STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065269	A. BUILDING _____ B. WING _____	07/15/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LIFE CARE CENTER OF PUEBLO	2118 CHATALET LN PUEBLO, CO 81005

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** - Some	**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 ensure infection control practices were established and maintained to provide a safe, sanitary and comfortable environment to help prevent the possible development and transmission of Coronavirus (COVID-19) and other communicable diseases, and infections in two out of three units. Specifically, the facility failed to: -Ensure staff wore personal protective equipment (PPE) appropriately and completed hand hygiene when appropriate; -Ensure staff disinfected shared equipment between resident use; -Prevent staff from entering a resident's room with another resident's bag of trash; and, -Ensure staff ate in designated employee areas. Findings include: I Status of COVID-19 in the facility The director of nursing (DON) and infection prevention and control nurse/assistant director of nursing (IPCN/ADON) were interviewed on 7/13/2020 at 4:25 p.m. The DON said the nursing home administrator (NHA) was not present due to a personal obligation. The DON stated she was managing COVID-19 surveillance and the rest of the duties was the responsibility of the assistant director of nursing (ADON) who was the interim infection prevention and control nurse (IPCN). The unit manager was taking courses to take over the position of IPCN. The DON stated since March they used a green, yellow and red zone system. Residents without COVID-19 symptoms were in the long-term care hall and considered a green zone. Residents with symptoms, new admissions or re-admissions were in the B Hall and considered a yellow zone. Staff called the yellow zone the precautionary hall/unit and droplet precautions with eye protection were used. They designated C Hall as the Red zone for any residents who tested positive for COVID-19. No residents have tested positive with COVID-19. Residents who received [MEDICAL TREATMENT] were currently in the red zone. The DON stated satellite dining rooms are closed to residents. Residents ate in their rooms and those who required assistance with meals were distanced six feet apart in the main dining room. The DON stated staff were to use surgical masks provided by the facility and were to change them twice a week. When not in use, their cloth masks or surgical masks were placed in a paper bag with their name on it. The paper bags were placed in a storage system on the wall. Upon exit, the provided surgical masks were swapped out for the cloth masks to be worn out of the facility. The DON stated that upon entry into the precautionary unit, surgical masks were doffed and placed in a paper bag with their name on it. The N95 or KN95 masks, stored in another paper bag with their name on it, were donned. When resident rooms were entered, goggles/face shields, gloves and isolation gowns were required. The DON stated the housekeeping director provided staff education on using Environmental Protection Agency (EPA) approved products, using correct surface contact times and appropriate cleaning schedules for equipment such as lifts. The nursing home administrator (NHA) provided, via email on 7/14/2020, the COVID-19 status at the facility. The total number of residents in the facility was 112. The date the first laboratory test results were positive for staff was on 4/28/2020. Currently, no residents or staff tested positive or were presumptive for COVID-19. II Personal protective equipment (PPE) and hand hygiene A. Facility policy and procedure The Standard and Transmission Based Precautions Coronavirus (COVID-19 ([DIAGNOSES REDACTED]-CoV-2)) policy, last revised on 7/6/2020, was provided by the DON via email on 7/14/2020. It read in pertinent part, Infection Control Recommendations for Prevention of Infection include the following: Selection of and use of PPE. Per CMS (Centers for Medicare and Medicaid Services) directive issued 4/2/2020, all facility associates should wear a face mask/face covering while they are in the facility for the duration of the state of emergency in their state. Residents should wear a cloth face covering when they need to be outside of their room and should wear a cloth face covering or cover nose and mouth with a tissue when others (visitors or healthcare personnel) enter their rooms. The Isolation Plan for COVID-19, dated April 27, 2020, was provided by the DON via email on 7/14/2020. It read in pertinent part, N95, isolation gown, eye protection and gloves are required for the care of residents with one or more signs and/or symptoms related to COVID-19. The Standard and Transmission Based Precautions Coronavirus (COVID-19 ([DIAGNOSES REDACTED]-CoV-2) policy, last revised on 