STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325033	A. BUILDING _____ B. WING _____	07/20/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
RIO RANCHO CENTER	4210 SABANA GRANDE SE RIO RANCHO, NM 87124

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 -** Immediate jeopardy **Residents Affected -** Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the following was discovered: 1. Residents who had tested positive for COVID 19 (a potentially deadly infectious [MEDICAL CONDITION] disease that is easily transmitted from person to person) and who required isolation and separation from other residents and staff were being housed in the same rooms with residents who had unknown COVID 19 status. 2. A resident who was on isolation precautions due to unknown COVID 19 status was observed to exit her room, pass through hallways and enter into common areas. 3. A resident who was on isolation precautions due to possible COVID 19 exposure during appointments outside of the facility was observed to exit his room pass through several open areas, enter a courtyard and move to a smoking area where he sat within three feet of other resident smokers. This resulted in Immediate Jeopardy being called on 07/15/20 at 7:23 pm. The Administrator (ADM) and Director of Nursing (DON) were both notified at this time. A first plan of removal was received on 07/16/20 at 9:44 am and rejected on 07/16/20 at 1:26 pm. A third plan of removal was approved and verified on 07/17/20 at 5:58 pm. The facility Administrator was notified. The scope and severity was reduced from Level 4, K to Level 2, E. The plan of removal included: 1. On July 15, 2020, Resident #1 and Resident #2 were separated, and each resident was placed into private rooms. Resident #2 is being assessed three times a day for specific indicators of COVID 19 and will be retested per physician orders. Resident #2 was re-educated by the Administrator on quarantine precautions and infection control practices to include hand hygiene, mask use, and social distancing. 2. Resident #2, beginning on 7/16/20, was placed on 1:1 staff observations from 06:00 am -10:00 pm to ensure compliance with quarantine precautions and supervise resident activities when the resident leaves her room and escorted to and from smoking area to ensure compliance on infection control practices to include hand hygiene, mask use, and social distancing. 3. Staff re-education was initiated on 7/15/20 by the Unit Manager and provided to licensed nursing staff that when a resident in the Admission Quarantine Unit (AQU-an area of the facility dedicated to residents who are on quarantine and observation for COVID 19 symptoms) is leaving their room and when going outside to smoke that resident will be supervised to observe and adhere to proper infection control practices to include wear of mask, hand hygiene, and social distancing. Nursing staff will be re-educated on Resident #2's current plan of care related to 1:1 staff supervision to ensure the resident is compliant with quarantine precautions and infection control practices to include hand hygiene and social distancing. 4. An audit will be conducted by designated staff beginning 7/16/20, to identify other residents who could potentially be affected by not being compliant with quarantine precautions, as not adhering to proper infection control practices while leaving the unit and going out to smoke to include use of appropriate PPE (Personal Protective Equipment-Items used to protect self and others from the spread of infectious diseases), social distancing and proper supervision is provided while on quarantine. Current residents who smoke will be evaluated by designated staff to validate safe smoking assessment, and the care plan is current with smoking and supervision needs. 5. An observation audit was conducted by staff on 7/15/20 to identify other resident's compliance with social distancing in the smoking area. No areas of noncompliance were observed. 6. Smoking area/process: The concrete was painted to provide visual cues for residents and staff to maintain a safe social distance. Smoking schedules will be developed that will provide different smoking times for Asymptomatic residents on the AQU; Quarantine Unit and non- quarantine residents in order to segregate the residents and maintain infection control precautions. Staff members will be scheduled to escort residents to and from the smoking area and ensure that residents have a mask on. The current residents who smoke will be observed to ensure social distancing is maintained. The facility staff will be re-educated by designated staff beginning on 7/16/20 related to segregation of targeted residents/units by following smoking schedules and infection control precautions. 