

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>06A173</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SEDGWICK COUNTY MEMORIAL NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>901 CEDAR ST JULESBURG, CO 80737</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on observations, interviews and record review, the facility failed to establish and maintain an infection control program designed to provide a safe, sanitary environment and to help prevent the development and transmission of communicable diseases and infections such as Coronavirus disease (COVID-19). Specifically, the facility failed to: -Ensure residents and staff followed guidelines for facial coverings to prevent the spread of infections; -Ensure staff and residents observed social distancing guidelines; -Ensure residents were monitored as per guidelines for COVID-19; -Ensure staff had all updated training and information about COVID-19 prior to caring for residents; -Ensure COVID-19 policies were up to date with current recommendations from the CDC; -Ensure all staff were properly screened prior to entering the facility to care for residents; and, -Ensure glucometers are cleaned according to manufacturer's recommendations. Findings include: I. Facial coverings A. Professional references According to the Centers for Disease Control and Prevention (CDC) website, Preparing for COVID-19: Long-term Care Facilities, Nursing Homes <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a> (Retrieved 6/4/2020), Implement Source Control Measures: Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Patients may remove their cloth face coverings when in their rooms but should put them back on when leaving their room or when others enter their room. According to the COVID-19 Preparation and Rapid Response: Checklist for Long-Term Care Facilities, 5/13/2020, When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their rooms. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. B. Observations On 5/13/2020 between 10:00 a.m. and 1:30 p.m. all staff members in the facility were wearing cloth face masks. Residents were in the dining room areas and hallways without facial coverings. -At 10:20 a.m. licensed practical nurse (LPN) #1 had her mask under her nose. -At 11:25 a.m. certified nurse aide (CNA) #1 had her mask resting below her nose. C. Record review On 5/28/2020, review of documents provided by the facility revealed in pertinent part, "Because we have no COVID-19 cases or suspected cases, all staff are wearing cloth face coverings or surgical masks while at work. D. Staff interviews The nursing home administrator (NHA) was interviewed on 5/29/2020 at 9:04 a.m. She said after review of the updated guidelines by the CDC, all staff were now wearing surgical masks and all residents were provided and encouraged to wear cloth masks. II. Social distancing A. Professional references According to the Centers for Disease Control and Prevention (CDC) website, Preparing for COVID-19: Long-term Care Facilities, Nursing Homes <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a> (Retrieved 6/4/2020): Implement Social Distancing Measures Implement aggressive social distancing measures (remaining at least 6 feet apart from others): -Cancel communal dining and group activities, such as internal and external activities. -Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene. -Remind HCP to practice social distancing and wear a facemask (for source control) when in break rooms or common areas. B. Observations On 5/13/2020 at 10:20 a.m. LPN #2, medical records staff and LPN #1 were at the nurse 's station together without six feet distancing being attempted. On 5/13/2020 at 11:30 a.m. Residents gathered around tables in the small and main dining areas for their lunch meal service. Staff assisted residents into dining areas and had them sit at tables of three or more, which left a distance of approximately three feet in between each resident and approximately four feet across. The small dining room/activity room had a few tables where the residents sat. They were not wearing masks and hand hygiene was not observed prior to eating the lunch meal. Staff assisted residents into the main dining room and sat them three and four to a table. Residents who needed assistance to eat also had staff members at the tables. Four staff wearing cloth masks were gathered at the steam table. The staff disregarded social distancing while waiting for the cook to plate the food. A staff member sat at a table near the cupboards with three residents. She assisted one resident to eat her lunch. Two residents at another table requested coffee. The staff member stood from the table and went to the overhead cupboard, opened both cupboard doors and retrieved two plastic maroon hot beverage cups. She poured coffee into both cups and brought them to the residents who wanted them. The staff did not perform hand hygiene prior to getting the cups of coffee. C. Record review On 5/28/2020, review of documents provided by the facility revealed in pertinent part, "Currently, we have no positive cases in our facility nor in our community. Our residents are allowed in the hallway maintaining social distancing of at least four feet, if possible. We encourage social distancing. .Due to limited resources in our facility, resident choice, and the fact that we currently have no cases of COVID-19 in our county, only a small number of residents are eating in their rooms. The remaining residents are eating in the dining room at this time. We have limited our seating to two residents per table which provides a distance of approximately two to two and a half feet across the table from each other. The tables are approximately four to five feet apart. D. Staff interviews The NHA was interviewed on 5/29/2020 at 9:04 a.m. She said after review of the updated