

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2020
NAME OF PROVIDER OF SUPPLIER FOREST RIDGE		STREET ADDRESS, CITY, STATE, ZIP 16006 W US HIGHWAY 24 WOODLAND PARK, CO 80863	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interviews, the facility failed to ensure a safe environment and adequate supervision to prevent accidents for one (#1) of one resident on one of four units. Specifically, the facility failed to ensure staff obtained temperatures of microwaved food prior to serving it to Resident #1. Findings include: I. Facility policy and procedure The Dietary Department Policy and Procedure, undated, provided by the nursing home administrator (NHA) on 5/21/2020 at 6:17 p.m. via email, revealed in pertinent part, Reheat all previously cooked food to an internal temperature of 165 degrees Fahrenheit (F) for at least 15 seconds. The facility did not provide a policy for heating food in the microwave as requested. II. Resident status Resident #1, age 82, was admitted [DATE]. According to the May 2020 computerized physician orders [REDACTED]. The 4/14/2020 minimum data set (MDS) assessment revealed the resident had severe cognitive impairment with a brief interview for mental status (BIMS) score of three out of 15. She required extensive assistance from one person to eat. III. Observations On 5/21/2020 at 12:23 p.m. certified nurse aide (CNA) #3 removed a plate of pureed food from the microwave in the kitchenette on the secure unit and served it to Resident #1 without checking the temperature of the food first. IV. Staff interviews CNA #3 was interviewed on 5/21/2020 at 12:23 p.m. He said he did not know how to do it or if a thermometer was available to check the temperature. Dietary aide (DA) #1 was interviewed on 5/21/2020 at 12:43 p.m. He said when he needed to heat up a plate of food, he put it in the microwave for about thirty seconds then gave it to the resident. He said he did not take the temperature of the food before giving it to the resident. DA #2 was interviewed on 5/21/2020 at 12:55 p.m. She said the meals go to the kitchenettes on each unit in carts and are served immediately so she has never had to warm anything up in the microwave. DA #3 was interviewed on 5/21/2020 at 12:57 p.m. She said if food needed to be reheated, the nurse on the unit would have to do it because the microwave was in the medication room and the nurse was the only one with access to it. CNA #4 was interviewed on 5/21/2020 at 1:20 p.m. She said if food needed to be reheated, the staff would have to ask the charge nurse to do it because the microwave was locked in the medication room or the nurse stands there and watches as we do it. She said she would put the food in for about 30 seconds, then check the temperature with a thermometer. She said a safe temperature would be 165 degrees Fahrenheit (F) or below. Licensed practical nurse (LPN) #1 was interviewed on 5/21/2020 at 1:25 p.m. She said the microwaves on the second floor were kept in the medication rooms but on the first floor the microwaves were locked in the cabinet in the kitchenettes on the units. CNA #2 was interviewed on 5/21/2020 at 1:27 p.m. She said she was one of the CNAs on the first floor, where the secure unit was located. She said all the CNAs had keys to the cabinet in the kitchenette where the microwave was locked up. She said if food needed to be heated, she would place the food in the microwave, cover it with the plastic cover provided and heat it up for about 30 seconds. She said she then checked the temperature using the thermometer provided and logged it onto the temperature log kept in the cabinet with the microwave. Registered nurse (RN) #1 was interviewed on 5/21/2020 at 2:33 p.m. He said the staff used the microwave in the medication room, mostly to heat up coffee for residents. He said there was a temperature sheet by the microwave to log what they were heating up and what the temperature was. He said he did not know safe temperatures off the top of his head but they were listed on the sheet. RN #1 then opened the door to the medication room. The microwave was sitting on the counter next to the door. Safe temperatures were hand written on the cardboard packaging for the thermometer. The packaging and the thermometer were sitting on top of the temperature sheet on top of the microwave. Review of the temperature log revealed no temperatures had been logged since 3/26/2020.</p>		
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</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 properly disinfected reusable personal protective equipment (PPE); -Ensure dietary staff performed proper hand hygiene while serving meals; -Ensure staff performed hand hygiene in between serving residents their meals; -Ensure resident hand hygiene was performed prior to meals; -Ensure residents and staff followed guidelines for facial coverings to prevent the spread of infections; -Ensure staff had all updated training and information about COVID-19 prior to caring for residents; and -Ensure all staff and visitors, including vendors, were properly screened prior to entering the facility.</p> <p>Finding include: I. Professional references 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 6/2/2020), Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Implement Source Control Measures: Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. Patients may remove their cloth face coverings when in their rooms but should put them back on when leaving their room or when others enter their room. HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious materials and before putting on and after removing PPE, including gloves. Remove eye protection before leaving the patient room or care area. