STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065113	A. BUILDING _____ B. WING _____	07/09/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MEDALLION POST ACUTE REHABILITATION	**1719 E BIJOU ST COLORADO SPRINGS, CO 80909**

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	**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 COVID-19 in two of two neighborhoods. Specifically, the facility: -Failed to ensure staff wore appropriate personal protective equipment (PPE) before entering a presumptive positive COVID-19 room; -Failed to ensure staff removed gloves before exiting a presumptive positive COVID-19 room to prevent the transmission of infection; -Failed to ensure nursing staff wore surgical mask in resident care area and when interacting with residents; -Failed perform hand hygiene when providing meal assistance with a dependent resident; and, -Perform hand hygiene after donning and doffing gloves when cleaning a resident room. Findings include: I. Improper use of Masks, goggles and gloves A. Professional references According to the Centers for Disease Control and Prevention (CDC) Using PPE, last updated 4/3/2020, retrieved 7/13/2020 from https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html, included the following recommendations for how to put on (don) PPE gear: 1. Identify and gather the proper PPE to don. 2. Perform hand hygiene using hand sanitizer. 3. Put on an isolation gown. Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel. 4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). Do not wear a respirator/face mask under your chin or store in a scrubs pocket between patients. Respirator straps should be placed on the crown of head (top strap) and base of neck (bottom strap). Facemask ties should be secured on the crown of head (top tie) and base of neck (bottom tie). If the mask has loops, hook them appropriately around your ears. 5. Put on a face shield or goggles. 6. Perform hand hygiene before putting on gloves. Gloves should cover the cuff (wrist) of the gown. 7. Healthcare personnel may now enter the patient room. The CDC Key Strategies to Prepare for Coronavirus COVID-19 in Long Term care facilities, dated April 2020, the facility failed to ensure appropriate use of PPE. It read in pertinent part; If COVID-19 was identified in the facility, have health care providers (HCP) wear all recommended PPE for care of all residents (regardless of symptoms) on the affected unit (or facility-wide depending on the situation). This includes: an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown. HCP should be trained on PPE use including putting it on and taking it off. This approach is recommended because of the high risk of unrecognized infection among residents. Recent experience suggests that a substantial proportion of residents could have COVID-19 without reporting symptoms or before symptoms develop. According to the Centers for Disease Control and Prevention (CDC) Strategies for Optimizing the Supply of Facemasks, last updated 4/3/2020, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html#contingency-capacity: In settings where facemasks are not available, HCP (healthcare personal) might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face. B. Facility policy and procedure The Infection Control and Prevention policy, last revised on 3/9/2020, was provided by the director of nursing (DON) on 7/9/2020 at 10:30 a.m., read in part: Put on eye protection (eg: goggles or a disposable face shield that covers the front and sides of the face) upon entry of the patient or care area. Personal eyeglasses and contact lenses are not considered adequate eye protection. Remove eye protection before leaving the patient room or care area. Put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated. Remove and discard gloves when leaving the patient ' s room or care area, and immediately perform hand hygiene. The Infection Control and Prevention policy under Emerging Infectious Disease (EID): Coronavirus Disease 2019 (COVID-19), last revised in 5/4/2020, was provided by the DON on 7/9/2020 at 10:30 a.m. The policy read in pertinent part: HCP (healthcare professionals), should perform hand hygiene before and after all patient contact, contact with potential infectious material, and before putting on and after PPE, including gloves. Hand hygiene after removing gloves is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. Implement Universal Masking throughout the facility. Put on a respirator (or facemask if a respirator is not available) before entry into the patient room or care area. The Infection Control policy and procedure, revised in April 2020, was provided by the DON, via email on 7/9/2020. The policy read in pertinent part: Don PPE before contact with residents, generally before entering the room Use carefully and don ' t spread contamination. Remove and discard carefully, either at the doorway or immediately outside the resident room. Wash hands Work from clean to dirty. Limit opportunity for touch contamination. Don ' t touch your face or adjust PPE with contaminated gloves. Don ' t touch environmental surfaces except as necessary Use gloves when touching blood, body fluids, secretions, contaminated items II. Observations On 7/9/2020 at 9:45 a.m., LPN #1 was observed in the facility lobby interacting with staff and residents. She wore a cloth mask. -At 10:15 a.m. LPN #1 interacted with direct care staff in front of and behind the nursing desk. On 7/9/2020 at 10:25 a.m., certified nurse aide (CNA) #1 was observed standing in front of an isolation room door. He wore a face