

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 325034	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER THE REHABILITATION CENTER OF ALBUQUERQUE		STREET ADDRESS, CITY, STATE, ZIP 5900 FOREST HILLS DRIVE NE ALBUQUERQUE, NM 87109	
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>Based on observation and interview the facility failed to implement all recommended transmission based precautions for residents newly admitted and readmitted to the facility. While caring for residents suspected of having COVID-19 during the 2020 public health emergency, these practices put 21 (R #1-21) of 21 (R #1-21) residents at increased risk for infection with COVID-19. On the date of this survey, 06/24/20, nationally recommended transmission based precautions that were not adhered to were: 1. Placing newly admitted residents or readmitted residents status in a private room (if available) for 14 days due to their unknown COVID-19 infection status. 2. Closing newly admitted or readmitted residents room doors due to concern over airborne spread of COVID-19. 3. If cohorting residents keeping the curtains drawn between the beds due to concern over spread of COVID-19 by large respiratory droplets. If infection prevention and control practices are not consistently adhered to, the likelihood of transmission of infections between residents will be elevated. The findings are: A. On 06/24/20 between 8:30 am and 9:15 am, during observation in the Admission Quarantine Unit (AQU) (a unit designed for the care of newly admitted or readmitted residents for the initial 14 days at the facility for observation that they are not infected with COVID-19) it was noted that there were six occupied rooms with the doors opened. Six residents in three of these rooms were cohorted and no curtains were drawn between the cohorted residents. The residents were not wearing masks. B. On 06/24/20 at approximately 9:10 am the facility Infection Preventionist, RN #1 confirms that the residents are cohorted, room doors are open and curtains are not drawn between the residents. C. There is one empty room (106) on the AQU. D. Record review of AQU census as well as admitted s revealed that there were 21 residents on the AQU. Of these, 10 were cohorted with another resident. For these cohorted residents the following was noted: 1. R #1 had been in the facility 7 days and was cohorted with R #2 who had been in the facility 5 days. 2. R #14 and R #15 were cohorted with each other and were both admitted 9 days before. 3. R #16 and R #17 were cohorted with each other. R # 16 had been at the facility for 10 days and R # 17 had been at the facility for 11 days. 4. The remainder of the cohorted residents had been in the facility for more than 14 days. E. Record review of facility policy titled, IC405 COVID-19, revision date 06/03/20, revealed, In addition to Standard Precautions, Contact and Airborne Precautions will be implemented for patients suspected or confirmed to have COVID-19 based on Centers for Disease Prevention & Control (CDC) guidance. For the purposes of this policy, Airborne Precautions is defined as wearing an N95/approved KN95 respirator upon entry into the patient's room, in addition to the recommended personal protective equipment (PPE), keeping the door to the patient's room closed and no negative pressure room required. Follow local public health and state regulations when applicable.</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.