STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325067	A. BUILDING _____ B. WING _____	07/27/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GOOD SAMARITAN SOCIETY LAS CRUCES VILLAGE	3025 TERRACE DRIVE LAS CRUCES, NM 88011

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 -** Immediate jeopardy **Residents Affected -** Many	**Provide and implement an infection prevention and control program.** During a complaint and Covid 19 investigation the following was discovered: 1) Interviews and observations with staff revealed that staff were not aware of the isolation/quarantine zones within the building and what PPE requirements apply to each area including the area in which they were assigned. 2) Interviews and observations revealed staff were not compliant with PPE requirements both willing and unknowingly: a. CNA #4, CNA #5, and RN #3 confirm that there was no sign indicating that R #6 was on droplet precautions or PPE outside of her room for staff to use. R #6 had tested positive for Covid-19 but had not been moved from her unit to the Hot Unit/Red Zone (the unit that was set up for covid-19 positive residents.) b. CNA #5 entered R #6's room wearing N95 mask, face shield and gloves (no gown was worn). c. CNA #4 and CNA #5 did not remove their gowns (CNA #5 did not have a gown) upon exiting R #6's room where they provide care. d. CNA #4 and CNA #5 transported R #6 from her room in Yellow Zone (for suspected exposure without positive Covid-19 test results) into the Hot Unit. CNA #4 and CNA #5 entered the Hot Unit in same fashion, CNA #4 wearing the same gown and CNA #5 not wearing a gown. CNA #4 and CNA #5 continue to work until the end of their shift. e. RN #3 enter R #6's room (before CNA #4 and CNA #5 transferred her to the Hot unit) wearing a gown but did not change gown after entering the R #6. RN #3 continued to provide care to other residents on that unit which was a non-Covid positive unit. f. SM #3, who later tested Covid-19 positive, willingly did not wear proper PPE inside the isolation zones on two separate occasions. SM #7 also willing did not wear proper PPE. 3) During interviews and observations revealed disinfecting of high touch surface areas (i.e. door knobs, and hand rails) were not being disinfected. Also, disinfecting supplies were only available during housekeeping hours: 8:00 am -4:30 pm. Nursing staff are unable to disinfect high touch surfaces between the hours of 4:30 pm -8:00 am. This resulted in an Immediate Jeopardy that was called on 07/24/20 at 2:04 pm. A plan of removal was submitted on 07/24/20 at 6:00 pm, and was rejected. A final plan of removal was approved on 07/24/20 at 11:30 pm. Plan of Removal Plan of Removal of IJ Component This plan is to remove the level of severity of the alleged failed practice that resulted in the infection control .: Facility staff are not aware of the isolation/quarantine units within the building and what PPE requirements apply: 1. No visible signage in the units/outside resident doors indicating to precautions staff should be taking, 2. Staff not compliant with PPE requirements as evidenced by observation of staff entering a Covid positive room without proper PPE or removal of PPE upon exiting room. 3. Nurse enter (sic) Covid positive resident's room without (sic) with only a surgical mask (no N95) face shield, gown and gloves and did not remove gown upon exiting room and continued to provide care to other residents on a non-Covid positive unit with potentially contaminated PPE still on. 4. CNA's provided care and transferred a Covid positive resident to the Covid positive unit wearing N95 mask, face shield and gloves (no gown was worn). 5. Disinfecting supplies are available only during housekeeping hours: 8 am - 4:30 pm. Nursing staff are unable to disinfect high touch surfaces between the hours of 4:30 pm - 8:00 am. 1. Residents on Wing 400 could be affected by the deficient practice. Nurse and CNA identified as being potentially negatively affected by a failure to follow infection control and wearing proper PPE supplies. The facility recognizes that residents have the potential to be affected by the RN's and CNA's alleged deficient practice. 