shield and a KN95 mask. He donned a gown and a pair of gloves preparing to enter the resident ' s room (a presumptive COVID-19 positive). A sign hung on the outside of the isolation room door. The sign read, droplet and contact precautions; wash hands prior to entering and leaving room; wear mask at all times; put on protective eyewear when entering room; and remove all PPE equipment prior to leaving room. CNA #1 exited the isolation room with his contaminated gloves on. He did not remove his gloves prior to exiting the isolation room. Registered nurse (RN) #1 who was also the unit manager instructed him to remove his gloves. He removed his gloves and put them into his pocket and walked towards the nurses station. Environmental cleaning observations of a shared resident room was conducted on 7/9/2020 between 10:41 a.m. and 10:59 a.m. -At 10:41 a.m., housekeeper (HK) #1 was observing repositioning a pillow that a resident laid on while in bed. HK #1 wore gloves as she adjusted the pillow. HK #1 exited the room with gloved hands, removed keys, pulled her pocket with the same gloved hands, and opened the housekeeping cart. She placed a clean cloth in a bucket of water and cleaning solution. HK #1 returned to the room and proceeded to wipe down the surface of the sink. As she wiped down the sink surface, she touched multiple personal hygiene items with her gloved hands. HK #1 entered and cleaned the shared bathroom. She exited the bathroom with gloved hands. She removed her keys from her pocket, opened the cart and placed the items inside. She doffed the gloves and donned new gloves. She did not perform hand hygiene after doffing the gloves and before donning the new gloves. HK #1 proceeded to sweep the residents room. A wet floor sign resting up against the door frame fell on the floor of the hallway. HK #1 picked up the sign of the floor with her gloved hands and removed a mop from her cart and entered the residents ' bathroom. As the HK mopped, she touched the bathroom door, bathroom door handle, and bathroom light switch with the same gloved hands that she used to touch the broom and mop handle, the dustpan and the fallen sign from the hallway floor. She did not disinfect the bathroom door, door handle and light switch after touching it with her contaminated gloves. HK #1 exited the room and doffed her gloves. She did not perform hand hygiene after doffing her gloves. HK #1 donned new gloves without performing hand hygiene switched the soiled mop head with a clean mop head. She doffed without performing hand hygiene. HK #1 then touched the outside of her facemask with the gloved hands. She did not perform hand hygiene after she touched her facemask.

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065113	A. BUILDING _____ B. WING _____	**07/09/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MEDALLION POST ACUTE REHABILITATION	**1719 E BIJOU ST COLORADO SPRINGS, CO 80909**

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	(continued... from page 1) With her bare hands, HK #1 entered the room holding the broom handle. She then touched the resident privacy curtain, as she swept under around the bed of the resident. She collected the damp cloth from the sink she used to clean the sink surface with her bare hands. She placed the cloth in a plastic bag and continued to sweep the room with her bare hands. HK #1 swept behind the entryway door, touching the edge of the door and the outer door handle with her bare hands. She finished sweeping and exited the room. She did not wipe down surfaces that she touched with her bare hands. HK #1 donned new gloves. She did not perform hand hygiene after touching potentially contaminated surfaces and before donning new gloves. HK #1 entered the room to mop the remainder of the room. She touched the second resident ' s privacy curtain, moved a resident's personal walker twice with her gloved hands, touching the hand holds of the walker. She touched the surface of the front door, the outer surface of her mask and the resident ' s light switch with her gloved hands. She did not disinfect the surfaces she touched with her potentially contaminated gloves. The HK finished mopping, doffed gloves and performed hand hygiene with alcohol based hand rub (ABHR). -At 11:10 a.m., LPN #1 walked down a resident room hallway, entered the dining room, and entered the assisted living side of the facility. -At 11:14 a.m., LPN #1 returned from the assisting living side of the facility and proceeded to walk down the resident room hallway wearing a cloth mask. As she walked down the hallway passing open resident room doors, she stopped to talk to a resident sitting just outside of their room in the hall. A second observation of a resident room cleaning was conducted on 7/9/2020 between 11:18 a.m. and 11:24 a.m. HK #1 placed her cart in front of a resident ' s room. She prepared her supplies, and donned gloves. She did not perform hand hygiene before she donned gloves. She removed keys to her housekeeping cart out of her pocket. HK #1 dropped the keys on the floor. She picked up the keys from the floor and picked them up with gloved hands, placing them back in her pocket. She did not disinfect the keys. She did not doff her gloves she used to pick up the keys from the floor. HK #1 collected the cleaning products and entered the resident room bathroom. She cleaned the surfaces of the bathroom, exited the room, placed the cleaning products in the cart and bagged the soiled cleaning cloth. She doffed and donned gloves without hand hygiene between. HK # touched the outer surface of her facemask and her keys