

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2020
NAME OF PROVIDER OF SUPPLIER AVAMERE TRANSITIONAL CARE AND REHAB-MALLEY		STREET ADDRESS, CITY, STATE, ZIP 401 MALLEY DR NORTHGLENN, CO 80233	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and staff 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 COVID-19. Specifically, the facility failed to: -Screen all staff and visitors appropriately prior to allowing them to enter the facility; -Provide appropriate hand hygiene and glove use during incontinent care for Resident #9; and -Ensure staff were wearing face masks appropriately; and -Provide appropriate hand hygiene and isolation precautions during care for Resident #1. Findings include: I. Staff monitoring A. Record review On 4/7/2020 at 1:10 p.m., review of the employee COVID-19 pre-screening sheets from 4/6/2020 through 4/7/2020 revealed the following: -On 4/6/2020 CNA #5 answered yes to have a cough, shortness of breath and/or sore throat and no to having a face mask issued; -On 4/6/2020 CNA #8 answered yes to having a cough, shortness of breath and/or sore throat and to having contact in the last 14 days with a person confirmed or suspected of COVID-19; and -On 4/7/2020 two other employees answered yes to having a cough, shortness of breath and/or sore throat, to having contact in the last 14 days with a person confirmed or suspected of COVID-19 and had international travel in the last 14 days to a country with a sustained community transmission. All of these employees were allowed to enter the facility and work without any further questions or screening being completed. B. Interviews The receptionist was interviewed on 4/7/2020 at 1:00 p.m. She said she had all visitors and staff use hand sanitizer, fill out the screening log, then she took their temperature. She said she was not to allow anyone in the facility that had a temperature of greater than 100 degrees fahrenheit (F), had a cough or sore throat, had contact with any person with COVID-19 or had traveled out of the country. She said all staff were monitored at the beginning and end of their shift. She said when she was not at the front desk, there were signs directing the staff or visitors to go to the nurses station to check in and be monitored. The infection control nurse (ICN) and the director of nursing (DON) were interviewed on 4/7/2020 at 1:44 p.m. They said the receptionist or other staff member at the front desk monitored staff and visitors when they came in. If it was after hours, a sign was posted to have them go to the nurse 's station to check in. They said the staff that answered yes on the pre-screening sheets must have answered them incorrectly and needed more education. They said the staff was expected to self-monitor for their symptoms and report to their supervisor if they thought they were sick. The nursing home administrator (NHA) was interviewed on 4/9/2020 at 1:18 p.m. He said the facility changed their process of monitoring staff and visitors when they realized on 4/7/2020 that their system was not working. He said he was coming in before the day and night shifts arrived to screen all the employees appropriately prior to allowing them to enter the facility. He said the weekend supervisor would be doing it on the weekends. II. Improper incontinent care A. Resident #9 status Resident #9, age 69, was admitted [DATE]. According to the April 2020 computerized physician orders [REDACTED]. The 4/2/2020 minimum data set (MDS) assessment revealed no cognitive impairment with a brief interview for mental status (BIMS) score of 13 out of 15. The resident required extensive assistance of one person for all activities of daily living (ADL) including toileting and personal hygiene. B. Observations On 4/7/2020 at 1:30 p.m., certified nurse aide (CNA) #5 was observed providing incontinent care for Resident #9. CNA #5 entered the resident 's room and applied gloves without performing hand hygiene prior to donning the gloves. She assisted the resident to transfer from her wheelchair to the bed. CNA #5 removed the resident 's pants and soiled adult brief. She cleansed the resident 's perineal area with wipes and, without changing her gloves, she applied a protective ointment and a new adult brief, then she removed her gloves and donned a new pair of gloves. She did not perform hand hygiene before donning the gloves. She proceeded to assist the resident to position in bed and put the bed in a low position. She removed the trash bag, removed her gloves and placed them in the bag then carried the bag out of the room down the hall without performing hand hygiene after removing her gloves. C. Interviews Licensed practical nurse (LPN) #1 was interviewed on 4/7/2020 at 1:35 p.m. She said the staff should wash their hands or use hand sanitizer prior to putting on their gloves and when they take them off. She said gloves should be changed between dirty and clean when providing incontinent care with hand hygiene being done in between the glove changes. III. Improper mask use A. Observations The following observations were made on 4/7/2020: -At 11:54 a.m. a CNA came out of room [ROOM NUMBER] with his mask hanging off his left ear. He went down the hall, used hand sanitizer, and then put his mask on properly; -At 12:00 p.m. CNA #6 had her face mask pulled down under her chin in the main dining area pushing a resident in a wheelchair; -At 12:07 p.m. a staff member came out of a room with an empty tray, placed the tray on the nurses station and grabbed another full lunch tray off the cart, touched a resident sitting by the cart on the back then went down the hallway to deliver the tray and did not perform hand hygiene; - At 12:20 p.m. the housekeeping supervisor (HS) was in the front lobby speaking with other staff with her face mask down below her nose; -At 12:30 p.m. CNA #7 was pushing a resident down the hallway with her mask under her nose; -At 12:42 p.m. the laundry staff was pushing a cart down the hallway with her mask under her nose; and -At 1:21 p.m. the restorative aide (RA) walked down the hallway while talking to a resident in a wheelchair with her mask pulled down below her chin. B. Interviews The infection control nurse (ICN) and the director of nursing (DON) were interviewed on 4/7/2020 at 1:44 p.m. They said staff should be ensuring their mouth and nose were covered when wearing a mask otherwise it defeated the purpose of the mask.</p> <p>IV. Improper isolation precautions A. Resident #1 's status Resident #1, age 69, was admitted [DATE] and readmitted on [DATE]. According to the April 2020 computerized physician orders [REDACTED]. The 3/29/2020 minimum data set (MDS) assessment revealed no cognitive impairment with a brief interview for mental status (BIMS) score of 15 out of 15. The resident required extensive assistance of one or two people for all activities of daily living (ADL). B. Record review -The resident 's medical record revealed that he had a fever of 100.00 degrees on 4/5/2020, -On 4/7/2020 at 9:16 a.m., a nurse 's note documented that the resident was tested for Covid 19 after experiencing shortness of breath and having a temperature of 100.5 degrees. The resident 's test results were pending at the time of survey on 4/7/2020. -On 4/8/2020 5:27 p.m., a nurse 's note documented that the resident 's test was negative for Covid 19. Orders for contact precautions were updated as the resident had [MEDICAL CONDITION]-resistant staphylococcus aureus (MRSA) and extended spectrum beta-lactamase (ESBL) in his urine. C. Observations On 4/7/2020 the following observations were made: At 11:46 a.m., certified nurses aide (CNA) #1 was observed as she donned and doffed personal protective equipment (PPE) to provide care for Resident #1. CNA #1 removed her cloth mask and placed it in a paper bag on a cart containing PPE located outside the resident 's door. She donned a gown, surgical mask, gloves and goggles prior to entering the resident 's room. The door to Resident #1 's room was left open approximately two feet while she provided care. Prior to exiting his room, she removed her PPE. She removed her gown and goggles and placed them near the sink in the residents room and then took off her gloves and placed them in the garbage. She did not perform hand hygiene after removing her gloves. She exited the room, she took her cloth mask from the paper bag and put it back on her face and placed her surgical mask back in the paper bag. She then walked down the hallway, opened the door to the utility closet and then went to the nurses station. At 11:52 a.m., CNA #2 was observed as he donned PPE prior to entering Resident #1 's room. He removed his cloth face mask and placed it</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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