

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065211	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2020
NAME OF PROVIDER OF SUPPLIER FAIRACRES MANOR, INC.		STREET ADDRESS, CITY, STATE, ZIP 1700 18TH AVE GREELEY, CO 80631	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, record review and interviews, the facility failed to ensure infection control practices were established and maintained to provide a safe, sanitary and comfortable environment to help prevent the possible development and transmission of Coronavirus (COVID-19) and other communicable diseases, and infections. Specifically, the facility failed to: -Ensure staff were following proper personal protective equipment (PPE) guidelines; -Provide hand hygiene opportunities for residents; -Ensure the correct placement for biohazard containers Findings include: I. Failure to provide hand hygiene opportunities for residents A. Observations On 3/31/2020 at 5:21 p.m., certified nurse aide (CNA) #2 was observed to pass a dinner meal to Resident #3. The CNA failed to offer handwashing to the resident. At 5:25 p.m., CNA #3 was observed to pass a dinner meal to Resident #4. The CNA failed to offer handwashing to the resident. At 5:30 p.m., an unidentified CNA served a dinner meal to Resident #5 and failed to offer handwashing to the resident. At 5:32 p.m., CNA #2 was observed to pass a tray to Resident #6. She failed to offer handwashing to the resident. B. Interview The DON was interviewed on 3/31/2020 at 5:37 p.m. The DON said the residents should be offered and assisted to wash their hands prior to eating. She said that the staff had been trained to assist the residents to wash their hands with either soap and water at the sink, or to use the alcohol based hand rub (ABHR). II. Failure to ensure staff were following proper PPE guidelines A. Observations and interviews On 3/31/2020 at 3:34 p.m., a staff member was in room [ROOM NUMBER]. The sign outside of the door documented the resident was on droplet/contact isolation. The massage therapist was in the room with a gown, gloves, and a face mask. She did not have goggles on as required for droplet/contact precautions. She was observed to touch the resident's legs and back. At 3:41 p.m., registered nurse (RN) #1 was notified the staff was in room [ROOM NUMBER] with not all of the correct PPE equipment. She was told that the staff member had no goggles. RN #1 went to observe the staff member and said it was the massage therapist. RN #1 said the resident was on droplet precautions and that meant full PPE which included, mask, gown, gloves and eye protection (goggles or eye shield) to be worn. She said she would provide some education to the massage therapist about wearing the proper PPE. At 4:39 p.m., CNA #1 was observed to go into the semi private room of Resident #1 and #2. The signage on the door read, ISO The CNA #1 was observed to put the gown on in the room, gloves and she had N95 mask on when she entered the room. The CNA was observed to not wear eye protection. The CNA handed Resident #2 a glass, from his bedside table. She then proceeded to go to Resident #1's side of the room and she put the oxygen via nasal cannula onto Resident #1 with the same gloved hands from Resident #2. She then proceeded to Resident #2 and removed some trash from his bedside table. The CNA #1 was interviewed on 3/31/2020 at 4:50 p.m. The CNA said the resident was on droplet precautions and therefore she had to wear the PPE. She realized she did not have eye protection and said she should wear it. The director of nursing (DON) was interviewed on 3/31/2020 at 5:37 p.m. The DON was alerted about the above observations. She said the staff should wear full PPE when in the isolation rooms for droplet precautions. She observed the sign which was hand written and read, ISO. She said housekeeping was responsible for putting the proper notices up on the door. She said she would place a correct sign on the door. The DON said the resident was on isolation for droplet precautions. III. Biohazard container A. Observations On 3/31/2020 at 4:00 p.m., the secured memory unit had a room [ROOM NUMBER] which was on droplet precautions. Outside of the room were two cardboard boxes, which had no lids and had plastic bags inside. The boxes were used for trash, and used linens. The memory unit had 12 residents residing on the unit which the residents were walking in the hallways near the biohazard containers. The boxes were not covered so which put the potential risk for items to be removed from the boxes. At 4:28 p.m., the biohazard cardboard boxes were now in plastic bins with lids outside of the room. B. Interview The infection control preventionist (ICP) was interviewed on 3/31/2020 at 4:45 p.m. The ICP said that they had run out of the plastic biohazard boxes and that they were using the cardboard boxes. However, he said that a few of the plastic boxes were now available so he switched them out.</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.