7. Beginning July 16, 2020, staff will be re-educated on supervising the smoking area to ensure that residents who smoke will be escorted to and from the smoking area with a mask on, social distancing is observed, supplies for hand sanitizer for residents hand hygiene are in the smoking box, and disinfection of the tables and chairs used by residents are available and is performed post smoking activities. 8. On July 15, 2020, staff validated that residents in the facility are tested weekly for COVID, the facility assesses the residents three times a day and prn (as needed) for changes in resident's condition and indicators of COVID. The facility will monitor for compliance daily. 9. Current Guidance on Cohorting (housing residents of like situation in semi-private rooms together) residents will be followed. When tested positive or clinically diagnosed as presumed positive, will include the following: a. A confirmed positive roommate should be separated from his test-negative or test-pending roommate as soon as it is practicable. b. Symptomatic (SUSPECTED) Resident with Test Pending: c. Roommates of symptomatic residents who are being tested for COVID-19 should be tested and screened at the same time. d. Residents who are symptomatic (SUSPECTED) should be separated from their Asymptomatic roommate as soon as it is practicable, even if test results are still pending. e. Residents who are symptomatic (SUSPECTED) should be moved to a private room or a private space created by using other multi-purpose areas: f. On the same unit, preferably, g. On a different unit only if there are other diagnosed cases on the destination unit. h. The facility will assign dedicated staff to work with confirmed COVID residents, admission quarantine units, and residents on non- quarantine units. 10. On July 16, 2020, an Ad Hoc Quality Assurance and Performance Improvement (QAPI) meeting with the Performance Improvement Team to review Infection Control Process and the Performance Improvement measures outlined in this document. The Committee reviewed the results of the audits in which compliance is achieved, and appropriate corrective measures were put in place. Certified Nurse Executive (CNE) designee will report findings of audits in the monthly QAPI meeting. Committee will continue with the performance improvement audits for monitoring of compliance and report on the next meeting monthly for three months or until compliance is achieved as determined by the Committee. The plan will be updated, reviewed, and revised as needed monthly in the QAPI meeting. Based on observation, record review and interview, the facility failed to maintain infection prevention measures by not properly isolating 7 (R #1, R#2, R#3, R#4, R#5, R#6 and R#8) of 7 (R #1, R#2, R#3, R#4, R#5, R#6 and R#8) residents reviewed for isolation and quarantine practices during random observation. This deficient practice is likely to result in the spread of potentially deadly infectious diseases to other residents and staff. The findings are: Regarding R#2 A. Record review of facility census dated 07/15/20 revealed that R #1 and R #2 are currently roommates in the same room, and both living in facility room [ROOM NUMBER]. B. Record review of R #1 testing results for COVID 19 dated 07/13/20 revealed that R #1 had tested positive for the COVID 19 disease. C. On 07/15/20 at 2:42 pm during observation, R #2 was observed leaving her room [ROOM NUMBER] and wheeling down the hallway, passing through two closed doors and entering into an open common area where other residents passed and where a nursing station was located. She was observed to be wearing a surgical mask and no other protective equipment. As R #2 passed the nursing station she stated to Registered Nurse (RN) #1 that she was going out to the courtyard to smoke. R #2 then passed through another set of open doors and entered another common area where she received assistance from Activities Aide (AA) #1 to open a locked refrigerator and retrieve a snack from the refrigerator. D. On 07/15/20 at 2:56 pm during observation, RN #1 was observed walking up to R#2. RN#1 stated that R #2 was not to be out of her room. RN #1 then escorted R #2 back to her room. Neither R#2, nor RN #1, was wearing full PPE at the time of contact. E. On 07/15/20 at 3:23 pm during interview with the facility Administrator (ADM) and Director of Nursing

