STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065379	A. BUILDING _____ B. WING _____	07/16/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BROOMFIELD SKILLED NURSING AND REHABILITATION CTR	12975 SHERIDAN BLVD BROOMFIELD, CO 80020

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** - Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review 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 for two of three units. Specifically the facility failed to: -Ensure proper disinfecting of multi-use medical equipment (vital sign equipment); -Ensure staff were wearing their masks appropriately, -Ensure proper dwell times for disinfecting of high touch surface areas; and, -Ensure proper PPE for isolation rooms. Findings include: I. Status of COVID-19 in the facility The nursing home administrator (NHA) was interviewed on 7/15/2020 at 1:30 p.m. He reported the resident census was 137 and there were no COVID-19 positive residents in the facility. He said there were ten residents on transmission based precautions (TBP) due to returning back to the facility from outside medical appointments. He said the facility had been directed to place residents returning from outside appointments on 14-day isolation precautions by their local government agency. II. Failure to ensure disinfecting of multi-use medical equipment A. Facility policy and procedure The COVID-19 policy, created 3/9/2020 was provided by the nursing home administrator (NHA) on 7/16/2020 at 2:00 p.m. The policy read in pertinent part, A written pandemic COVID-19 disaster plan has been incorporated into this facility's overall disaster preparedness plan. Components of the written pandemic COVID-19 preparedness plan include the following. Additional considerations during periods of community transmission: -Implement infection control. Dedicated medical equipment should be used when caring for patients with known or suspected COVID-19. All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies. -Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly; -Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an Environmental Protection Agency (EPA) registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for [DIAGNOSES REDACTED]-CoV-2 in healthcare settings . A Cleaning and Disinfection of Resident-Care Items and Equipment policy, revised 7/14, was provided by the NHA on 7/16/2020 at 2:00 p.m. The policy documented in part, Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current Center of Disease Control (CDC) recommendations for disinfection and the OSHA (occupational safety and health administration) Blood borne Pathogens Standard. Reusable items are cleaned and disinfected or sterilized between residents . B. Professional reference The Centers for Disease Control (2020) Preparing for COVID-19 in Nursing Homes, retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html. It read in pertinent part, Environmental Cleaning and Disinfection: Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas. Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. Use an EPA-registered disinfectant from List N on the EPA website to disinfect surfaces that might be contaminated with [DIAGNOSES REDACTED]-CoV-2. Ensure healthcare personnel (HCP) are appropriately trained on its use. C.Observations and interviews On 7/15/2020 at 3:30 p.m. unit manager (UM) #1 was observed with a spray bottle and spraying several handrails of the long hallway on the second floor and then immediately wiping them down with a rag. UM #1 was interviewed following the observation. She said she was using a bleach solution and that it required a dwell time of three minutes before being wiped off. She acknowledged she did not allow for the proper dwell time before wiping the handrails off. On 7/16/2020 at 8:55 a.m. certified nurse aide (CNA) #2 was observed exiting an isolation room on the third floor. She was carrying vital sign equipment in her hands to include a blood pressure cuff, digital thermometer, pulse oximeter and stethoscope. She was not observed to disinfect the equipment. She then entered another resident room, not on isolation precautions, and took the resident's vital signs. She did not disinfect the vital sign equipment after completing the task. She then took the equipment into a third resident room without disinfecting the equipment. The resident's in this room were in isolation. D. Additional interviews CNA #1 was interviewed on 7/15/2020 at 4:00 p.m. She said that vital sign equipment was kept in a portable basket and used for multiple residents whether they were in isolation or not. She said she disinfects the equipment in between each resident with a bleach wipe. She said the wipes were kept in the basket with the equipment. CNA #2 was interviewed on 7/16/2020 at 9:16 a.m. She said that she sanitizes vital sign equipment after every resident with a disinfectant wipe. However, this was not observed above. She did not know how long the dwell time was for the product. The infection preventionist (IP) was interviewed on 7/16/2020 at 3:45 p.m. She said that shared medical equipment must be cleaned in between each resident with an EPA-registered disinfectant. She said alcohol pads could be used for vital sign equipment. She said vital sign equipment should be kept in a portable bucket along with alcohol pads or disinfectant wipes stored in baggies. However, per observations above no bucket or disinfectant wipes were seen at the time of the observations. She said staff had been educated on the proper procedures. She said the facility used a bleach solution provided by the housekeeping department to wipe down high touch surfaces. She said this was done hourly throughout the facility and that all staff had been trained and are responsible for doing it. She said the bleach solution required a dwell time of three minutes. III. Improper wearing of mask A. Professional references According to the CDC guidance, Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19, dated 3/20/2020, retrieved online from https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf: -PPE must be donned correctly before entering the patient area. -PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted. -Face masks should be extended under the chin. -Both your mouth and nose should be protected . B. Observations On 7/15/2020 at 1:57 p.m. two staff members were observed in a closed activity room in the 1st floor secured unit. They were in close proximity to each other. One staff member had no observed surgical mask present, and the other staff member had her mask placed down around her chin. Upon being observed, they both placed surgical masks on properly. At 2:00 p.m. both employees exited the activity room, and proceeded down the facility hallway towards residents. IV. Improper dwell times during housekeeping A. Observation On 7/15/2020 at 2:01 p.m. certified nursing aide (CNA) #3 was observed in the 1st floor secured unit. She was observed with a plastic bottle, spraying down the resident hallway handrails, and immediately wiping off the product. B. Interview CNA #3 was interviewed immediatly and she said that the aides were doing a lot of the cleaning on the secured unit, and doing it hourly. She displayed the bottle, which was labeled with bleach, and a stated 10 minute wait time written on it. The CNA said she did not know the dwell (wait) time. V. Improper PPE for isolation rooms A. Observations On 7/15/2020 at 1:35 p.m. the nursing home administrator (NHA) said there were residents in isolation on each of the three facility floors. He said that facility staff were currently on surgical mask precautions, unless they enter into an isolation room, which would require the use of an N95 mask. On 7/15/2020 at 2:34 p.m. numerous isolation rooms were observed on the 3rd floor. The droplet precaution signs were posted at these doors. None of these personal protective equipment (PPE) signs identified the need for N95 masks, only masks. Surgical masks, N95 masks, or face shields were not observed within the isolation carts. On 7/15/2020 at 3:00 p.m. CNAs #4

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 -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) and #5 were observed entering into isolation rooms at the same time. CNA #4 was observed donning PPE and entering into isolation room [ROOM NUMBER], and CNA #5 was observed donning PPE and entering into isolation room [ROOM NUMBER]. Both CNAs put on gowns, gloves, and goggles. They both wore N95 masks that they had been wearing throughout the facility, prior to the entrance to these rooms. Upon exit to these rooms, they both doffed their PPE, but continued to exit the room in their original N95 masks. They continued to wear these same N95 masks throughout their assigned work area. B. Interview On 7/15/2020 at 3:10 p.m. both CNAs #4 and #5 were interviewed regarding their PPE usage into isolation rooms. Both CNAss said that they had been wearing their N95 masks during their full shifts, and had not discussed switching out these masks, or protecting them, during donning and doffing in isolation rooms.