the gowns could contaminate each other and the staff's clothing. She said the facility had a limited supply of N-95 masks. She said the staff should have been changing their masks upon entry and exit of isolation rooms. She said goggles should have been used everytime anyone entered or exited an isolation room.</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.