

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER REHABILITATION AND NURSING CENTER OF THE ROCKIES		STREET ADDRESS, CITY, STATE, ZIP 1020 PATTON ST FORT COLLINS, CO 80524	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, record review and interviews, 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 COVID-19 in two of four halls and one of one dining room. Specifically, the facility failed to ensure: -Staff followed proper protocol for use of personal protective equipment (PPE) to ensure compliance with recommended standards; -Staff performed hand hygiene when appropriate; -Manufacturer recommended dwell time was followed for disinfectant; -Social distancing was maintained amongst residents and staff in the dining room; and, -Staff were actively screened for COVID-19. Findings include: I. Isolation precautions A. Professional reference According to the Centers for Disease Control and Prevention (CDC), Preparing for COVID-19: Long-term Care Facilities, Nursing Homes updated 4/14/2020, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html accessed on 7/25/2020. Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options may include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Residents could be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). All recommended PPE should be worn during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn by HCP (healthcare personnel) when PPE is indicated. B. Facility policy The COVID-19 Prevention management policy and procedure for Prevention and Management, dated 3/11/2020 and updated 7/15/2020, was provided by the director of nursing (DON) on 7/21/2020 at 4:27 p.m. The policy read, The facility will follow all CDC guidelines and will also stay up to date with the most current information. The disease containment personal protective equipment (PPE) for staff portion of the policy documented, Standard precaution along with a heightened focus on hand hygiene will be in place for all residents. Residents that exhibit one or more signs or symptoms related to COVID-19 as identified during the previously described process will be immediately placed on droplet precautions. Staff caring for residents will follow contact/droplet precautions and will use proper PPE including gloves, gown, protective eyewear and mask. The visitor and non-essential staff portion of the policy read, All visitors and essential employees will be screened at the facility entrance by a nurse and will be required to leave a phone number or contact information in the event that we would need to reach them in future. Our screening includes monitoring for any respiratory illness including cough, shortness of breath (SOB), sore throat, gastro-intestinal (GI) illness or symptoms, taste or smell changes, or temperature of 99 degrees or above. Visitors and employees who are unable to pass our screening will be denied access to our facility. The social distancing portion of the policy reported, Communal dining has been placed on hold for COVID-19 management and prevention. All residents with the exception of those who need assistance or have swallowing issues will eat in their rooms. Those needing assistance will eat in the dining room with staff according to the dining room seating chart. This ensures that residents are not within six feet of each other. The environmental cleaning and disinfection portion of the policy documented Environmental disinfectant that is currently being utilized in our facility for routine surface cleaning and disinfection includes CP64 (10 minute kill time), Lynx200RS4 (15-20 minutes kill time), Bleach (five minute kill time), and Micro-Kill Plus (two minutes kill time). It further documented for hand hygiene, use standard FDA-approved hospital hand hygiene agents effective against coronavirus (e.g hand soap and alcohol-based hand sanitizer) for coronavirus in healthcare settings, including those resident-care areas in which aerosol-generating procedures are performed. C. Facility COVID-19 status The DON was interviewed on 7/21/2020 at 2:43 p.m. She said the facility had one resident who was positive for COVID-19. She added that two other residents were also placed in isolation based contact precaution because they exhibited symptoms consistent with COVID-19. Specifically, the DON said Resident #1 and Resident #2 both recorded a high fever that was 99 degrees and above. She said Resident #1 recently returned from the hospital while Resident #3 recently returned from attending a family member's funeral. She said per facility protocol, both residents met the criteria for isolation based precautions until their test results came back negative. D. Record review Resident #1 was admitted to the facility on [DATE] from