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. 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. 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 the environment during the process of removing such equipment. Educate them about new policies for source control while in the facility. According to the COVID-19 Preparation and Rapid Response: Checklist for Long-Term Care Facilities, 5/13/2020, 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). When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their rooms. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. According to the COVID-19 Focused Survey for Nursing Homes, 3/20/2020, page 2, staff should assist residents to perform hand hygiene after toileting and before meals. According to the Centers for Disease Control and Prevention (CDC</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1) website, https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html, retrieved 6/2/2020, Reprocessed disposable face shields should be dedicated to one healthcare provider (HCP) and reprocessed whenever it is visibly soiled or removed prior to putting it back on. II. Disinfecting PPE A. Observations On 5/21/2020 at 1:45 p.m. room [ROOM NUMBER] had an over-the-bed table outside the door with isolation PPE sitting on top, including two paper bags, lined with plastic bags, with surgical masks inside of them and a container of Micro Kill disinfectant wipes. CNA #1 came out of the room pulling a weight chair. She removed her face shield and set it on the table then removed her N-95 mask and placed it in the paper bag lined with the plastic bag after removing the surgical mask. She applied the surgical mask and walked to the nurse's station to wash her hands at the sink. She did not disinfect the face shield. At 1:50 p.m. the admissions coordinator came out of room [ROOM NUMBER], removed her face shield and placed it on the table. She did not disinfect the face shield. B. Staff interviews CNA #1 was interviewed at 1:52 p.m. She said she had only been working on the unit with the isolation room for a couple of days. She said she did not know that her face shield needed to be disinfected. III. Proper hand hygiene A. Facility policy The Dietary Department policy and procedure was provided by the NHA via email on 5/22/2020, which included in pertinent part, All food purchased, stored and distributed is handled with appropriate food-handling practices. Do not store, prepare, handle and/or consume food in any area in which food may be contaminated, particularly around blood, body fluids or hazardous chemicals. Staff will wash their hands prior to handling or consuming food. Wear gloves when handling ready to eat food. Gloves should be changed when ever contaminated surfaces are touched. Handle all food carefully to avoid contamination with potentially harmful debris such as glass. B. Observations The following observations were made on 5/21/2020 between 12:00 p.m. and 12:38 p.m. on the secure unit: -Dietary aide (DA) #1 was wearing gloves but touched multiple surfaces with the same gloves including reaching into the plastic bag to remove a hamburger bun. Occasionally he would change his gloves, but did not perform hand hygiene in between. -CNA #2 was wearing a glove on her left hand to hold the hamburger bun to cut it. She did not perform hand hygiene in between changing her gloves. -CNA #3 was observed serving the resident's plates of food and touching different items such as the table, the back of a chair or the resident's shoulder and did not perform hand hygiene prior to picking up another plate to serve. -None of the residents were provided hand hygiene prior to being served their meals. The following observations were made on 5/21/2020 between 12:00 p.m. and 12:30 p.m. on the Pine unit: -DA #2 removed hamburger buns from the bag, opened the bun and placed it on the plate with her bare hands. -DA #2 dispensed soap to her hands and rubbed them together without water for approximately 10 seconds then turned on the water and rinsed her hands. She dried her hands with a paper towel and placed the paper towel on the tray table approximately a half an inch from a stack of clean plates in a pile of other dirty paper towels. The DA continued to put her dirty paper towels on the table until it was approximately three to four inches high and six inches across. -DA #2 picked up a pen to mark off meals served multiple times without performing hand hygiene afterwards. C. Staff interviews The DON and NHA were interviewed on 5/21/2020 at 1:31 p.m. They said gloves should be worn whenever food is touch and hand hygiene should always occur between glove changes and after touching any unclean surface. They said used paper products should be disposed of in a trash can and not on the serving area. They said all residents should be provided hand hygiene prior to being served their meal. They said the staff usually tried to get the resident's to wash their hands in their rooms before coming to the dining room. D. Facility follow-up On 5/22/2020 an in-service was provided to management staff, including the