guidelines by the CDC, the facility was now providing meals in shifts to allow for appropriate social distancing. III. Monitoring residents A. Professional reference According to the Centers for Disease Control and Prevention (CDC) website, Preparing for COVID-19: Long-term Care Facilities, Nursing Homes <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a> (Retrieved 6/4/2020), Ask residents to report if they feel feverish or have symptoms consistent with COVID-19. Actively monitor all residents upon admission and at least daily for fever (T=100.0oF) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures &gt;99.0oF might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19. Increase monitoring of ill residents, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least 3 times daily to identify and quickly manage serious infection. Consider increasing monitoring of asymptomatic residents from daily to every shift to more rapidly detect any with new symptoms. According to the COVID-19 Preparation and Rapid Response: Checklist for Long-Term Care Facilities, 5/13/2020, Active monitoring of all residents should occur once daily to include temperature, heart rate, blood pressure, respiratory rate, pulse oximetry, changes in mental status, and any symptoms (cough, shortness of breath, difficulty breathing, fever, chills, rigors, myalgia, headache, sore throat, new olfactory (smell) and taste disorder (s); consider also rhinorrhea, diarrhea, nausea or vomiting). Additional measures are to be implemented when suspected illness is identified in even a single resident to include: Increase active monitoring of all residents to two times daily to include temperature, heart rate, blood pressure, respiratory rate, pulse oximetry, changes in mental status and any symptoms (cough, shortness of breath, difficulty breathing, fever, chills, rigors, myalgia, headache, sore throat, new olfactory (smell) and taste disorder (s); consider also rhinorrhea, diarrhea, nausea or vomiting). Ill residents should be monitored at least three times daily. B. Record review Resident #1, #2 and #3 's</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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<p>F 0880</p> <p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Many</b></p>	<p>(continued... from page 1)</p> <p>records were reviewed on 5/13/2020 and revealed vital signs were not being done routinely and there was no documentation of daily monitoring occurring. The resident ' s did not have any physician orders [REDACTED]. On 5/28/2020, review of documents provided by the facility revealed in pertinent part, .Residents are monitored daily for signs and symptoms of respiratory illness. Temperatures are taken daily and vital signs are completed weekly. If a resident shows any respiratory symptoms or symptoms of illness complete vital signs are increased to daily . C. Staff interviews LPN #1 was interviewed on 5/13/2020 at 11:23 p.m. She said the resident ' s temperatures were taken daily and normally a full set of vital signs were taken one time a week. She said the CNAs took the vital signs and had a place to log it. LPN #1 said she monitored the residents ' health and signs and symptoms of Covid-19 based on how they were feeling. She said, If the resident ' s had trouble breathing, chances are they are feeling crappy anyway. She said she monitored the resident ' s pain and if there was any pain she looked at the pain scores in the record to determine whether the pain was new or had increased. The NHA was interviewed on 5/29/2020 at 9:04 a.m. She said after review of the updated guidelines by the CDC, the facility was now monitoring the residents with a full set of vital signs daily and the nurses were monitoring for signs and symptoms and documenting those by exception. IV. Updating policies A. Professional reference According to the Centers for Disease Control and Prevention (CDC website, Preparing for COVID-19: Long-term Care Facilities, Nursing Homes: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a> (Retrieved 6/4/2020), Regularly review CDC ' s Infection Control Guidance for Healthcare Professionals about COVID-19 for current information and ensure staff and residents are updated when this guidance changes. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. B. Record review 1. Policy not updated with current CDC guidelines The COVID-19 Guideline Policy, issued 3/13/2020, provided by the NHA on 5/13/2020 at 12:30 p.m., revealed in pertinent part, .All staff will wear a mask while in the building. Staff are allowed to wear cloth masks which they will wash at home . C. Staff interviews The NHA was interviewed on 5/29/2020 at 9:04 a.m. She said after review of the updated guidelines by the CDC, the facility was updating their policies with the most current recommendations from the CDC. V. Trainings A. Professional reference According to the Centers for Disease Control and Prevention (CDC website, Preparing for COVID-19: Long-term Care Facilities, Nursing Homes: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a> (Retrieved 6/4/2020), Provide information about COVID-19 (including information about signs and symptoms) and strategies for managing stress and anxiety. Regularly review CDC ' s Infection Control Guidance for Healthcare Professionals about COVID-19 for current information and ensure staff and residents are updated when this guidance changes. Educate and train HCP, including facility-based and consultant personnel (e.g., wound care, podiatry, and barber) and volunteers who provide care or services in the facility. Including consultants is important, since they commonly provide care in multiple facilities where they can be exposed to and serve as a source of COVID-19. -Reinforce sick leave policies, and remind HCP not to report to work when ill. -Reinforce adherence to