the hospital. A review of the note dated 7/16/2020 at 11:24 a.m. in Resident #1's medical record reported, Upon review of MD visit note from 7/15/2020, this nurse contacted AFM and notified the provider that resident will need to remain on isolation, per facility pandemic protocol/state and local guidelines and will be tested for COVID again on 7/20/2020. A review of Resident #1's medical record revealed the resident recorded high temperature reading of 99.3 degrees, 99.6 degrees and 99.0 degrees on 7/19/2020 at 11:24 p.m., 7/20/2020 at 7:59 a.m. and 7/20/2020 at 10:43 p.m. consecutively. His progress notes dated 7/20/2020 at 10:47 a.m. reported Resident continues on droplet isolation per facility protocol r/t (related to) recent hospitalization. Resident has been verbally aggressive with staff this am regarding increased frustration with remaining on isolation. Attempts to calm resident have been unsuccessful. Power of attorney (POA) has been notified. Medical director (MD) notified of elevated temperature, COVID-19 test result dated 6/10/2020 reported Resident #1 was negative. -There were no other test results in the medical record that documented the resident's COVID-19 status from the hospital. The July 2020 computerized physician order [REDACTED]. #2 on isolation droplet/contact. The order further read May receive skilled care r/t (related to) COVID positive, monitoring, isolation. A review of Resident #3's isolation unit evaluation dated 7/9/2020 at 6:23 p.m. reported Resident #3 was placed on contact/droplet precautions on the isolation unit related to possible exposure after the resident was out in the community due to a death of a family member. A review of Resident #3's medical record revealed the resident recorded high temperature reading of 99 degrees and 100.9 degrees on 7/18/2020 at 11:20 p.m. and 7/19/2020 at 9:56 a.m. consecutively. COVID-19 test result dated 6/10/2020 reported Resident #3 was negative. -There was no test result from after the resident returned from a community visit. E. Isolation room observations On 7/21/2020 at 2:35 p.m., Resident #1's room was observed, which was an isolation based precaution room. Certified nurse aide (CNA) #5 was observed as she went into the resident room without proper PPE and hand hygiene. There was a sign on the room door that read Stop, droplet precaution, everyone must clean their hands including before entering and when leaving the room. Providers must also put on gloves before room entry, discard gloves before room exit. Put on gown before room entry, discard gowns before room exit. -CNA #5 did not perform hand hygiene nor don her gloves prior to going into the room. She did not put on a gown prior to entering the room. CNA #5 was in the room with the resident for approximately 20 minutes before she finally exited the room. Upon exiting the room, she did not perform hand hygiene before walking off to the common area. At 3:17 p.m., CNA #5 came back to the Resident #1's room again. This time she returned with the resident's clean laundry. -She repeated the sequence of not wearing the appropriate PPE as discussed above. The social services director (SSD) was observed on 7/21/2020 at 3:26 p.m. She went into Resident #1's room holding the his clean pajamas in her hand. She sanitized her hands prior to entering the room and donned a pair of gloves. She was in the room for approximately 17 minutes before she finally exited the room. -The SSD however failed to wear a gown prior to going into the room. Plant manager (PM) #2 was observed on</p>		
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 - Many	<p>(continued... from page 1)</p> <p>7/22/2020 at 8:57 a.m. as he went into Resident #1's room. PM #2 went into the room wearing just a surgical mask. He stayed in the room with the resident and had a long conversation with the resident without maintaining social distancing. -PM #2 failed to wear a google and a gown. PM #2 failed to perform hand hygiene prior to donning a pair of gloves. PM #2 was within less than two feet away from the resident while both were engaged in a conversation. F. Staff interviews CNA #5 was interviewed on 7/21/2020 at 5:30 pm. She said she usually worked on hall four without isolation precaution rooms. She said she had been trained on the need to use PPE when caring for residents on isolation precautions. She said she was last reminded about the proper use of PPE when she resumed work today (7/21/2020) by the DON. She agreed she failed to don her gloves and gowns and perform hand hygiene as was observed. She said I completely forgot to use the PPE. She said she would pay more attention going forward. The SSD was interviewed on 7/21/2020 at 5:51 pm. She said she was aware of the