| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 06A185 | A. BUILDING _____ B. WING _____ | 06/03/2020 |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| SOUTHEAST COLORADO HOSPITAL LTC | 373 E 10TH AVE SPRINGFIELD, CO 81073 |

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) |
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| F 0880<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Many | **Provide and implement an infection prevention and control program.**<br><br>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 cancel communal dining; -Failed to provide, assist, and encourage residents to perform hand hygiene, either with alcohol based hand rub (ABHR) or soap and water, when they served them their meal; -Failed to encourage social distancing of six feet; and -Failed to provide residents with protective masks when in common areas. Findings include: I. Communal dining, social distancing, and hand hygiene A. Facility policy and procedure A Communal Dining policy, initiated May 2020, was provided by the facility on 5/22/2020. It read in pertinent part: Communal dining is to be suspended during the nationwide COVID-19 crisis to prevent the spread of COVID-19 among our resident population. Implementation is based on guidelines from the Colorado Department of Public Health & Environment and the Center for Disease Control and on a day to day basis depending on facility accommodations, staff availability and resident needs. This method for dining is linked to the concept of social distancing (limiting people being in close proximity to each other for periods of time; ideally people should keep 6 feet apart). Communal dining is a common group activity that places residents in close proximity to each other and can spread respiratory viruses. Identify high risk choking residents and those at risk for aspiration who may cough, creating droplets. Meals for these residents will be done with supervision, cueing or assistance in the dining room with at least 6 feet of spacing from all others. Staff members who are providing assistance for more than one resident simultaneously must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents. Residents dining in the solarium and/or dining room, must remain 6 ft. apart and schedules staggered in intervals to maintain social distancing. B. 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 6/4/2020): Implement aggressive social distancing measures (remaining at least 6 feet apart from others): -Cancel communal dining and group activities, such as internal and external activities. -Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene. -Remind HCP to practice social distancing and wear a facemask (for source control) when in break rooms or common areas. According to the COVID-19 Preparation and Rapid Response Checklist for LTCFs (5/13/2020): -If residents must leave their room, they should perform hand hygiene, limit their movement within the facility, wear a cloth face covering, and perform social distancing (stay at least 6 feet from others). - Communal dining should be cancelled unless assistance is required as part of the resident care plan. Residents requiring assistance with feeding should maintain a 6-foot distance from other residents during supervised meals and staff should perform hand hygiene when moving from one resident to another. (This applies to residents that do not have symptoms or diagnosed COVID-19.) 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. C. Observations Main dining room continual observation on 5/21/2020 from 12:00 p.m. until 12:55 p.m. revealed: -Seven residents were observed sitting at tables in the main dining room for lunch. None of the residents were observed with masks, or had visible access to one. The staff was observed wearing surgical masks while they served the residents their lunch. Staff was also observed wearing surgical masks as they sat at tables next to the residents, cueing or assisting. -One resident was observed leaving the lunch table, as a staff member approached her and removed her lunch plate. The staff member did not offer to help the resident sanitize or wash her hands after lunch. The female resident used her four-wheel walker (FWW), as she left the dining room. She was observed walking in close proximity (approximately three feet) past two more residents, as she left the dining room. -Two additional residents were observed leaving the dining room without wearing or having access to masks. Neither was offered assistance with hand sanitizing or handwashing. -Two female residents entered the dining room at 12:26 p.m. They did not have masks on as they passed within three feet of other dining residents. They sat at the lunch table, and gave their lunch orders to a staff member. The residents were not offered assistance with hand sanitizing or handwashing prior to lunch service. -At 12:30 p.m. there were two residents that moved towards the area of the dining room that had a TV. The residents sat within arm's reach of each other, without being offered masks, or having them readily available. At 12:33 p.m., one of the residents left the TV area, and proceeded to leave the dining room. She stopped at another dining table as she was leaving, tapped the other resident on the arm, and began a conversation. Staff were observed watching the interaction without any encouragement to socially distance. -Another female resident entered the dining room at 12:41 p.m. while using her FWW. She was not offered assistance to sanitize or wash her hands before lunch. She was not wearing a mask as she entered, and walked past other dining residents, and did not have one visibly accessible. -A staff member was observed assisting a resident who had finished lunch, to leave the dining room. The staff member did not offer to assist the resident with hand washing or hand sanitizing. The resident did not wear a mask, and was not offered one. D. Record review The May 2020 Resident Council Minutes documented that there are masks available for them to use at the nursing station if they choose to. Two residents carry one in their walker. One resident asked to table that discussion because they did not want to wear one. The group did discuss that other facilities have their residents eating in their rooms and not able to come out without a mask. The group was happy that we have not gotten to that yet here, but know that it is a possibility if a case were to end up here. E. Interviews The restorative certified nurse aide (RCNA) was interviewed on 5/21/2020 at 1:20 p.m. She said the main dining room was still being used for all residents for meals and for activities. She was not aware of any reason to not have communal dining. She said the facility tried to do social distancing, but they had not been informed of any reason that would require residents to eat in their rooms only. Dietary aide (DA) #1 was interviewed on 5/21/2020 at 1:35 p.m. She said that the facility allowed for 10 residents to eat in the dining room at a time, to maintain social distancing. She said that communal dining had not been stopped, as far as she knew. She said some residents also ate in the solarium, to keep social distancing. She said they could rotate residents out of the dining room. She said she was not aware of any concerns with social distancing in the dining room, as residents enter and exit in close proximity to other residents. Registered nurse (RN) #1 was interviewed on 5/21/2020 at 1:45 p.m. She said that communal dining was still the normal dining process. The difference was that they were now doing social distancing of six feet between residents. She said that means about 10 residents are in the dining room at a time. She said that staff was supposed to offer to help residents wash their hands before and after meals. The director of nursing (DON) and nursing home administrator (NHA) were interviewed on 5/21/2020 at 2:15 p.m. They said that the facility tried to social distance residents during mealtimes. They said that they were still offering communal dining in the main dining room. The DON said that residents were supposed to be offered handwashing while going in and coming out of the dining room. II.Resident mask use A. Professional references According to the COVID-19 Preparation and Rapid Response Checklist for LTCFs (5/13/2020), in pertinent part: -If residents must leave their room, they should perform hand hygiene, limit their movement within the facility, wear a cloth face covering, and perform social distancing (stay at least 6 feet from others). |

