

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065238	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2020
NAME OF PROVIDER OF SUPPLIER ELMS HAVEN CENTER		STREET ADDRESS, CITY, STATE, ZIP 12080 BELLAIRE WAY THORNTON, CO 80241	
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 F 0882	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on interview and record review, the facility failed to employ an Infection Control Preventionist (ICP) who had completed specialized training in infection prevention and control. This had the potential to affect all 155 residents residing in the facility at the time of the survey. Findings include: During an interview on 08/31/20 at 8:25 AM, the Assistant Director of Nursing (ADON) stated she had dual roles as the ADON and the ICP. During a subsequent interview on 08/31/20 at 1:39 PM, the ADON stated she was given the position as the ICP in September 2019. The ADON stated she received training from a corporate person and was given general orientation by human resources. The ADON stated she participates in Zoom calls and goes over the data she collected on a regular basis and she stated she also participates in Quality Assurance Performance Improvement (QAPI) meetings. During an interview on 08/31/20 at 1:52 PM, the Director of Nursing (DON) said that initially, the ADON had worked closely with the previous ICP, who had the credentials to fill this position. The DON stated that when the previous ICP left the position in January 2020, the ADON was then given the ICP position. Per the DON, the facility has access to training under their corporation for Infection Control, and the ICP's training was on-going. According to the DON, the ADON has access to a Clinical Quality Specialist (CQS) for information and training. During an interview on 08/31/20 at 3:17 PM, the DON was asked to provide all evidence of the training which qualified the ADON for the ICP position. The DON presented a paper transcript with completed training for the ADON for Infection Control. The title of this document was Course List, with a timeline filter of 01/01/20 through 08/31/20. A course titled, Infection Prevention and Control 2020, identified the ADON as enrolled in this on-line course as of 07/01/20. Another on-line course titled, Bloodborne Pathogens, identified the ADON as enrolled as of 07/01/20. The training record showed a zero for each of these two courses under the section titled Credits. During the interview on 08/31/20 at 3:17 PM with the DON, a job description and/or instructional outline indicating the necessary training requirements for the ICP position was requested. Review of the paper document provided, which was titled, Nurse Practice Educator, revised 10/22/12, revealed it failed to address the responsibilities of the ICP role and the required training or certification to be completed to assume responsibilities as the ICP for the facility. A telephone interview was conducted with the CQS on 08/31/20 at 3:33 PM. The CQS stated that the ICP was currently enrolled for specialized infection control and prevention training with The Association for Professionals in Infection Control (APIC). Further interview revealed that the ICP was not enrolled in the APIC training until 07/27/20, with the training to begin the first week of September 2020.</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.