STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065298	A. BUILDING _____ B. WING _____	05/06/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HARMONY POINTE NURSING CENTER	1655 YARROW ST LAKEWOOD, CO 80214

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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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 observation and interviews, the facility failed to maintain an infection control program designed to provide a safe, sanitary and comfortable environment to help prevent the possible development and transmission of Coronavirus disease (COVID-19) and infection. Specifically the facility failed to: -Maintain social distancing amongst residents; -Ensure that staff performed proper hand hygiene during resident care; -Provide hand hygiene assistance and reminders to residents; -Ensure that personal protective equipment (PPE) was worn properly; and -Ensure that residents wore face coverings outside of their rooms and during care. Findings include: I. Facility policy and procedure The Covid-19 in Secure Memory Care policy, dated 5/3/2020, was provided by the director of nursing (DON) via email 5/06/2020 at 11:26 a.m. It read as follows: Residents residing in a secure memory care neighborhood are at higher risk for COVID-19 in the event of an outbreak due to the inability to understand and follow mandated restrictions such as social distancing, universal source control and remaining in their room in isolation. To decrease the risk of COVID-19 the community has implemented practices to provide additional support and closer supervision to ensure infection control procedures are followed such as: Hand hygiene: Residents are assisted with hand hygiene at regular intervals including before and after meals/snacks, after toileting, before bed and as needed. Staff supervise hand hygiene for residents able to perform the task to ensure washing hands for 20 seconds. If staff needs to perform hand hygiene for the resident gloves are worn. Staff can sing a song with the resident to make hand hygiene more enjoyable and engaging. Masks: All staff are following universal masking protocol. Residents are assisted to wear a mask when out of their room. Residents who are unable to comply with this requirement are offered an alternative such as a bandana, scarf or a handkerchief/tissue to cover their mouth and nose. Masks can be decorated with stickers if it does not interfere with the integrity of the mask. Cleaning: The community follows guidelines for disinfecting and cleaning reusable equipment and supplies. Activity supplies are cleaned and disinfected between use. Cleaning and disinfecting supplies are available to all staff. The community has implemented increased cleaning of the neighborhood specifically disinfecting tables, chairs and handrails and areas frequented by residents not adhering to universal masking/staying in their room. Social Distancing: The furniture in the secure neighborhood has been arranged to maintain safety to the residents by placing tables and chairs in a way that promotes social distancing of 6 feet. II. Improper social distancing and mask use A. Professional standard The Centers for Disease and Prevention (CDC) Hand Hygiene in Healthcare Settings, last updated 4/15/2020, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html included the guidance that long term care facilities ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. Additional measures included that facilities should cancel communal dining and all group activities. Residents should be reminded to practice social distancing. B. Observations On 5/4/2020 the following observations of the secured memory unit were made: -At 11:01 a.m. four female residents were observed congregated in a corner of the hallway less than 6 feet apart. One of the residents was asleep in a chair with her head on the arm rest. None of the residents were wearing facemasks. -At 11:05 a.m. six residents were sitting in the dining room. None of the six residents wore masks. A male and female resident were sitting adjacent to each other at a table, less than six feet apart. -At 11:18 a.m. eight residents were in the hallway where there was also a sitting area. None of the residents were wearing masks. -11:53 a.m. 10 residents were observed in the dining room. None of the residents were wearing masks. Activities staff were reading the facility newsletter updates to the residents in the dining room. Five other residents were in the hallway and communal area seating area which connected the dining room. Of the 15 residents visible in the communal areas at that time, none of them wore masks. Four staff were present, however, were not observed or heard to prompt or provide assistance to residents to wear masks. -At 12:42 p.m. five residents were together in a small common area, none of the residents were wearing