need to wear a full PPE prior to going into an isolation room. She said Resident #1 was missing a laundry and had since filed a report which she followed up with the laundry department and found the missing pajamas. She said she planned to just hand the resident his pajamas however she got into other conversations with the resident. She said the resident started talking about his dentures and other missing clothes and she had to stay in the room more than the planned time. She said she would ensure to wear full PPE prior to going into an isolation room going forward. II. Hand hygiene during care and meal tray delivery A. Professional reference According to the Centers for Disease and Prevention (CDC) Hand Hygiene in Healthcare Settings, last up updated 1/31/2020, retrieved on 7/25/2020 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. When using alcohol-based hand sanitizer, put the product on hands and rub hands together. Cover all surfaces until hands feel dry. This should take around 20 seconds. When cleaning hands with soap and water, wet hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use a towel to turn off the faucet. Avoid using hot water, to prevent drying of skin. Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right times. B. Observations Restorative aide (RA) #1 was observed on 7/22/2020 at 8:18 a.m. as she served breakfast to a Resident #2 who was COVID-19 positive. She sat the resident up in bed, provided pericare to the resident and set-up the resident's meal tray. -She failed to offer hand hygiene to the resident and perform hand hygiene after providing peri care to the resident. RA #1 exited the room, she picked up a face shield that laid on the floor directly in front of the resident's room and was not wearing a glove. After picking up the face shield with her bare hand, that was contaminated by laying on the floor, she discarded the face shield into a trash can that was adjacent to the resident's room. -RA #1 failed to perform hand hygiene as she went into the dining area and assisted with helping other residents to eat. CNA #1 was observed on 7/21/2020 at 5:43 p.m. as she served dinner to Resident #3. The meal was a ham sandwich (considered a finger food). -The CNA failed to offer hand hygiene to the resident prior to eating the meal. CNA #6 was observed on 7/21/2020 at 5:45 pm as she served evening meal to Resident #1. The meal was a ham sandwich. -The CNA also failed to offer hand hygiene to the resident prior to eating the meal. C. Staff interview CNA #1 was interviewed on 7/21/2020 at 5:48 p.m. She said when she served meals to the residents, she would ensure residents were sitting upright and then she would ask the residents their preference of drinks. She said she would sanitize or offer hand hygiene to the residents prior to serving them. She said she would sanitize her own hands on the way out of the resident's room. She acknowledged she did not offer or perform hand hygiene with the resident prior to serving the meal. She said she would ensure to perform and or offer residents hand hygiene going forward. Registered nurse (RN) #2 was interviewed on 7/21/2020 at 5:52 p.m. She reported an overview of the required steps of meal delivery. She said staff must knock on doors, announce themselves, encourage the resident to wear a face mask when staff was present, and ensure the meal card matched the meal and name of the resident of the room tray delivered. The RN said residents should have received hand hygiene at time of meal delivery. She said residents should have been offered hand hygiene to ensure that their hands were clean and free of contaminants when they ate their meal. She said staff should ensure to perform hand hygiene during meal delivery as needed and in-between residents. She said she would relay the concerns to the facility administration to ensure necessary training was provided. The DON, assistant director of nursing and the infection control (IC) nurse were interviewed on 7/22/20 at 10:03 a.m. The IC said when going into a room on isolation precaution, it was mandatory to don PPE She described thePPE required for droplet isolation based precaution (COVID-19) as N95, google/face shield and gloves. She said direct care staff who performed activities of daily living (ADL) care to residents or were around a resident for less than the recommended social distancing of six feet were compelled to wear full PPE. She clarified that it was unsafe and unsanitary to go within an enclosed proximity to a resident suspected of COVID-19 without using full PPE. She said she started retraining staff on infection control that included hand hygiene and proper use of PPE on 7/16/2020. -She presented the training documents and it