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 -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 1) (DON), they both confirmed that R#2 was still pending the results of her COVID 19 test and her current status was unknown. Both confirmed that R #2's roommate had tested positive for COVID 19. Both confirmed that R #1 and R #2 were currently in the same Room # 105, and that both were considered to be on isolation. They both stated that R #2 was often out of her room and wandering through the hallways to go smoke. Regarding R #3, R #4, R #5 and R #6 F. Record review of testing results for COVID 19 dated 07/13/20 revealed that R#3 and R#4 had both tested positive for COVID 19. G. Record review of facility census dated 07/15/20 revealed that R#3 shared room [ROOM NUMBER] with R#6 and that R #4 shared room [ROOM NUMBER] with R #5. H. On 07/15/20 3:23 pm during interview with ADM and DON, both confirmed that R #3 and R #4 had tested positive for COVID 19 and that results were still pending for R #5 and R #6. Both ADM and DON confirmed that residents R #3 and 4 were positive and were sharing their respective rooms with R #5 and R #6 who were unknown if they were positive or negative for COVID 19. Regarding R #8 I. Record review of R#8 face sheet dated 07/15/20 reveals that he was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. J Record review of R#8 physician orders [REDACTED].#8 is to be transported to a local hospital every two weeks for paracentesis (a medical procedure in which a needle is inserted into the abdomen and excess fluids are allowed to drain) 07/02/20 R#8 to be transported to local physician office for surgical consult. K. On 07/15/20 at 1:00 pm during observation of the admission quarantine unit (area of the facility in which residents reside while on COVID 19 separation for 14 day observation following exit from and return to the facility building) R #8 was observed exiting the unit and entering the nursing station area wearing a loose fitting surgical mask on his face and no other PPE. He then went passed the nursing station through a common area and into a courtyard. There he went to a designated smoking area and took up a place within three feet proximity to several other residents. He sat in this location without a mask or other PPE and smoked a cigarette. L. On 07/15/20 at 3:23 pm during interview with ADM he confirmed that R #8 had recently left the facility for an outside appointment and that he had returned. He stated that R #8 made occasional trips out of the building and for this reason he was residing in a private room with no roommates. This room was located in a wing that had been set aside for such residents who had appointments outside of the facility. ADM stated that residents in this wing were on quarantine but that R #8 was a smoker who was allowed to exit the quarantine area and pass through to the smoking area located in the central courtyard.
F 0885 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to properly notify residents and/or their representatives of an occurrence of COVID 19 (an infectious [MEDICAL CONDITION] disease that is easily spread amongst people) infection by 5 pm of the following day the [DIAGNOSES REDACTED]. Failure to notify residents of this status is likely to result in residents relying on rumor and fear when interpreting the isolation and need for precautions around other residents and staff in the facility. The findings are: A. Record review of facility census dated 07/15/20 revealed that R #7 had been residing in room [ROOM NUMBER] and he was indicated as having been discharged by the facility to hospital. B. On 07/15/20 at 1:30 pm during interview with facility Administrator (ADM) he stated that during the past weekend, R #7 had been discharged from the facility on Friday 07/10/20 and transferred to hospital due to a positive COVID 19 test and possible related symptoms. C. Record review of R #7 daily nursing note date 07/10/20 indicated that R#7 had been discharged suddenly and transferred to the hospital. D On 07/15/20 at 3:00 pm during interview with facility Social Services Director she was asked if she had notified the residents families of a positive COVID 19 test during the past weekend. She confirmed that she had not done so as it was not a task assigned to her. E. On 07/15/20 at 3:30 pm during interview, the Administrator (ADM) stated he was aware R#7's positive COVID 19 test on 07/10/20 but he had not informed all residents and/or their families and representatives by 5:00 pm on 7/11/20. The ADM stated that as of 07/15/20 at 3:00 pm, he could not confirm that they had yet notified all residents and/or their families and representatives of a positive COVID 19 test result in the facility. F. On 07/15/20 at 3:30 pm during interview, the Director of Nursing (DON) stated she had not informed all residents and/or their families and representatives by 5:00 pm on 7/11/20. The DON stated that as of 07/15/20 at 3:00 pm, she could not confirm that they had yet notified all residents and/or their families and representatives of a positive COVID 19 test result in the facility.