masks and were less than six feet apart. No facility staff were present to provide supervision. C. Staff interviews The memory unit supervisor (MS) was interviewed on 5/4/2020 at 11:05 a.m. She said that each resident was provided with a mask, however, the residents refused to wear them. She said staff would generally ask the resident in the morning to wear a mask when they were getting dressed for the day. She said that the residents on the secure memory unit could not comprehend the need for wearing masks. The DON was interviewed on 5/4/2020 at 1:01 p.m. She said that the staff were doing their best to keep the residents separated, however, it was difficult for them to maintain distancing on the secure memory unit due to residents becoming agitated. She said that staff should be offering reminders and support to residents to wear masks. She said that residents had refused to eat in their rooms, so the facility tried to maintain no more than two residents at each table on the secure unit and residents on the other units in the facility ate meals in their rooms. III. Improper hand hygiene A. Professional standard The Centers for Disease and Prevention (CDC) Hand Hygiene in Healthcare Settings, last up updated 1/31/2020, retrieved from https://www.cdc.gov/handhygiene/providers/index.html, included the following recommendations: Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an alcohol-based hand sanitizer immediately before touching a patient, before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids or contaminated surfaces, and immediately after glove removal. Wash with soap and water when hands are visibly soiled, after caring for a person with known or suspected infectious diarrhea, and after known or suspected exposure to spores. The Centers for Disease and Prevention (CDC) Hand Hygiene in Healthcare Settings, last up updated 4/15/2020, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html included additional the measure that facilities should remind residents to perform frequent hand hygiene. B. Observations The following observations were made on 5/4/2020: -At 12:04 p.m. the infection preventionist (IP) and certified nurse aide (CNA) #1 began passing room trays on a non secured unit. The IP performed hand hygiene and entered a resident's room. She put on gloves and assisted the resident to move the position of her wheelchair, and then adjusted the resident in her wheelchair. She touched the back of the wheelchair and removed items from the resident's side table. She then assisted the resident to remove plastic covering from her lunch and unrolled the silver while wearing the same pair of gloves. She removed the gloves and performed hand hygiene before exiting the room. -From 12:04 p.m. until 12:26 p.m. continuous observations were made of the IP and CNA as they passed meal trays on the unit. During this time, there was no observation of the staff prompting or providing assistance to residents to perform hand hygiene prior to eating. C. Staff interviews The IP was interviewed on 5/4/2020 at 12:27 p.m. She said that staff assisted residents to perform hand hygiene after toileting and at various times throughout the day. She said that when the residents were going to the dining room for meals, that staff would assist residents to perform hand hygiene prior to entering the dining. She said that the facility stayed up to date on the guidance from the Centers for Disease Control and Prevention (CDC). She said that residents should be performing hand hygiene before and after meals and it was unintentional that hand hygiene assistance had not been provided to the residents during lunch that

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	(continued... from page 1) day. The DON was interviewed on 5/4/2020 at 1:01 p.m. She said that staff should be frequently prompting and assisting the residents perform hand hygiene throughout the day and in particular, before and after meals. IV. Resident hand-hygiene at lunch A. Facility policy The Handwashing/Hand Hygiene policy, revised August 2019, was provided by the director of nursing (DON) on 5/6/2020 at 12:00 p.m. The policy documented in part that the facility considered hand hygiene the primary means to prevent the spread of infection. -All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections; -All personnel shall follow the hand washing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors; -Use alcohol-based hand rub containing at least 62% alcohol; or,alternatively,soap (antimicrobial or non-antimicrobial) and water for the following situations: before and after direct contact with residents, before moving from a contaminated body site to a clean body site during resident care and after contact with objects in the immediate vicinity of the resident. -The use of gloves does not replace hand washing/hand hygiene -Perform hand hygiene before applying