

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065398	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2020
NAME OF PROVIDER OF SUPPLIER VI AT HIGHLANDS RANCH SKILLED NURSING		STREET ADDRESS, CITY, STATE, ZIP 9085 RANCH RIVER CIR HIGHLANDS RANCH, CO 80126	
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>Based on observations, interviews and record review, the facility failed to implement infection control measures to prevent possible cross-contamination with Coronavirus disease (COVID-19). Specifically, the facility failed to: -Ensure staff had all updated training and information about COVID-19 prior to caring for residents; -Ensure resident hand hygiene was performed prior to meals; and -Ensure all staff were properly screened prior to entering the facility to care for residents. Findings include: I. Professional references According to the Centers for Medicare and Medicaid Services (CMS) COVID-19 Focused Survey for Nursing Homes, 3/20/2020, page 2, staff should assist residents to perform hand hygiene after toileting and before meals. According to the Centers for Medicare and Medicaid Services (CMS) website, Preparing for COVID-19: Long-term Care Facilities, Nursing Homes: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html (Retrieved 5/19/2020), Ensure that healthcare providers (HCP) are educated, trained and have practiced the appropriate use of personal protective equipment (PPE) prior to care for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin and the environment during the process of removing such equipment. Educate them about new policies for source control while in the facility. Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of shortness of breath, new or change in cough, sore throat, and muscle aches, nausea, vomiting, diarrhea, abdominal pain, headache, runny nose, fatigue. According to the Colorado Department of Public Health and Environment (CDPHE), Communicable Disease Branch, COVID-19 Preparation and</p> <p>Rapid Response: Checklist for Long Term Care Facilities, 4/24/2020, All staff should be screened at the beginning of their shift for fever (take temperature) or symptoms (cough, shortness of breath, difficulty breathing, fever, chills, rigors, myalgia, headache, sore throat, new olfactory (smell) and taste disorder; consider also rhinorrhea, diarrhea, nausea or vomiting). II. Failure to ensure resident hand hygiene A. Observations On 5/5/2020 from between 12:04 and 12:15 p.m. certified nurse aide (CNA) #1, CNA #2 and CNA #3 passed lunch trays out to residents on the hallways without assisting the residents with hand hygiene prior to the meal. B. Staff interviews CNA #3 was interviewed on 5/5/2020 at 12:23 p.m. She said she forgot to assist the residents with washing their hands when she delivered their meal tray but it should be done before every meal. She said she would use a wet washcloth to wash their hands. The director of nursing (DON) was interviewed on 5/5/2020 at 12:30 p.m. She said hand hygiene should be provided to all the residents when their trays were served at meal times. She said the staff had been educated on this but she would provide retraining immediately. III. Failure to ensure proper screening of staff A. Record review Review of the 5/11/2020 review of the employee screening tools from 4/28/2020 to 5/5/2020 revealed holes in the documentation: on 4/30/2020 and 5/3/2020 the name of the screener was omitted and a temperature for a CNA was not recorded. B. Staff interview The concierge was interviewed on 5/5/2020 at 11:35 a.m. He said all staff and visitors have to come through the front doors to be screened prior to entering the facility. He said the screening tools needed to be filled out completely including the person's temperature and the name of the person doing the screening. He said if he had any questions about whether to let someone in or not he would refer to management. IV. Failure to ensure current education and training A. Record review Review of the 5/5/2020 facility training records revealed three of the nine staff members providing care or scheduled to provide care to the residents on 5/5/2020 had not completed the Respirator and PPE Usage for Caregivers training. B. Staff interview The DON was interviewed on 5/5/2020 at 12:30 p.m. She said all staff should be educated with any updated information prior to working their shift. She said all staff members currently working had completed the above training and all other staff would complete the training prior to working their shift.</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.