NHA, DON, dietary manager (DM) and the SDC by the registered dietitian that included developing an updated audit tool for the kitchenettes and infection control. IV. Facial covering A. Observations Observations on 5/21/2020 from 11:15 a.m. until 2:33 p.m. revealed no residents were wearing facial coverings when they left their room or covered their mouths when staff entered their rooms to provide care. Staff were wearing cloth masks. B. Resident interview A male resident on the Pine unit was interviewed on 5/21/2020 at 12:30 p.m. He was eating his lunch. He stated he received a mask just before he received his lunch. C. Staff interviews The director of nursing (DON) and nursing home administrator (NHA) were interviewed on 5/21/2020 at 1:31 p.m. The DON said residents wore masks only when they wanted to and most of them did not want to. The NHA said staff who are not doing direct care for residents used cloth masks to conserve their limited supply of masks. She said all the residents had cloth masks in their room. She said if the resident was coughing or sneezing, they would encourage the resident to wear a mask, but most of the residents didn't want anything to do with covering their faces. V. Providing updated education A. Record review Review of the training records and sign-in sheets for the training on 5/28/2020 revealed the following: -The trainer was not listed on the training forms. -No documentation of the length of time the training was. -Training on cough/sneeze etiquette, dated 4/17/2020, was not signed off by 16 staff members. -Training on the signs and symptoms to monitor for, dated 4/17/2020, was not signed off by 19 staff members. B. Staff interviews The DON was interviewed on 5/21/2020 at 1:31 p.m. She said the CNA's, upon hire, go through a skills test. Nurses do a skills test annually with a medication pass. She said audits were done, clocking the staff for 20 seconds when washing their hands, looking for infection control concerns, and daily reminders to assist residents with handwashing. The DON was interviewed again on 5/28/2020 at 11:20 a.m. She said she thought all of the staff had completed all the required training but did not sign the sign-in sheet. VI. Screening A. Vendors 1. Observations Upon arrival to the facility on [DATE] 11:10 a.m. a delivery truck was parked diagonal between the front entrance and the side delivery entrance. The delivery person was not wearing a mask. He had loaded dollies and wheeled them onto the delivery door inside the facility. When he exited the facility he went into the back of the truck to get another load. 2. Interview The delivery person was interviewed on 5/21/2020 at 11:12 a.m. He said he did not know where to go to be screened. He said he was not screened prior to entering the facility but said he was screened at his work every morning anyway. 3. Staff interviews The NHA was interviewed on 5/21/2020 at 11:20 a.m. She said she was not aware the vendor was coming into the facility. She said the items being delivered were supposed to be left outside and facility staff would bring it in to isolate it for 72 hours. She said she was going to do education to all vendors immediately. 4. Facility follow-up The NHA developed a sign for the inside and outside of the side kitchen delivery door. The sign read, ALL DELIVERY PERSONNEL MUST BE SCREENED PRIOR TO ENTRY. PLEASE GO TO FRONT DOOR. MASK IS REQUIRED. A letter dated 5-21-2020 from the NHA revealed she provided education to vendors of the facility for proper screening. The letter included, Each vendor connected with our Dietary Department here at Forest Ridge was contacted via phone and education was provided on our Infection Control process regarding deliveries. It was explained that we prefer for them to ring the doorbell and when staff answer the door, let them know they are here to deliver an order and proceed to leave items at the back door of the kitchen. If they would need to enter the facility, they would have to wear a mask and follow the other guidelines implemented such as answering questions, having their temperature taken and washing their hands for a least twenty seconds. B. Visitors and staff 1. Record review On 5/28/2020, review of the staff and visitor logs from 4/1/2020 to 5/22/2020 revealed a lack of consistent documentation. Visitor Logs showed no visitor's temperatures were taken, there was missing documentation of dates, symptoms of COVID-19, and exposure to someone with COVID-19. The staff surveillance logs showed missing dates, missing last names, incorrect documentation coding even after a note was added to the form in May. One staff had a temperature above 100 degrees, staff had up to three symptoms and no documentation anyone questioned or reviewed the symptoms prior to the staff entering the facility to work. 2. Staff interviews CNA #1 was interviewed on 5/21/2020 at 1:52 p.m. She said when she comes to work, she comes in through the front door, and if someone is at the desk, then they will screen her before she goes to her unit unless there is no one there, then they just go to their unit and have the nurse screen them. Registered nurse (RN) #1 was interviewed on 5/21/2020 at 2:33 p.m. He said when he comes to work at 6:00 a.m. there is no staff at the front desk so the staff go to their assigned units, complete the questionnaire and take their temperatures. Each staff screen themselves and the nurse monitors it.</p>		