7/6/2020, was provided by the DON via email on 7/14/2020. It read in pertinent part, Perform proper hand hygiene with soap and water or alcohol-based hand rub (ABHR); before and after all resident contact, contact with potentially infectious material, before applying gloves, after removal of gloves, prior to removal of face shields/eye protection and/or respirator during the doffing of PPE process, after touching or adjusting facemask or face covering. B. Professional reference The Centers for Disease Control and Prevention (CDC) (7/15/2020) Infection Control Guidance, retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html (7/22/2020). It read in pertinent part, Recommended routine infection prevention and control practices during the COVID-19 pandemic to implement universal use of personal protective equipment (PPE). Healthcare providers (HCP) should adhere to standard precautions and transmission-based precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnosis. Universal use of a facemask for source control is recommended for HCP. Patients should wear cloth face covering (if tolerated), may remove their cloth face covering when in their rooms but should put it back on when around others (when others enter their room) or leaving their room. HCP who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection should adhere to standard precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection. HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. The Centers for Disease Control and Prevention (CDC), (1/31/2020) Hand Hygiene in Healthcare Settings, retrieved from: https://www.cdc.gov/handhygiene/providers/index.html (7/9/2020). It read in pertinent part, Multiple opportunities for hand hygiene may occur during a single care episode: immediately before touching a patient, after touching a patient or the patient's immediate environment, immediately after glove removal. Gloves are not a substitute for hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, before touching the patient or the patient environment. Perform hand hygiene immediately after removing gloves. Hand hygiene means cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, antiseptic hand rub (i.e. alcohol-based hand sanitizer including foam or gel). The Centers for Disease Control and Prevention (CDC), (6/25/2020) Preparing for COVID-19 in Nursing Homes, Core Practices, retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html (7/9/2020). It read in pertinent part, Care must be taken to avoid touching the respirator, facemask, or eye protection. If this must occur (e.g., to adjust or reposition PPE), healthcare providers should perform hand hygiene immediately after touching PPE to prevent contaminating themselves or others. C. Observations On 7/13/2020 -At 6:25 p.m., registered nurse (RN) #1 leaned down within inches of a resident's face and spoke to him. The resident was not wearing a face mask and RN #1's mask was under his chin exposing his mouth and nose. -At 6:30 p.m. and 7:00 p.m., housekeeper (HK) #1 walked between the Memory Lane and Cascade Crossing nurses stations. HK #1 wore a surgical mask covering his mouth, exposing his nose. -At 4:15 p.m. and on 7/15/2020 at 8:28 a.m., during the interview with the infection prevention and control nurse (IPCN)/assistant director of nursing (ADON) and the DON, the IPCN/ADON sat in close proximity to the DON and other persons in the conference room with her mask pulled below her nose.

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** - Some	(continued... from page 1) Layout of the precautionary unit. Double doors separated the precautionary unit from the residential population. Inside the double doors, to the left, were paper sacks containing individual staff surgical and/or N95/KN95 respirator masks. A large plastic tote that contained isolation gowns for staff to retrieve each day for each resident room. Resident rooms had signs posted at each resident door. The signs read, Droplet precautions. Everyone must wash their hands, including before entering and before leaving the room. Make sure eyes, nose and mouth are fully covered before entry. Remove face protection before leaving the room. On 7/14/2020 -At 6:03 a.m., certified nurse aide (CNA) #4 wore a surgical mask and entered room [ROOM NUMBER], failing to don a N95/KN95 respirator mask. The CNA donned gloves and a gown but failed to don eye protection and assisted the resident to the bathroom. The CNA did not encourage or provide the resident with face covering during the care. The CNA stood in the hallway waiting for the resident to indicate she was ready for assistance. At 6:07 a.m., the resident indicated she was ready for assistance, so the CNA entered the room again wearing the same surgical mask. -She failed to change into the N95/KN95 respirator mask and to don eye protection. -At 7:27 a.m., after the staff development