non-sterile gloves. B. Observations On 5/4/2020 beginning at 11:42 a.m. lunch trays were quickly being passed out by CNA #2 and #3 to seven residents. There was no evidence of hand sanitizer solution or wipes observed stored on the tray cart. CNAs #2 and #3 did not offer to assist any of the seven residents to wash their hands or offer them any hand sanitizer gel or wipes. C. Staff interviews CNA #3 was interviewed on 5/4/2020 at 12:10 p.m. She said that she received training in proper hand washing. She said that residents should be offered hand hygiene before and after meals and any time they go to the bathroom. She acknowledged she did not offer residents hand sanitizer when she gave them their trays. CNA #2 was interviewed on 5/4/2020 at 12:24 p.m. She said she had received training in proper hand washing. She said residents should have their hands washed before and after every meal. She said she had gone around and tried to offer and remind them to wash their hands about thirty minutes prior to delivering trays today. She said she should have offered hand washing or sanitizer when she brought in their meals but they were short-handed today. V. Resident masks usage and face coverings A. Observations On 5/4/2020 at 11:00 a.m. a resident was being wheeled out of the shower room by CNA #4. The resident was not wearing a cloth mask or any other facial covering. On 5/4/2020 at 11:16 a.m. and again at 1:05 p.m. a female resident was not wearing a cloth mask or any other facial covering. Staff were present near the resident and did not offer or encourage her to put a mask on. On 5/4/2020 at 11:26 a.m. a resident came out of her room with a surgical mask on. Her mask came off her face and she held it in her hand and continued to walk in the hallway for ten minutes. A staff member and housekeeper were nearby and did not offer to assist the resident put her mask back on. On 5/4/2020 at 11:30 a.m. a resident coming back into the building after smoking did not have her cloth face mask placed on her face correctly. The mask loops were around both of her ears and the mask was tucked under her chin. On 5/4/2020 at 1:20 p.m. CNA #4 was providing personal care and dressing to resident. The CNA did not offer or remind the resident to don her face mask or cover her mouth with a tissue. The resident sneezed three times during the provision of care. She was not observed covering her mouth with each sneezing episode. B. Staff interviews CNA #4 was interviewed on 5/4/2020 at 1:40 p.m. She said she did not normally work on the unit she did today. She said she did receive training regarding proper use of PPE. She said when residents come out of their rooms they should be wearing a mask and staff try to encourage them. She said she noticed there were two residents not wearing their masks earlier around the smoking break and she did not remind them to put them on. She did not remember that she should be reminding residents to cover their mouths or don a cloth mask when providing personal care. (See below.) The IP was interviewed on 5/6/2020 at 9:00 a.m. She said that all residents were provided with cloth masks and explained how and when to use them. She said there was no mandated policy that said they had to wear them. She said some residents will not wear them and they try to educate them. She said that the resident had the right to refuse. She said if staff see a resident without their mask and out of their room, they should approach the resident and encourage them to place their mask on. She said that currently they were not documenting or recording refusals in their medical records. VI. Staff general hand hygiene and when providing resident care A. Observations On 5/4/2020 at 11:55 a.m. CNA #2 washed her hands in room [ROOM NUMBER] after delivering a lunch tray, with soap and water, rubbing her hands quickly together for seven seconds. On 5/4/2020 at 11:58 a.m. CNA #2 scratched her right ear with her right hand and then grabbed two Styrofoam cups filled with juice with her bare hands by the top rim and placed it on a resident's meal tray. After delivering the tray, she did not sanitize her hands and proceeded to pass out the next tray. On 5/4/2020 at 12:02 p.m. CNA #2 walked out of a resident room into the hallway and walked toward the nurses' station. On the way there, she took some sanitizer from the wall unit, rubbed her hands together for nine seconds and before the solution was dry, she took two plastic med cups, grabbing them from the bottom, off of a med cart and took them to a resident room. On 5/4/2020 at 12:04 p.m., after assisting a resident to put her jacket on, CNA #2 took some hand sanitizer from the wall unit and rubbed her hands together for nine seconds and proceeded on to the next task. On 5/4/2020 at 12:09 p.m. CNA #2 used the ABHR in the hallway after exiting a resident room for five seconds and shook her hands while