with her newly donned gloves. She did not doff her gloves and perform hand hygiene after touching the facemask and the keys that fell on the floor. HK #1 removed a clean cloth from her cart, placing it on the sink. She collected the room trash, wiped down the surface of the sink, doffed her gloves and proceeded to don a new set of gloves. She did not change gloves between collecting trash and cleaning the sink. She did not perform hand hygiene after doffing her gloves. On 7/9/2020 at 11:56 a.m., the rehabilitation director (RD) was observed standing in front of an isolation room door (a presumptive COVID-19 positive). RN #1 was observed standing inside the resident ' s room. RD wore a KN95 mask. She wore her eye protection (goggles) on her head. She donned a gown and a pair of gloves preparing to enter the isolation room. She entered the isolation room and did not wear eye protection. Her goggles was observed on top of her head when she entered the room. At 12:10 p.m., she exited the room with her eye protection (goggles) on top of her head in the same position it was when she entered the room. III. Staff interviews CNA #1 was interviewed on 7/9/2020 at 11:10 a.m., He said he had worked at the facility for about two weeks. He said he was provided training on COVID-19 during his orientation process. He said the training included how to don and doff PPE correctly. He said before exiting an isolation room, PPE should be doffed to prevent the spread of infection. He said he forgot to remove his gloves prior to exiting the room. He said in the future he would remember to remove his gloves before exiting the resident ' s room. He said exiting the room with the contaminated gloves could spread infections. LPN #1 was interviewed on 7/9/2020 at 11:12 a.m. She said the facility gave her the option to wear a surgical mask, or a cloth mask with a filter built inside the mask when inside the facility. She said she wore a surgical mask at times but preferred to wear a cloth mask because it did not fog up her glasses. She said she wore a cloth mask when performing desk duties at the nursing station, and providing resident care, including wound treatments. RN #1 was interviewed on 7/9/2020 at 11:15 a.m. She said all staff were provided training on COVID-19. She said the training included how to don and doff PPE correctly. She said CNA #1 should have removed his contaminated gloves and performed hand hygiene before exiting the isolation room. She said exiting with the contaminating gloves into the hallway could possibly spread the transmission of infection. HK #1 was interviewed on 7/9/2020 at 11:25 p.m. HK #1 said she was trained to use gloves to clean a resident ' s room and change the gloves every time she changed a task to prevent cross-contamination. She said hand hygiene should be performed after she completed a room cleaning. She acknowledged the need to perform hand hygiene before donning and after doffing her gloves to prevent potential contaminants from spreading from dirty surfaces to clean surfaces. The RD was interviewed on 7/9/2020 at 12:15 p.m., she said she assisted the nurse in the isolation room providing care to a resident. She said she kept her goggles on top of her head. She said she thought she had placed her goggles, covering her eyes, before she entered the resident ' s room. She said she was not sure if she wore her eye protection while in the resident ' s room. She said the process was to don all appropriate PPE prior to entering the isolation room. She said in the future she would ensure her goggles were covering her eyes and not on top of her head. The DON, who was also the infection control preventionist, was interviewed on 7/9/2020 at 3:20 p.m. She said all staff were provided training on COVID-19 and the training was ongoing as new updates became available on COVID-19. She said the training included donning and doffing PPE appropriately, signs and symptoms of COVID-19, how [MEDICAL CONDITION] was transmitted, the importance of wearing a surgical mask and social distances to prevent the transmission of COVID-19. She said CNA #1 was provided education on donning and doffing PPE appropriately. She said CNA #1 should have removed his gloves before exiting the resident ' s room to prevent the spread of infection. She said there was a sign on the isolation room door instructing staff what PPE to wear prior to entering the resident ' s room. She said the RD should have worn her eye protection prior to entering the isolation room to prevent the spread of infection. She said all staff were provided education on COVID-19 in March 2020 and it was ongoing as new information became available. She said she would re-educate all staff on donning and doffing PPE. The DON was interviewed on 7/9/2020 at 3:23 p.m. She said she was the infection preventionist for the facility. The DON said all staff including housekeepers have received extensive training on hand hygiene and infection control and prevention. She said hand hygiene should be conducted every time staff don and doff gloves. According to the DON, housekeepers were crucial in preventing the spread of transmission based infections [MEDICAL CONDITION]. She acknowledged housekeepers could contribute in the spread if they did not follow appropriate infection control practices. The DON stated, staff have access to surgical masks throughout the facility, however, she approved of the use of a cloth mask in resident care areas for staff if they had a cloth mask with a filter or a cloth mask over a surgical mask. She said she was not aware that a cloth mask with a filter was not PPE.