2. Immediate Actions to Remove Risk: A. Actions to change immediacy of the failed practice: Education and competency verification has been provided for nursing staff currently working on the floor 07/24/2020 Putting on and Taking Off Personal Protective Equipment. Education and competency verification will be provided for nursing staff on Putting on and Taking Off PPE prior to working their next scheduled shift. Education provided for staff currently working on the floor 07/24/2020 about isolation zones and appropriate PPE to be worn. Education will be provided for staff about isolation zones and appropriate PPE to be worn prior to them working their next shift. Education has been provided for housekeeping and nursing staff currently working on the floor 07/24/2020 about responsibilities for cleaning/disinfecting High touch surfaces (sic) areas. Education will be provided for housekeeping and nursing staff about responsibilities for cleaning/disinfecting high touch surfaces areas prior to working their next scheduled shift. Access to cleaning supplies are available for nursing staff 24 hours a day, 7 days a week. Education has been provided to nursing staff on how to access cleaning supplies after housekeeping hours. Appropriate Signs are posted on patient doors for isolation/quarantine precautions and appropriate PPE. Infection Control compliance: Facility will monitor and audit appropriate PPE use, cleaning/disinfecting high touch areas and appropriate isolation/quarantine zone signage. 3. Addition: Plan of Removal of IJ Component: Zone Color Description and Precautions please see attachments: PPE Equipment is identified in each Zone description. Appropriate PPE were provide (sic) to staff in each Zone. Red Zone (Isolation Zone) All residents that have tested positive for COVID-19. Yellow (Quarantine Zone) All Asymptomatic residents who may have been exposed to Covid-19 Green Zone (Covid-Free Nave Zone) All asymptomatic residents who are not considered to be exposed to Covid-19 Gray zone (Transitional Zone) All asymptomatic residents without known COVID exposure who are (re) admitted to nursing home Education has been provided for housekeeping and nursing staff currently working on the floor 07/24/2020 about responsibilities for cleaning/disinfecting high touch surfaces (sic) areas. Housekeeping and nursing created audits to monitor cleaning of high touch surfaces (sic) areas such as handrails, medication carts, walls and surfaces (sic) areas, high touch surfaces will be cleaned twice a shift or as needed. Audits will be conducted by Housekeeping Supervisor, Staff Development Coordinator/QAPI, or assigned designees. Upon verification of the Plan of Removal implemention, the Immediate Jeopardy was lifted 07/25/20 at 3:03 pm. This resulted in the scope and severity being reduced from a level 4, L to level 2, F. Based on observation, interview, and record review, the facility failed to implement proper infection control practices for CoVID-19, when the facility failed to: 1) ensure staff were knowledgeable of the different isolation/quarantine zones, 2) ensure staff were wearing proper PPE, and 3) ensure staff were cleaning high touch surface areas and had cleaning supplies available between 4:30 pm- 8:00 am. This has the potential to affect all 54 residents at the facility (residents were identified by the census list provided by the Executive Director on 07/21/20). This deficient practice resulted in 13 residents contracting COVID-19. The findings are: A. On 07/21/20 at 12:10 pm, during an interview, the DON confirmed that the facility had 5 (R #1, R #2, R #3, R #4, & R #5) positive residents for Covid-19, but that none of those residents were in the facility at that time. B. On 07/22/20 at 12:40 pm, during an interview, the DON confirmed that the facility had received 8 (R #6, R #7, R #8, R #9, R #10, R #11, R #12, & R #13) more positive test results for residents. Seven residents were in the facility at that time. R #13 had passed away over the previous weekend (07/18/20 to 07/19/20). C. On 07/22/20 at 3:50 pm, during an interview, the DON stated that the facility has three zones of isolation; the Red zone for residents who tested positive, Grey zone for new admissions, and the yellow zone for suspected exposure without positive Covid-19 test results. Findings related to Yellow Zone: D. Record review of the Isolation Zone Document no title dated 07/24/20 revealed Yellow Isolation zone PPE needed gloves, gown, N-95 mask and eye protection. E. On 07/23/20 at 1:25 pm, during an observation of the area designated as the Yellow Zone revealed two closed double doors to enter the Yellow Zone. No hand sanitizer stations were set up on any of the 3 hallways at that time. At the nurses' station that the hallways split off from had some hand sanitizer. Each of the 3 hallways did have one sink with soap just outside of the shower rooms. F. On 07/23/20 at 1:30 pm, during an interview, Staff Member (SM) #1 stated that she

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325067	A. BUILDING _____ B. WING _____	07/27/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GOOD SAMARITAN SOCIETY LAS CRUCES VILLAGE	3025 TERRACE DRIVE LAS CRUCES, NM 88011