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

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| F 0880<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Many | (continued... from page 1)<br>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 6/4/2020), 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. B. Observations On 5/21/2020 at 11:55 a.m., three residents were observed on the main facility hallway without masks. Staff was observed assisting two of the residents to their rooms. One was observed being offered a mask. On 5/21/2020 at 1:00 p.m. nine residents were observed on the secured unit, sitting in the common area. Staff was observed wearing surgical masks. Residents were observed without masks being worn, or within reach. Staff was not observed encouraging residents to wear masks. On 5/21/2020 at 1:10 p.m. one resident was observed in the solarium without a mask on, as other residents and staff entered and exited in close proximity. On 5/21/2020 at 1:12 p.m., numerous residents were observed ambulating past the nurse station without masks on, or visibly available. Staff was observed at the nurse station, but did not offer residents a mask. On 5/21/2020 at 1:20 p.m. the RCNA was observed entering a resident room, and asking the resident if she wanted to do some restorative care. The resident was offered a mask. The resident was overheard asking why she would have to wear a mask. The RCNA was heard telling the resident that she would only have to wear a mask if she wanted to. C. Interviews The RCNA was interviewed on 5/21/2020 at 1:20 p.m. She said that she offered residents masks when she took them to restorative. She said that they always asked residents if they wanted to wear them. RN #1 was interviewed on 5/21/2020 at 1:45 p.m. The RN said the staff was educated to offer residents a mask anytime they leave their rooms. She said most of the residents do not want to wear them. She said they were supposed to ask every time they come out of their rooms. She said that if the resident agreed to wear one, she would have to go get one for them. The director of nursing (DON) and nursing home administrator (NHA) were interviewed on 5/21/2020 at 2:15 p.m. They said that some of the residents refused to wear masks. They said that the facility and community had quarantining fatigue, which had made social distancing hard. They said that staff was supposed to ask residents to wear masks regularly, and to ensure social distancing during meals in the dining room. |