

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065230	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER JEWELL CARE CENTER OF DENVER		STREET ADDRESS, CITY, STATE, ZIP 4450 EAST JEWELL AVE DENVER, CO 80222	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, record review and interviews, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections, including COVID-19 novel Coronavirus in two of three resident neighborhoods. Specifically, the facility failed to: -Actively screen staff prior to the start of their shift for signs and symptoms of COVID-19; and, -Ensure residents were encouraged and assisted with hand hygiene prior to meals. Findings include: I. Actively screen staff prior to the start of their shift A. Professional reference The Centers for Disease Control (CDC) Coronavirus 2019 COVID-19, (6/25/2020) Preparing for COVID-19 in Nursing Homes retrieved 8/12/2020 from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, documented in pertinent part, Screen all HCP (healthcare personnel) 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. B. Facility policy and procedure The Tool Kit A, Section I, Center Preparedness: Infection Prevention Strategies and Guidance for COVID-19 policy, revised 8/5/2020, was received from the nursing home administrator (NHA) on 8/12/2020 at 1:35 p.m. The policy documented in pertinent part, An employee screening log will be used to document essential healthcare personnel, staff, agency, and facility-assigned (contracted) staff responses. The screening will include a temperature check (fever is considered >100F (Fahrenheit) and documentation of absence of cough, shortness of breath, chills, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. This list does not include all possible symptoms. The facility must actively screen facility, agency staff and essential HCP (healthcare personnel) who have worked in or entered other facilities with suspected or confirmed COVID-19, and restrict them appropriately to reduce the spread of COVID-19 and/or respiratory illness. C. Record review The Employee and Essential Healthcare Personnel Screening logs were received for 8/8/2020 and 8/9/2020, from the director of nursing (DON) on 8/12/2020 at 10:30 a.m. The log failed to include staff COVID-19 screening prior to the start of their shift for the following: -On 8/8/2020, there was no screening for, certified nurse aide (CNA) #3, CNA #4, CNA #6 or CNA #7. In addition, there was no screening for housekeeper (HK) #1 or cook (CK) #1. -On 8/9/2020, there was no screening for licensed practical nurse (LPN) #2 or LPN #3. In addition, there were no screenings for CNA #1, CNA #2, CNA #3, CNA #7, and CNA #9. There were no screening on the log for HK #2, HK #3 or dietary aide (DA) #1. D. Staff interviews The DON and staffing coordinator (SC) were interviewed together on 8/12/2020 at 10:25 a.m. The DON and SC reviewed the staff COVID-19 screening logs for 8/8/2020 and 8/9/2020. The SC confirmed the staff listed above were not on the screening log. The DON said the log was difficult to read, and many of the names were illegible. She said the infection preventionist (IP) reviewed the log daily, and on Mondays she reviewed the weekend screens. She said the manager on duty (MOD) over the weekend, had other responsibilities and therefore could not review the staff screenings on the weekend. The DON could not explain how the IP was verifying the screens if the names were illegible. She said she needed to add a line to the screening log for the staff to print their name, rather than just a signature. The DON said obviously our process is not working. The DON said all staff are screened at the front desk. The SC was interviewed again on 8/12/2020 at 11:06 a.m. She said the weekend staff positions were difficult to fill and sometimes she used agency staff to screen those coming in the facility at the front door. She said she called the staffing agency ahead of time after the screenings were not being completed (see above) and reviewed the process for screening staff and visitors at the front door with the agency staff. The dietary manager (DM) was interviewed on 8/12/2020 at 11:40 a.m. The DM said sometimes there was no one at the front desk and we checked our own temperatures. The DM said there was never anyone at the front desk when the CK #1 comes in at 5:00 a.m. She said CK#1 screened himself each day. The DM said frequently on the weekend there was no one at the front desk to complete staff screenings. She said it was hit and miss. The DM said if the staff were supposed to be screening themselves when no one was at the desk, then maybe they just did not do it (completed their own screening). The DON was interviewed again on 8/12/2020 at 3:52 p.m. She said Monday through Friday there is someone at the desk to screen visitors and staff from 6:30 a.m. to 5:00 p.m. She said if someone comes after those times, they ring the doorbell and the second floor nurse will come down to the front desk to screen them. She said on the weekend, there was someone at the desk from 6:30 a.m. to 6:00 p.m. She said if the cook was coming at 5:00 