revealed that less than three percent of the facility staff had received the training. The IC said an attempt to ensure that the training was a one-on-one based training resulted in not training the majority of the staff. She said she would expedite the training process going forward. The DON said hand hygiene must be conducted before resident meals. She said hand hygiene was done differently with residents based on their cognition. She said nursing staff was required to either utilize wash cloths or hand sanitizer. She said staff had been trained to offer hand hygiene at time of meal delivery to ensure residents ate their meal with clean hands to decrease the risk of transmission [MEDICAL CONDITION] or infections. She added that staff should perform hand hygiene for the same reason asserted for the residents. She said she would provide increased training to the identified staff.</p> <p>IV. Hand hygiene during meal service A. Facility policy and procedure The Feeding Assistance policy, dated 9/15/19, was provided by the director of nursing (DON) on 7/22/2020 at 11:15 a.m., it read in pertinent part: Feeding assistance will be completed according to the individual needs of the resident. -The policy did not discuss any required hand hygiene practices for either the resident, or the staff providing the assistance to the resident. The COVID-19 Policy and Procedure for Prevention and Management, updated 7/15/2020, was provided by the DON on 7/21/2020 at 4:27 p.m., it read in pertinent part: The facility will promote good hand hygiene and ensure the resident, employees and visitors know how to practice hand hygiene and have the opportunity to do so. -The policy did not discuss hand hygiene requirements for staff when providing physical assistance to one or more residents. B. Observations and interview On 7/21/2020 from 5:08 p.m. to 6:07 p.m., dinner service in the main dining room was observed. At 5:45 p.m., certified nurse aide (CNA) #3 sat down with two residents who were waiting to eat their meals. CNA #3 performed hand hygiene prior to sitting to help the two residents with their meals, but did not perform any hand hygiene throughout the meal service; even while assisting two residents to eat at the same time. CNA #3 was initially helping a male resident eat his meal, with spoon size bites of food, then the CNA rolled his chair beside the female resident and started arranging her dishes, so she could see what was on her plate. The CNA stood up and helped the female resident put on a clothing protector, pick up her ponytail and move it to the side while tying the clothing protector across her back. The CNA picked up the female resident's spoon encouraging her to take a bite of food. She declined his assistance and picked up the spoon that he was handling with his unwashed hand and began to eat with it. The CNA rolled his chair back to the male resident to assist him with another bite of food and still did not perform hand hygiene. CNA #3 continued going back and forth assisting both residents to eat, using his same unwashed hand to touch both resident's eating utensils and plates. On 7/21/2020 from 8:10 a.m. to 8:19 a.m. and 8:43 a.m. to 8:50 a.m., breakfast service in the main dining room was observed. Four staff were observed seated at four different tables assisting two residents each to eat their meals. None of the staff assisting the eight residents performed hand hygiene between resident contacts and the staff had contaminated hands to feed the residents they were assisting. CNA #2 was assisting a male and female resident to eat. She went from helping one resident to the other, touched their plates, eating utensils and drinking cups. She wiped the mouth of the female resident to remove some food. She went back and forth between the two residents feeding and assisting them and did not perform any hand hygiene in the process. The other three CNAs performed similar care for the two residents they were assisting. Staff cutup food, assisted the residents to eat, wiped their mouths</p>		