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** - Immediate jeopardy **Residents Affected** - Many	(continued... from page 1) had not been given any guidance on how long to wear PPE or when to change it. SM #1 was not familiar with what zone of isolation she was in. SM #1 confirmed that she had been providing care to residents. G. On 07/23/20 at 1:35 pm, during an interview, SM #2 stated that she had not received guidance on PPE with respect to how long she could wear it, when did the face shields need to be disinfected, and what PPE was needed in the zone she was on. SM #2 stated that another staff member just handed the gown to her with no instruction other than to wear it. SM #2 confirmed that she had been providing care to residents. H. On 07/23/20 at 1:42 pm, during an interview, SM #3 was not wearing a gown. She stated that she was only given a hospital gown and stated, It would not protect me. So, I took it off. SM #3 confirmed that she had been providing care to residents. I. On 07/23/20 at 1:55 pm, during an interview, the Infection Preventionist stated that the facility had three zones of isolation: Red Zone, Grey Zone, and Yellow Zone. She confirmed that SM #1, SM #2, SM #3 were all working in the Yellow Zone. The IP confirmed that SM #3 should have been wearing a gown, face shield/goggles, and N-95 mask. The IP confirmed that she has not provided education to all staff about the zones of isolation and donning and doffing of PPE. J. On 07/23/20 at 2:45 pm, during an interview with SM #7 in the yellow zone, SM # 7 was not wearing a gown. SM #7 did not know what zone her unit was designated as. She stated she was given a cloth hospital gown with no instructions on how to use it or when to change it. SM #7 stated It has short sleeves it's made of cloth and it won't protect me so I'm not wearing it. SM #7 confirmed that she had been providing care to residents. K. On 07/23/20 at 3:45 pm, during an interview with SM #4 in the yellow zone, SM #4 stated that she was issued a N-95 mask but not given guidance as to when to use it. SM #4 was wearing a gown, face shield, and surgical mask. SM #4 confirmed that she had been providing care to residents. L. On 07/24/20 at 8:25 am, during an interview with SM #6 in the yellow zone, SM #6 stated that some staff were non-compliant with wearing PPE. SM #6 stated that some staff would pull their masks down at the nurses station and when they would talk to other staff members. M. On 07/24/20 at 1:20 pm, during an interview with SM #3 in the yellow zone, SM #3 stated that she was issued a N-95 mask but that it was hard for her to breathe through the shift with it on, so she was currently not wearing it. SM #3 was observed wearing googles, surgical mask, and gown. SM #3 confirmed that she had been providing care to residents. N. On 07/28/20 at 12:30 pm, during an interview the DON reported a list of residents and staff members who tested positive for CoVID-19. The DON stated that eight staff members had tested positive from late June 2020 to 07/28/20. The DON confirmed that SM #3 and SM #4 were among those that had tested positive for Covid-19 upon notification of their positive results today, they had been working daily at the facility. Findings related to Social Distancing: O. On 07/23/20 at 2:40 pm, during an observation of the lobby area revealed that the facility had a local government agency in the facility to provide fit testing for the N-95 masks. Staff were observed not social distancing themselves (at least 6 feet from another person) with about 20-25 staff members in the lobby area waiting to be fit tested . When brought to the Executive Director and DON's attention, they asked that staff socially distance outside of the facility. Observation of the area in front of the building revealed staff sitting in shade in groups of 4-5 and SM #8 and SM #9 have their face masks pulled down below their chin talking to one another. No one was 6 feet or great apart. During an interview at that time, the DON confirmed that staff were still not socially distancing, and that SM #8 and SM #9 were not wearing their masks. Findings related to R #6: P. On 07/23/20 at 3:45 pm, during an interview, SM #4 confirmed that R #6 had not been moved from the Yellow Zone to the Red Zone (Hot Zone) until early that afternoon. SM #4 confirmed that there had not been a sign on R #6 door in the Yellow Zone indicating what PPE was needed or that R #6 was on precautions. (Reminder: Per finding B, the facilty had received notification that R #6 was CoVID positive on 07/22/20.) Q. On 07/23/20 at 3:51 pm, during an interview, CNA #4 revealed that she and CNA #5 went into R #6's room to get R #6 ready to be transferred from the Yellow Zone into the Red Zone. CNA #4 stated that they gave R #6 care and packed some belongings. CNA #4 stated that she was wearing a N-95 mask, face shield, gown, and gloves. CNA #4 confirmed that CNA #5 was not wearing a gown but had on a N-95 mask, face shield, and gloves. CNA #4 stated that they took R #6 