a.m., then there was no one to screen him. The DON said we will work on a new process. E. Facility follow-up On 8/12/2020 at 3:54 p.m., the DON provided an education inservice titled, Screening Process Prior to Starting Your Shift, dated 8/12/2020. The inservice documented in pertinent part, Enter the building through the front door only. Perform hand hygiene. Obtain and don a surgical mask. Perform temperature check and document. Answer questions asked by screener, be sure your name is legible and documented. It is mandatory that each person in the building be screened prior to your shift and documented. This list will be verified by the IP or MOD that all persons working have been screened. II. Ensure residents were encouraged and assisted with hand hygiene prior to meals A. Professional reference The CDC Interim Infection Prevention and Control (3/13/2020) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes, retrieved 8/12/2020 from: https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf, documented in pertinent part, Remind residents to practice social distancing and perform frequent hand hygiene. B. Facility policy and procedure The Tool Kit A, Section I, Center Preparedness: Infection Prevention Strategies and Guidance for COVID-19 policy, mentioned above, documented in pertinent part, Remind and/or assist residents with frequent hand hygiene and social distancing. C. Observations The lunch meal was observed on 8/11/2020 in the Rosewood and Columbine neighborhoods. The following was observed on the Rosewood neighborhood: At 12:24 p.m., CNA # 5 took a room tray to Resident #9 in the residents room. He placed the tray on a table in front of the resident. No hand hygiene was offered, or encouraged. At 12:25 p.m., LPN #1 took a room tray to Resident #10 in the residents room. She placed the tray on a table in front of the resident. No hand hygiene was offered, or encouraged. At 12:26 p.m., CNA # 5 and CNA #8 took two room trays to Resident #11 and Resident #12 in their room. They placed the trays on tables in front of the residents. No hand hygiene was offered or encouraged to either resident. At 12:27 p.m., the business office manager (BOM) took a room tray to Resident #13 in the residents room. He placed the tray on a table in front of the resident. No hand hygiene was offered, or encouraged. At the same time, CNA #8 delivered a room tray to Resident #14. She did not offer or encourage hand hygiene to Resident #14. At 12:28 p.m., the BOM took a room tray to Resident #15 in the residents room. He placed the tray on a table in front of the resident. No hand hygiene was offered or encouraged to the resident. At 12:29 p.m., CNA # 8 took a room tray to Resident #16 in the residents room. She placed the tray on a table in front of the resident. No hand hygiene was offered or encouraged to the resident. At 12:33 p.m., CNA # 8 took a room tray to Resident #17 in the residents room. She placed the tray on a table in front of the resident. No hand hygiene was offered or encouraged to the resident. At 12:34 p.m., the BOM took a room tray to Resident #18 in the residents room. He placed the tray on a table in front of the resident. No hand hygiene was offered or encouraged to the resident. At 12:34 p.m., CNA # 5 and LPN #1 took two room trays to Resident #19 and Resident #20 in their room. They placed the trays on tables in front of the residents. No hand hygiene was offered or</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>encouraged to either resident. The following was observed on the Columbine neighborhood: At 12:01 p.m., the lunch trays were delivered to the third floor. Staff were observed delivering the room trays. CNA #10 was observed delivering lunch trays to several residents on the unit. He did not offer or encourage hand hygiene for Residents #5, #6, #7 or #8 prior to eating their lunch. CNA #11 was observed delivering lunch to several other residents in the same unit. He did not offer or encourage hand hygiene for Resident #2, #3 or #4 prior to eating their lunch. D. Staff interviews CNA #5 was interviewed on 8/12/2020 at 1:22 p.m. He said he offered the residents assistance to wash their hands after he takes them to the bathroom. CNA #12 was interviewed on 8/12/2020 at 1:25 p.m. She said she offered hand hygiene to the residents before meals, after they went to the bathroom and after they smoked. Registered nurse (RN) # on 8/12/2020 at 1:35 p.m. She said residents were offered hand hygiene after eating or touching an unclean surface. The DON was interviewed on 8/12/2020 at 3:52 p.m. She said the staff should have offered hand hygiene to the residents before meals, after smoking and after using the bathroom. She said she noticed the staff did not offer hand hygiene to the residents before lunch yesterday too. She said, I will work on that. III. Facility COVID-19 status The facility COVID-19 line listing was reviewed from March 2020 to 8/12/2020. The line listing documented the last resident to test positive was 4/28/2020. The last staff member tested positive on 7/24/2020. There were no known current positive residents or staff.</p>		