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 2)</p> <p>and held their cups so the resident could drink. At no time in the observation did any of the four staff assisting the residents with their meal perform hand hygiene between physical contact with the resident and their eating utensils. Staff were observed using their same contaminated hand to help both residents. CNA #2 was interviewed on 7/22/2020 at 10:30 a.m. CNA #2 said staff were to wash their hands or use hand sanitizer after each contact with a resident. When assisting a resident at meal time, staff were to wash their hands prior to starting to serve the residents and use hand sanitizer immediately after serving a resident their food and before serving the next resident. CNA #2 said when assisting more than one resident with their meal, staff were to wash their hands before starting the task and use each of their hands to feed one resident at a time throughout the meal to prevent cross contamination. -The CNA acknowledged it would be a best practice to use hand sanitizer throughout the meal service between helping each resident eat, but she did not do so during the breakfast service. C. Other staff interviews Registered nurse (RN #1), who was also the infection preventionist and the DON were interviewed on 7/22/2020 at 11:25 p.m. RN #1 said staff were expected to perform hand hygiene before serving food and in between any contact with residents. If staff were helping or assisting two residents at the same time, they should use different hands to assist each resident and not use the same contaminated hand to feed both residents. -After describing the above meal service observations to RN #1 and the DON; RN #1 and the DON acknowledged the staff should have performed hand hygiene after having physical contact with one resident and before moving to help another resident. V. Disinfecting resident room with proper dwell times A. Facility policy and procedure The Environmental Care Manual, updated 6/13/18, was provided by plant manager (PM#1) on 7/22/2020 at 10:55 a.m., it read in pertinent part: Infected area cleaning policies and procedures daily cleaning: Use disinfectant cleaner for disinfecting purposes. Follow manufacturer's guidelines. -Disinfectant CP-64, has a dwell time of 10 minutes and is to be left on the surface for 10 minutes. The COVID-19 Policy and Procedure for Prevention and Management, updated 7/15/2020, was provided by the DON on 7/21/2020 at 4:27 p.m., it read in pertinent part: Environmental disinfectant that is currently being utilized in our facility for routine surface cleaning and disinfection includes: -CP64 (10 minute kill time), -All disinfectant used is found on the EPA list of products effective against COVID-19 -Policy and procedures for enhanced disinfection and cleaning currently being utilized in response to COVID-19. B. Professional standard According to the CDC, Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic, last updated 7/15/2020. Retrieved 7/23/2020 from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html. It read in pertinent part, 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 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, including those patient-care areas in which aerosol generating procedures are performed. C. Chemical instructions PM #1 provided the labeling instructions for the disinfectant CP-64 on 7/22/2020 at 10:55 a.m. The labeling instruction read in pertinent part: CP-64 is an EPA approved disinfectant. Use on . hard non-porous surfaces. For use as a one-step disinfectant cleaner: Pre-clean heavily soiled areas. For spray applications, spray six to eight (6-8) inches from the surface. Treated surfaces must remain wet for 10 minutes. D. Observations and interview On 7/22/2020 from 8:20 a.m. to 8:41 p.m. a housekeeper (HSK) was observed cleaning rooms in hall two. She began room [ROOM NUMBER] at 8:20 a.m. and started by spraying down high touch surfaces (the resident's doorknob, sink, side table, etc.) with disinfectant CP-64, she did not clean any of the surfaces prior to spraying the CP-64 disinfectant. She went on to other tasks waiting a total of three minutes before going back to wipe the disinfected surfaces. At 8:32 a.m., the HSK moved across the hall to clean another resident's room. She began spraying down high touch surfaces (the resident's doorknob, sink, etc.) with disinfectant CP-64, she did not clean any of the surfaces prior to spraying the CP-64 disinfectant. She went on to other tasks waiting a total of four minutes before going back to wipe the disinfected surfaces. She was done cleaning this room at 8:41 a.m. The HSK was interviewed on 7/22/2020 at 8:42 a.m. The HSK said she used CP-64 disinfectant to clean the sinks and other high touch surfaces in the residents rooms. She showed the labeled bottle she had used and said the high touch surface had to remain wet with the disinfectant for five minutes in order to [MEDICAL CONDITION] COVID-19. -However, HSK did not use the disinfectant correctly by letting it sit on the surface for ten minutes before wiping it up. E. Other staff interviews PM #1 was interviewed on 7/22/2020 at 9:01 a.m. The PM said the housekeeping staff were to spray down all high touch surfaces with one of their many disinfectant cleaners but did not specify which cleaner should be used. CP-64 disinfectant cleaner can be used on a variety of surfaces including the