walking down the hall to dry them. On 5/4/2020 beginning at 1:10 p.m. CNA #4 entered a resident room to provide personal care to include incontinence care. She entered the room after announcing herself to the resident. She did not wash her hands and donned a clean pair of gloves. She explained to the resident that she was going to change her adult incontinent brief. She then began to remove the brief, wiped the resident with moist wipes in her front area, and then turned her side to side to clean her back area. After cleaning the resident, she doffed her gloves, she did not sanitize her hands and donned a new pair of gloves and proceeded to apply the clean adult incontinent brief. She then began to dress the resident in her clean clothes, applied deodorant and a new blouse. She then went outside the resident's room, got her wheelchair for her, brought it in and put the brakes on. She then helped the resident transfer into the chair. Then, still wearing the same gloves, she wet a washcloth and handed it to the resident to wash her face. She then began to gather the resident's hair grooming products from her storage chest next to her bed to brush her hair. After she brushed the resident's hair, she offered to help her brush her teeth. The CNA changed her gloves twice during the entire procedure and did not once wash or sanitize her hands in between dirty to clean tasks. B. Staff interviews CNA #2 was interviewed on 5/4/2020 at 12:10 p.m. She said that she had received hand washing training at the same time she got training for how to put on and take off PPE. She said hand washing should be done as much as possible after taking care of residents and whenever you use equipment. She said that hand washing is done by turning on the faucet and adjusting the temperature to warm, put soap in your hand and wash for ten seconds. She said she used the hand sanitizing gel as much as possible when she came out of rooms. She said you rub your hands together until they are dry and the foam goes away. She said that when passing out the resident beverages at mealtime to hold them from the middle and do not grab them from the top where the resident drinks out of. CNA #4 was interviewed on 5/4/2020 at 1:40 p.m. She said that hand washing with soap and water should be done in between each resident and prior to beginning personal care. She said that gloves should be changed and use hand sanitizer in between providing peri-care and placing a clean adult incontinence brief. She said hands should be washed with warm water and soap while singing the Happy Birthday song. She acknowledged that she did not perform proper hand hygiene prior to beginning personal care, and throughout the care, she did not change her gloves or perform hand hygiene when moving from dirty to clean. The DON, along with the IP, was interviewed on 5/6/2020 at 9:00 a.m. She said that all staff had been educated on hand hygiene through group training and through the computer training module. She said that hand washing should be done after touching hard surfaces. She said when using an alcohol based hand rub (ABHR), staff should rub their hands together until it dries. She said they should not be flapping hands in the air to dry because this could spread contaminates. She said staff should be washing hands with warm water and soap for 20 seconds and when done, use a paper towel to turn the faucet off. She said that CNA #4 had told them about the errors she made during peri-care. The DON said this was not appropriate infection control practice and that the CNA would be re-educated. The IP said staff should be offering residents hand hygiene prior to meals by providing a warm wet cloth with soap, helping them to the sink if they need assistance and using an ABHR. The IP stated that staff had been immediately re-educated regarding proper hand washing technique. VII. Hand hygiene assistance and reminders to residents after smoke breaks A. Observation On 5/4/2020 at 11:30 a.m. four residents were brought back in from smoking by CNA #4. She did not offer or encourage residents to sanitize their hands after smoking. B. Staff interviews CNA #4 was interviewed on 5/4/2020 at 1:40 p.m. She said when taking residents out to smoke you should try to keep them 6 feet apart. She said she did not know she had to offer hand hygiene after smoking. She said it would be a good idea to do that. The DON and IP were interviewed on 5/4/2020 at 9:00 a.m. The DON said she did not think they had a smoking policy that stated residents' hands should be washed after finishing with their smoking break. She said she hoped that staff would offer that to the residents. The IP said that it was not currently their policy that residents who smoke should have their hands washed. She said they could encourage them but it was not currently a staff expectation.

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