coordinator (SDC) assisted to pass food items to CNA #3, she looked for a room tray but could not find it. The SDC then exited the precautionary unit to locate a room tray without performing hand hygiene or changing from KN95 respirator mask to surgical mask. The SDC returned to the precautionary unit and returned to the food cart. -The SDC failed to perform hand hygiene prior to leaving the unit and when she returned to the unit. -At 8:03 a.m. and 12:03 p.m., the speech language therapist (SLT) entered the precautionary unit and doffed the surgical mask and stored it in the designated bag. She failed to perform hand hygiene prior to donning the KN95 respirator mask. Once the KN95 mask was donned she entered resident rooms. -At 8:31 a.m., the SLT doffed the KN95 respirator mask and stored it in the designated bag but failed to perform hand hygiene prior to donning the surgical mask and exiting the precautionary unit. -At 8:32 a.m., CNA #3 doffed her KN95 respirator mask and stored it in the designated bag, without performing hand hygiene as she donned the surgical mask. -At 12:10 p.m. and 1:15 p.m., physical therapy assisting (PTA) #1 entered the precautionary unit, doffed the surgical mask and stored it in the designated bag, without performing hand hygiene as he donned the KN95 respirator mask. -At 1:00 p.m., IPCN/ADON spoke to a resident not wearing a mask in the hallway. The resident said she was not able to hear her and the IPCN/ADON leaned in close to speak to the resident with her mask over her mouth and under her nose, exposing her nose. D. Staff interviews CNA #4 was interviewed on 7/14/2020 at 6:09 a.m. She stated that residents wore cloth masks when out of their rooms but not when staff were in their rooms. She stated staff were required to wear a surgical mask at all times and wore gloves and an isolation gown upon entry into resident rooms on droplet precautions. -She failed to recognize the necessity of wearing eye protection when entering the resident rooms and changing into the N95/KN95 mask upon entering the precautionary unit/hall. The SDC was interviewed on 7/14/2020 at 6:22 a.m. She stated upon entry to the precautionary unit, staff doffed surgical masks and donned N95/KN95 respirator masks. Each resident room contained a cart supplied with goggles and face shields. Staff were educated to don eyewear upon entry of a resident room and doff the eyewear upon exit. Staff were directed to place the goggles/face shields on top of the cart and wipe them with disinfecting wipes prior to storing them in the cart drawer. The IPCN/ADON was interviewed on 7/15/2020 at 8:21 a.m. The IPCN/ADON said, Staff should wear masks to cover their mouth and nose. Staff should pinch the top of the mask over the bridge of the nose. Residents were provided cloth masks and were hung on hooks inside the doorway of each room. Residents were encouraged to wear them when out of their rooms, or when staff provided care. The IPCN/ADON stated hand hygiene and coronavirus training, with return demonstration, was completed in March 2020 and was ongoing. The IPCN/ADON stated the education/training included PPE, how infection spreads, using one gown per staff per day and using N95/KN95 respirator masks on the precautionary unit. She stated staff received education about how to don a face mask and why it was important to use it. She demonstrated how the face mask secured over the bridge of the nose, over the mouth and under the chin without gaps. She explained that the mask should cover the nose and mouth to capture the secretions from the respiratory system. However, during the demonstration she failed to identify that her mask was over her mouth exposing the nose. She said staff demonstrated the process for donning a mask to her after the education. The DON was interviewed on 7/15/2020 at 11:36 a.m. She said staff were provided education to encourage residents to wear a cloth face mask while staff provided care for them in their rooms. The DON was interviewed again on 7/15/2020 at 12:00 p.m. She said that the facility followed CDC's guidelines on how face masks were used. She said that the face masks were worn over the nose and mouth and tucked under the chin. III. Disinfecting equipment A. Facility policy and procedure The Standard and Transmission Based Precautions Coronavirus (COVID-19 ([DIAGNOSES REDACTED]-CoV-2) policy, last revised on 7/6/2020, was provided by the DON via email on 7/14/2020. It read in pertinent part, Current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. Transmission also might occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose, or mouth. Facilities should follow local and state health department guidelines and state regulations as well as current CMS (Centers for Medicare and Medicaid Services) and CDC (Centers for Disease Control) Guidelines. Infection Control Recommendations for Prevention of