resident sinks, other high touch surfaces and the floor; after spraying the disinfectant, the surface needed to sit wet for five minutes before the housekeeper could wipe the surface dry. -When the PM produced the labeling instructions for CP-64, it was discovered that the proper contact/dwell time was 10 minutes, not the five minutes he said in his interview. RN #1 and the DON were interviewed on 7/22/2020 at 11:25 p.m. RN #1 said she was not responsible to train housekeeping staff on cleaning procedures but acknowledged that following disinfectant instructions for proper use and contact time is an important part of the infection control process. The nursing home administrator (NHA) was interviewed on 7/22/2020 at 11:35 p.m. The NHA said it was very important for staff to follow proper disinfectant procedures in order to prevent potential spread of infection and he would be looking into the housekeeping process of cleaning resident rooms and areas.</p> <p>VI. Social distancing The CDC (2020) Preparing for COVID-19 in Nursing Homes, updated 6/25/2020, retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, on 7/23/2020. It revealed in part, Implement aggressive social distancing measures (remaining at least 6 feet apart from others). The dining room was observed on 7/21/2020 at 5:50 p.m. during the dinner meal. Five tables had two residents seated per table. The tables were less than six feet apart. Two of the tables were close in proximity so that one resident at each table was next to each other, less than six feet. The dining room was observed on 7/22/2020 at 7:30 a.m. during the breakfast meal. Six tables had two residents seated per table. The tables were less than six feet apart. Two of the tables were close in proximity so that one resident at each table was next to each other, less than six feet. The plant manager (PM) #2 was interviewed on 7/22/2020 at 9:35 a.m. He measured the tables and confirmed that three tables were 48 inches in length; three tables were 42 inches in length and one table, with the addition of a bedside table, measured 63 inches. All of the tables were less than six feet (72 inches) in length. He said licensed practical nurse (LPN) #1 was in charge of ensuring the residents were seated apart from each other. LPN #1 was interviewed on 7/22/2020 at 9:40 a.m. She said they were seating residents two per table. She confirmed the residents should have been seated six feet apart. She said they were seated across from each other at the tables, spaced apart. She said the process had been in place for a long time and she was not sure if they had measured the distance before. She said she assumed they were six feet apart. She said she would work with the PM #2 to help ensure the residents were seated six feet apart. The DON, assistant director of nurses (ADON) and registered nurse (RN) #1 were interviewed on 7/22/2020 at 10:00 a.m. The RN said they measured the distance the tables were from each other but not the distance the residents were seated from each other. They said this current seating arrangement of six feet apart had not been previously identified. VII. Staff screening The CDC (2020) Preparing for COVID-19 in Nursing Homes, updated 6/25/2020, retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, on 7/23/2020. It revealed in part, Screen all healthcare personnel (HCP) at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. The entrance to the facility was observed on 7/21/2020 at 2:00 p.m. Certified nurse aide (CNA) #1 was observed screening herself. She entered the facility and proceeded to fill out the questions in the book related to signs and symptoms. She took her own temperature and wrote the temperature in the book. She was not screened by another staff member as she walked into the facility, onto the floor. The entrance to the facility was observed again on 7/22/2020 at 7:44 a.m. LPN #1 was observed screening herself. She filled out the book regarding signs and symptoms. She took her own temperature and documented the temperature in the book. She continued into the facility without being screened by any other staff member. LPN #1 was interviewed on 7/22/2020 at 7:51 a.m. She said nurses were able to take their own temperatures and were able to screen themselves upon entrance. She said a CNA would need to be screened by a nurse. The DON, ADON and RN #1 were interviewed on 7/22/2020 at 10:00 a.m. RN #1 said nurses were allowed to screen themselves because nurses could assess their own temperatures. She said a CNA would need a nurse to screen them. She said they allowed nurses to screen themselves because they had the ability to assess. She said she did not have any guidance that was followed for this current practice.</p>		