STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065239	A. BUILDING _____ B. WING _____	06/25/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SAN LUIS CARE CENTER	240 CRAFT DR ALAMOSA, CO 81101

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** - Many	**Provide and implement an infection prevention and control program.** Based on observations, record review and interviews, the facility failed to ensure effective infection control practices were 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. Specifically, the facility failed to ensure: -Staff were following guidelines for proper personal protective equipment (PPE) use; and, -Residents were offered and assisted with hand hygiene prior to meals. Findings include: I. Professional reference The Centers for Disease Control (CDC) Key Strategies to Prepare for Coronavirus COVID-19 in Long Term Care Facilities, dated April 2020, read in pertinent part: If COVID-19 was identified in the facility, have health care providers (HCP) wear all recommended PPE for care of all residents (regardless of symptoms) on the affected unit (or facility-wide depending on the situation). This includes: an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown. HCP should be trained on PPE use including putting it on and taking it off. This approach is recommended because of the high risk of unrecognized infection among residents. Recent experience suggests that a substantial proportion of residents could have COVID-19 without reporting symptoms or before symptoms develop. II. Facility policy and procedures The Hand Hygiene for Residents policy, revised 4/16/2020, was provided by the nursing home administrator (NHA) on 6/25/2020 at 10:13 a.m. It read, in pertinent part, Hand hygiene should be offered/performed: upon waking, after toileting, after coughing or sneezing, prior to the handling and/or consumption of food, prior to leaving his/her room for therapy or shared activities, after ending therapy and shared activities, anytime hands are visibly soiled, after touching cloth face covering or face mask, and upon request. The Personal Protective Equipment (PPE) policy and procedure, revised 5/29/2020, was provided by the nursing home administrator (NHA) at 10:13 a.m. It read, in pertinent part, Donning (putting on) PPE: 1. Identify and gather appropriate PPE; 2. Perform hand hygiene using hand sanitizer; 3. Apply gown; 4. If appropriate facemask is not already in place, perform hand hygiene and put on gloves then apply face mask or appropriate N95 respirator and eye protection. Discard gloves. 5. Perform hand hygiene before putting on gloves. Gloves should cover the cuff of the gown. 6. Enter the resident room. Doffing (taking off PPE): 1. Remove gloves, ensure removal does not cause additional contamination of hands. 2. Remove gown. Disrobe in a manner that prevents touching of the outside of the garment. If reusable, hang gown on hook with clean side out or place in laundry receptacle. 3. Exit the resident room. 4. Perform hand hygiene. 5. Remove face shield or goggles. 6. Remove and discard respirator or facemask (unless reusable). 7. Perform hand hygiene after removing the respirator or facemask. III. Status of COVID-19 in the facility The infection preventionist (IP) was interviewed on 6/24/2020 at 4:00 p.m. upon entrance to the facility. She reported the facility census was 40 and 13 residents confirmed positive for COVID-19, however, there were nine residents on droplet precautions due to COVID-19 symptoms. She reported ten staff members were out of work due to COVID-19 or symptoms of illness.The last confirmed case was from testing completed on 6/18/2020. The facility is currently testing all residents and staff on a weekly basis. The IP said staff received education handouts upon arrival at work for PPE use and COVID precautions. She said she completed training on the spot with CNAs while she worked the floor. IV. Failure to follow droplet precautions with the appropriate PPE in the non-COVID confirmed unit A. Observations The non-COVID confirmed unit was observed on 6/24/2020. There were nine residents on droplet precautions due to COVID-19 symptoms. The following observations were made: -At 4:13 p.m., CNA #1 was observed putting on PPE for an isolation room. She failed to put on any eye protection before she entered the isolation room. -At 5:25 p.m., CNA #1 and CNA # 2 were observed in an isolation room providing resident care. Both CNAs failed to wear eye protection in the isolation room. CNA #2 doffed her PPE in the following order: gown, then mask, then gloves. Her gloves were contaminated when she touched her face to remove her mask. -At 6:17 p.m., CNA #1 passed a room tray to a resident on isolation precautions. She wore her personal glasses on her head and failed to put on eye protection. -At 6:23 p.m. CNA #1 put on PPE in the following order to enter an isolation room: gown, then gloves, then surgical mask over her N95. She did not perform ABHR at any time during the process and she failed to put on eye protection. She removed her PPE in the following order: gown, then surgical mask, then gloves. The non-COVID confirmed unit was observed again on 6/25/2020. The following observations were made: -At 8:50 a.m., licensed practical nurse (LPN) #1 entered an isolation room without eye protection. B. Interviews CNA #1 was interviewed on 6/24/2020 at 5:25p.m. She said she used her personal glasses for eye protection but other eye protection was available for her to use. She said she did not know why she was not wearing any eye protection. LPN #1 was interviewed on 6/25/2020 at 9:01 a.m. She said she did not know why nursing staff on the non-COVID unit was not wearing eye protection. She said it was available to use. V. Failure to offer residents hand hygiene A. Observations of two different meal, on two separate days On 6/24/2020 at 6:10 p.m., CNA #3 and CNA #4 were observed delivering meal trays to residents on the COVID-19 isolation unit. Residents were not offered hand hygiene prior to eating their meal. On 6/24/2020 from 5:34 p.m. to 6:45 p.m., CNA #1 and CNA #2 were observed delivering meals to residents in the non-COVID unit. None of the residents were offered hand hygiene prior to eating their meal. On 6/25/2020 from 8:28 a.m. to 8:50 a.m., CNA #1 and LPN #1 were observed delivering meals to residents in the non-COVID unit. None of the residents were offered hand hygiene prior to eating their meal. B. Interviews CNA #3 was interviewed on 6/25/2020 at 7:32 a.m. She said residents' hands were washed before every meal. She said she offered hand hygiene at mealtimes. The IP was interviewed on 6/25/2020 at 9:07 a.m. She said residents ' hands should be washed before each meal. She said there wasn ' t a system in place to ensure this was being completed by staff with the residents prior to meal service.

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.