Infection include the following: Education and job-specific training will be provided to associates upon hire and ongoing regarding current guidance related to infection prevention and control measures related to COVID-19 to include how to keep residents, visitors and associates safe by using correct infection control practices. The Isolation Plan for COVID-19, dated April 27, 2020, read in pertinent part, Staff educated, verbally and in writing, of the importance of enhanced cleaning and disinfection of environmental surfaces and shared equipment. B. Professional reference The CDC Guideline for Disinfection and Sterilization in Healthcare Facilities (2008), reviewed 9/18/2016. Retrieved from https://www.cdc.gov/infectioncontrol/guidelines/disinfection/rational-approach.html (7/23/2020). It read in pertinent part, Surfaces frequently touched by hand potentially could contribute to secondary transmission by contaminating hands of health-care workers or by contacting medical equipment that subsequently contacts patients. C. Observations and interviews On 7/13/2020 -At 6:29 p.m., CNA #1 and #2 entered room [ROOM NUMBER] with a sit-to-stand type of mechanical lift. At 6:36 p.m. CNA #1 and #2 exited the room, left the lift in the hallway near the room entrance and walked down the hallway. They failed to disinfect the lift prior to storing it in the hallway. CNA #2 was interviewed at 6:37 p.m. She said she received training to disinfect equipment between each resident. She said the disinfectant wipes for cleaning the lift were kept on the vital sign cart. -Immediately after the interview CNA #1 and #2 retrieved disinfecting wipes from the vital sign cart and cleaned the lift. On 7/14/2020 -At 12:03 p.m., SLT while on the precautionary unit picked up a pen from the housekeeping cart, wrote on a clipboard, returned the pen to housekeeping the cart then entered room [ROOM NUMBER]. -The SLT failed to perform hand hygiene and disinfect the pen after using it and returning the pen to the cart. -At 12:10 p.m., PTA #1 entered the unit. He placed his clipboard on the floor, doffed his surgical mask and without performing hand hygiene, donned a KN95 respirator mask. PTA #1 performed hand hygiene then picked up the clipboard from the floor and entered room [ROOM NUMBER]. -PTA #1 failed to disinfect the clipboard after being placed on the floor. D. Staff interviews The IPCN/ADON was interviewed on 7/15/2020 at 8:21 a.m. The IPCN/ADON said lifts should be cleaned with disinfecting wipes at the doorway before taking the lift out of the resident's room. Staff were re-educated in April 2020 and new staff were trained during orientation per the training checklist. The training included verbal instructions and return demonstration on cleaning lifts. She said that they would develop a system to keep the clipboard off of the floor. She said the pen should be disinfected between use and storage. IV. Staff entering a resident's room with another resident's bag of trash A. Observation On 7/13/2020 at 6:36 p.m., CNA #5 left resident room [ROOM NUMBER] with a trash bag in her hand and walked into room [ROOM NUMBER] while holding the trash bag. She walked out of room [ROOM NUMBER] carrying two trash bags. She carried the bags to the dirty utility room for disposal. B. Staff interview The DON was interviewed on 7/15/2020 at 11:20 a.m. She said the trash in resident rooms should be brought to the dirty utility room for disposal and not brought into other resident rooms. V. Staff eating in resident areas A. Standards The Occupational Safety and Health Administration (7/17/2020) Standard Interpretations, Requirements for covered beverages at nurses' stations. Retrieved from: https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030 on (7/21/2020). It read in pertinent part, The employer must evaluate the workplace to determine in which locations food or beverages may potentially become contaminated and must prohibit employees from eating or drinking in those areas. B. Observation On 7/13/2020 at 6:25 p.m., through the double doors licensed practical nurse (LPN) #3 was observed sitting at a desk in the precautionary hallway. She took food from under the desk and ate it using her fingers. She did not perform hand hygiene and replaced her mask to her face as a resident wheeled next to and spoke to her. LPN #3 touched the resident's arm with her hand. The LPN continued to eat after the resident left down the hallway. C. Staff interviews The DON was interviewed on 7/15/2020 at 12:10 p.m. She stated the

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 2) staff had designated break and eating areas that were setup so the staff could follow social distancing guidelines. She said the staff were educated on using the newly designated areas for staff to eat and take breaks in. She said that the tables were spaced six feet apart to ensure social distancing.