standard IPC measures including hand hygiene and selection and correct use of personal protective equipment (PPE). Have HCP demonstrate competency with putting on and removing PPE and monitor adherence by observing their resident care activities. -Educate HCP about any new policies or procedures. Educate residents and families on topics including information about COVID-19, actions the facility is taking to protect them and/or their loved ones, any visitor restrictions that are in place, and actions residents and families should take to protect themselves in the facility, emphasizing the importance of hand hygiene and source control. B. Record review Review of the current nursing and CNA schedule, 12 staff members were scheduled to care for the resident ' s on 5/13/2020. Review of the training on 5/13/2020 revealed the NHA sent emails to the facility staff with updated COVID-19 information with a return confirmation from the recipient verifying they had read the information. Four to six of the 12 staff members scheduled to work on 5/13/2020 had not received and read the information provided by the NHA. Further review of the training revealed the 3/24/2020 update provided by the NHA was not signed by any staff as being acknowledged and the handwashing policy education provided on 1/30/2020 was not signed by four of the 12 staff members scheduled to work on 5/13/2020. It also revealed other departments in the facility, including the housekeeper, had not received the updates from the NHA. C. Staff interviews The NHA was interviewed on 5/29/2020 at 9:00 a.m. She said she contacted the staff members on the list that did not have a received email date. She said the staff said they had read the information so she did not know why the emails were not marked as received. She said she probably should have them sign something. VI. Screening A. Professional reference According to the Centers for Disease Control and Prevention (CDC website, Preparing for COVID-19: Long-term Care Facilities, Nursing Homes: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a> (Retrieved 6/4/2020), 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 COVID-19 Preparation and Rapid Response: Checklist for Long-Term Care Facilities, 5/13/2020, 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). B. Observations On 5/13/2020 at 10:00 a.m. upon arrival to the facility, the surveyors were escorted to a back entrance to the facility and were asked to screen themselves by filling out a form that had minimal questions and take their own temperatures. They were asked to then spray their shoes with a disinfectant. C. Staff interviews The NHA was interviewed on 5/13/2020 at 1:20 p.m. She said the staff all came in the back door and were expected to screen themselves. She said if they had a temperature or any symptoms, she relied on them to report to their supervisor. VII. Glucometer A. Professional reference According to Centers for Disease Control and Prevention (CDC), Recommended Practices for Preventing Bloodborne Pathogen Transmission during Blood Glucose Monitoring and Insulin Administration in Healthcare Setting, retrieved 6/4/2020, <a href="https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html">www.cdc.gov/injectionsafety/blood-glucose-monitoring.html</a>: Whenever possible, blood glucose meters should be assigned to an individual person and not be shared. If blood glucose meters must be shared, the device should be cleaned and disinfected after every use, per manufacturer ' s instructions, to prevent carry-over of blood and infectious agents. If the manufacturer does not specify how the device should be cleaned and disinfected then it should not be shared. B. Facility policy and procedure The Cleaning of Non-Critical, Reusable Patient Care Equipment Policy and Procedure, last revised 3/12/2020, provided by the facility on 6/1/2020 at 9:32 a.m. via email, included in pertinent part, Glucometers must be cleaned between each patient and/or before going into storage. Cleaning and maintenance processes will follow manufacturer ' s recommendations. C. Observations A blood glucose monitor (glucometer) was sitting on top of the medication cart on 5/13/2020 at 11:23 p.m. LPN #1 cleaned the glucometer with an alcohol wipe then placed it back on the medication cart without a barrier between the medication cart and the glucometer. D. Record review The manufacturer's recommendations for glucometer care provided by the facility on 6/1/2020 at 9:32 a.m. via email, revealed in pertinent part, The exterior of the meter can be cleansed using a moist (not wet) lint-free tissue with a mild detergent or disinfectant solution, such as one part bleach mixed with nine parts water. Wipe dry with lint-free tissue after cleaning. Store the meter in the carrying case provided whenever possible. E. Staff interviews LPN #1 was interviewed on 5/13/2020 at 11:23 a.m., at the time of the observation. The LPN said the glucometer belonged to the facility and was used for all residents who needed their blood sugar checked. The glucometer was calibrated every night on the overnight shift. She said she checked the resident ' s blood sugar one after the other. She said she wiped it with an alcohol pad and left it on the cart until she used it for the next person. The NHA was interviewed on 5/29/2020 at 9:04 a.m. She said she thought the facility had two diabetic resident ' s that required their blood sugars to be checked. She said the nurse cleaned the glucometer after each use with alcohol and let it dry. She was not sure if that was according to manufacturer ' s recommendations but she would find out. F. Facility follow-up On 6/1/2020 at 1:25 p.m. the facility provided an undated document via fax that included the glucometer quality control testing process and updated meter care as per the manufacturer's recommendations.</p>		