STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325056	A. BUILDING _____ B. WING _____	**06/30/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SOMBRILLO NURSING FACILITY	**1011 SOMBRILLO COURT LOS ALAMOS, NM 87544**

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 record review, observation and interview, the facility failed to maintain infection prevention practices for 2 (R #1 and #2) of 2 (R #1 and #2) resident reviewed during random observation, by not ensuring that staff are wearing the appropriate PPE (personal protective equipment) for newly admitted residents and for preventing unsafe visitations. This deficient practice is likely to result in the spread of infectious diseases to other residents and staff. The findings are: Regarding R#1 A. Record review of facility census dated 06/30/20, reveals that R#1 was in room [ROOM NUMBER] and was listed as being on contact precautions (medical need to utilize special precautions when providing care to a resident to prevent the spread of a possible infectious disease) until 07/08/20. B. On 06/30/20 at 10:00 am during observation of room [ROOM NUMBER], it was noted the door was open, there was no sign designating that the resident required special precautions when entering his room and there was no personal protective equipment (PPE) (equipment such as masks, gowns, gloves used by staff as protection from possible communicable diseases when providing direct patient care) at the entrance to the room. C. On 06/30/20 at 10:50 am during interview with Certified Medication Aide (CMA) she stated that R#1 was in room [ROOM NUMBER] but that she did not believe he was on any contact precautions. She stated that the room did not have any signage at the door indicating any contact precautions and there was no supply of any PPE at the entry to the door. CMA stated that the presence of a sign and PPE at the doorway would confirm to her that the resident required special precautions and PPE when entering the room. She stated that she had entered his room in the morning to provide medications and that she had not utilized any PPE when in the room. D. On 06/30/20 at 11:20 am during interview with Assistant Director of Nursing (ADON) she confirmed that R#1 was on isolation precautions because of his being a recent admit. She stated that all new admits were placed in isolation for a period of 14 days to observe for the development of symptoms related to COVID 19 (an infectious [MEDICAL CONDITION] disease easily spread from person to person). She stated that new residents on isolation require that they be on droplet precautions (use of PPE including gowns, gloves, masks, face shields to help prevent the spread of an infectious disease). ADON stated that all staff should be aware of R#1's isolation status and that all staff should be using droplet precautions and PPE when entering room [ROOM NUMBER]. She confirmed there was no indication at the entrance to room [ROOM NUMBER] that R#1 required any such special precautions. She confirmed there was no sign and no PPE at the doorway. She confirmed that a sign and PPE should be visible and available at the doorway. E. On 06/30/20 at 11:35 am during observation of room [ROOM NUMBER] Assistant Activities Aide (AAA) was observed entering room [ROOM NUMBER] with a lunch tray containing several food items served on disposable dishware. She was observed placing the containers on a bedside tray and moving the tray to R#1's bedside where she assisted R#1 with the set up of his meal. F. On 06/30/20 at 11:37 am during interview with AAA, she confirmed that she entered room [ROOM NUMBER] and provided a meal to R#1. She stated she was not aware of his being on any precautions and she was not aware that she should be wearing any PPE when entering the room or being in close proximity to R#1. G. On 06/30/20 at 1:00 PM during interview with Director of Nursing (DON) he confirmed that R#1 was recently admitted to the facility. He confirmed that R#1 was to be isolated and quarantined.until 07/08/20 and that this would require his room (215) to have a sign on the doorway to indicate the need for staff/visitors to don (Put on) and wear PPE of mask, shield, gown and gloves before entering the room. Regarding R#2 H. On 06/30/20 at 10:00 am during observation of R#2 it was noted that she resides in room [ROOM NUMBER] B. She was observed in her room sitting in her wheelchair near her window which was partially open. A screen was observed in the window. Outside her window was a view that faced out over a wooded area that dropped off into a canyon. I. Record review of R#2 face sheet reveals that she was admitted to the facility on [DATE]. J. Record review of daily census dated 06/30/20 does not indicate any isolation requirements K. Record review of physician orders [REDACTED]. L. Record review of Minimum Data Set (MDS) section C dated 01/07/20 reveals R#2 Brief Interview for Mental Status (a measurement of a persons cognitive abilities to recall recent events) score was 14 of 15 (score range from 0 indicating significantly reduced cognitive abilities to 15 indicating normal cognitive abilities.) M. Record review of R#2 care plan dated 03/16/20 reveals: Problem-Resident is at risk for altered psychosocial well being related to potential for loneliness/social isolation associated with the mandated restrictions on outside visitors to the facility due to active COVID 19 Approach-Observe CDC (Center for Disease Control)(a federal agency that provides guidance and rules regarding infectious disease management) guidelines on visitation. Offer visitors alternative methods of visitation such as telephonic, web based communication, written etc. N. Record review of Resident Progress Notes dated 05/03/20 reveals: as this nurse walked by room noted resident (R#2) was very close to the window screen with window wide open and had 2 visitors outside of the window also at the screen talking to this resident (R#2). No masks were worn and were not 6 feet away. I (nurse) explained we are on lock down and this is not our policy, daughter at the window voiced to em well we cannot hear her I (facility nurse) explained that a communication board could be used. visitors also had 2 folded chairs outside with them. I (facility nurse) explained this type of visit is very unsafe. I immediately distant (sic) the resident by backing up her wheelchair, and closed the window and reported to DON and explained the unsafe of the distancing to the resident. O. Record review of R#2 care plan dated 06/29/20 reveals: Problem-(First name of R#2) is occasionally non-compliant to COVID 19 isolation restrictions Approach-Staff will re-educate (First name of R#2) and her family on COVID 19 isolation requirements as needed. (Mask on while out of room, 6-foot distancing, hand wash etc). Staff will respect (First name of R#2) right to refuse to comply with COVID-19 isolation restrictions, document any non-complying. P. On 06/30/20 at 11:10 am during interview with ADON, she confirmed that R#2's window was open and that this was common for her. ADON stated that R#2 prefers to have her window open and either opens the window herself or asks that it be opened. ADON stated that she and other staff had attempted to educate her regarding COVID 19 and the need to remain cautious regarding close contact with others and that the facility would prefer she kept her window closed but R#2 insisted that the window be opened. ADON stated that at times, staff had noted that R#2's family would come to the window and talk to her through the open window. ADON stated that they would always intervene when aware and insist the family not come to the open window to visit with R#2. Q. On 06/30/20 at 2:30 pm during interview with facility administrator (ADM) she confirmed that R#2's family had been observed visiting with R#2 at an open window. She stated that the family had been contacted and educated regarding the need to not visit openly and to comply with facility and CDC guidelines to not have such contact. ADM stated that the family had been provided with several alternatives to visitation including meeting at the front of the facility separated by a glass window or visitation via computer or by phone. ADM stated that they have recently sent a letter to all resident families again outlining the mandated needs to not allow in-person visitation. ADM stated this same letter was sent to R#2's family. ADM stated that she was not aware of any recent visits by family at R#2's window but stated they continue to be vigilant.

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.