

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 325091	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER SILVER CITY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3514 FOWLER AVE SILVER CITY, NM 88061	
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 - 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 observation, interview and record review, the facility failed to follow proper infection control practices for safeguarding resident from COVID-19, when they failed to 1) properly wear face masks in the facility, 2) remove isolation gown when leaving a resident's room and entering another residents' room wearing the same gown, 3) wear N95 masks for residents on 14-day isolation, and 4) properly disinfect noncritical resident-care equipment (blood pressure cuff, thermometer, pulse oximeter (device that measures heart rate and oxygen saturation in the circulating blood)) using an EPA(Environmental Protection Agency)-registered disinfectant for healthcare settings prior to use on another resident. This could likely affect all 81 residents in the facility (residents were identified by the census list provided by the Administrator on 06/16/20) This deficient practice could likely result in resident becoming exposed to or becoming ill from COVID-19. The findings are: Face Masks: A. On 06/16/20 at 11:40 am, during an observation of the 200 unit hallway revealed CNA #1 walking down the hallway with her mask pulled down below her chin, then she lifted her mask and sneezed into the mask. During an interview CNA #1 confirmed that she was not wearing her mask properly as it was pulled down below her chin. B. On 06/16/20 at 11:43 am, during an observation of the Activities Room revealed Activities Assistant wearing her face mask pulled down below her chin. During an interview at that time. The Activities Assistant confirmed that she had her mask pulled down, so people can hear her. C. On 06/16/20 at 12:20 pm, during an observation of the 100 unit nurses station revealed Physical Therapist to be walking from the therapy room to the front of the building with no mask on. During an interview at that time the Physical Therapist stated that he forgot to put a mask on when he walked into the building from lunch, so he was walking back to get a mask. D. On 06/16/20 at 12:21 pm during an interview the DON stated the physical therapist should be wearing a mask in the building. E. On 06/16/20 at 12:50 pm, during an observation of the 200 unit nurses station revealed Unit manager and CNA #3 with their masks pulled down with their noses both exposed but their mouth covered. F. On 06/16/20 at 12:55 am, during an interview, the DON confirmed that the Unit Manager and CNA #3 should have their mask covering their nose and mouth. The DON also confirmed that not all staff had been reeducated on Personal Protective Equipment (PPE) since the start of the COVID-19 outbreak. The DON further stated that she started with staff on the isolation unit first and will work her way to the rest of the building. The DON was asked about the Physical Therapist competency for PPE, she stated that because he is contracted she did not do his competency. The surveyor requested his competency and had not received it by the time this citation was written. G. Record review of the Clinical Competencies Validation Putting on (Donning) Personal Protective Equipment (PPE)/ Taking off (Doffing) PPE for staff revealed the following: 1. Unit Manager was last tested /educated on 10/15/19 and passed. 2. CNA #1 was last tested /educated on 08/15/19 and passed. 3. CNA #3 was last tested /educated on 06/13/19 and passed. Quarantine Unit PPE: H. On 06/16/20 at 11:50 am, during an observation of the quarantine unit revealed CNA #2 wearing an isolation gown to enter R #1's room to deliver lunch. CNA #2 did use hand sanitizer before entering R #2's room. CNA #2 was not wearing a N95 mask. I. On 06/16/20 at 11:51 am, during an interview the DON stated that CNA #2 should have taken off the gown in the R #1's room before exiting, should have donned a new gown before entering R #2's room. J. On 6/16/20 at 12:00 pm, during an interview the DON stated that staff on the isolation unit are only wearing N95 masks when providing care to residents that are on [MEDICAL TREATMENT] but not for new admissions or readmissions on the quarantine unit. Disinfecting Equipment: K. On 6/16/20 at 10:40 am, during an interview CNA #2 stated that she is wiping down the medical equipment she uses to take vital signs with a regular alcohol swab after every patient and prior to using the equipment on the next resident. L. On 6/16/20 at 11:55am, during an interview the DON stated that the alcohol swab is not the appropriate disinfectant to use to wipe down equipment. The DON stated that CNA #2 should use the provided bleach wipes to properly disinfectant the equipment between residents.</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.