from her room in Yellow Zone through the lobby and to the Red Zone without changing any PPE, only changing their gloves. CNA #4 stated that they entered the Red Zone and transferred the resident into the bed of her new room. CNA #4 stated that upon leaving the Red Zone they were stopped and told to wash their hands up to their elbows and given new yellow gowns to wear. CNA #4 confirmed that she worked until the end of her shift. R. On 07/23/20 at 3:56 pm, during an interview, RN #3 stated that she had gone into R #6 room before she was transferred to the Red Zone. RN #3 stated that she wore only a surgical mask (no N95 mask), face shield, gown and gloves. RN #3 was asked if she had changed her gown when she had exited R #6's room. She stated that she had not and was still wearing the same gown she had worn when she entered R #6 room earlier in the day. RN #3 was asked if she gone into any other resident's rooms, and she confirmed that she had. S. On 07/23/20 at 4:01 pm, during an interview, the DON stated that R #6 had not been moved to the Red Zone because she was on hospice and was not expected to last the night and also the weather had been so bad they did not want to move her (as they would have had to take R #6 outside the building to enter the Red Zone). The DON confirmed that there was no signage posted outside of R #6's room when she was in the Yellow Zone to indicate she was on precautions. The DON confirmed that there was no PPE outside R #6's room for staff to use. The DON confirmed that the staff should have been wearing Face shield/googles, gown, N-95 mask, and gloves. The DON confirmed that the CNA's should not have gone into the Red Zone. The DON also confirmed that RN #3 should have changed her gown after entering R #6's room. T. On 07/24/20 at 12:00 pm during an interview, CNA #5 confirmed that she and CNA #4 went into R #6's room to get her ready to be transferred from the Yellow Zone into the Red Zone. CNA #5 stated that they gave R #6 care before the moved her. CNA #5 stated that she was not wearing a gown, just a N-95, face shield, and gloves. CNA #5 continued to state that CNA #4 had a N-95 mask, face shield, gown, and gloves. CNA #5 confirmed that R #6 was taken from her room in Yellow Zone through the lobby and into the Red Zone. CNA #5 confirmed that neither her or CNA #4 changed PPE, except for their gloves after giving care. CNA #5 stated that once in the Red Zone, they transferred R #6 in to her bed. CNA #5 confirmed that upon leaving the Red Zone they were stopped and told to wash their hands up to their elbows and issued new yellow gowns to wear. CNA #5 confirmed that she worked until the end of her shift. Findings related to High Touch Surface Areas: U. On 07/22/20 at 12:10 pm, during an interview, SM #6 stated that Housekeeping staff were not cleaning high touch surface areas (i.e. door knobs, and hand rails). V. On 07/22/20 at 3:35 pm, during an interview, SM #4 stated that Housekeeping staff had not been disinfecting high touch surface areas. SM #4 also stated that cleaning supplies were not always available; and that housekeeping had the disinfecting supplies. W. On 07/23/20 at 1:35 pm, during an interview, SM #2 stated that Housekeeping was not disinfecting high touch surface areas. SM #2 confirmed that disinfecting supplies were not readily available for staff to use; becuase Housekeeping kept them. X. On 07/23/20 at 2:48 pm, during an interview and observation, the Housekeeping Supervisor (HS) stated that her staff had been educated to wipe down high touch surface areas while they were on shift from 8:00 am to 4:30 pm. Observation of the housekeeping closet located near the nurses station revealed 2 bottles of disinfectant spray. HS was asked who continues with disinfecting high touch surface areas after housekeeping leaves and she stated I wouldn't know. HS confirmed that the closet is locked when housekeeping leaves for the day. Y. On 07/23/20 at 3:20 pm, during an interview and observation, SM # 8 stated and pointed out that there was no disinfectant spray or wipes available at the nurses station. She stated that she had not been informed/educated to wipe down any areas, she had not been shown where the disinfectant spray is kept and she proceeded to state that once housekeeping leaves she doesn't know who wipes down the high touch surface areas. Z. On 7/23/20 at 3:35 pm, during an interview, the Infection Preventionist (IP), stated that nursing staff had been educated on the need to disinfect high touch surface areas. The IP stated she did not have any documentation for the education provided and she had not completed process surveillance on wiping down surface areas. AA. No observations of facility staff disinfecting of high touch surface areas were made by surveyors during the course of the survey.