

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>065247</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SPRINGS VILLAGE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>110 W VAN BUREN ST COLORADO SPRINGS, CO 80907</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></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: -Follow proper use of personal protective equipment (PPE) and isolation procedure guidelines; -Follow proper hand hygiene procedures; -Provide hand hygiene opportunities for residents; -Ensure proper social distancing guidelines were followed; -Follow an active screening process to screen staff for signs and symptoms related to COVID-19; -Appropriately assess residents for signs and symptoms of upper respiratory infection of COVID-19; -Label chemicals with the chemical name and manufacturer information, and appropriately dilute bleach, used by the facility staff to disinfect surfaces, according to CDC guidelines. Findings include: I. Failure to follow proper use of PPE and isolation procedure guidelines A. Professional references 1. The Centers for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, retrieved from <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a> (updated 5/19/2020), read in part, If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces. Patients should be wearing their own cloth face covering, which should be worn while they are in the facility (if tolerated). Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others enter the room. Health care personnel (HCP) should wear a facemask at all times while they are in the healthcare facility. They should also be instructed that if they must touch or adjust their facemask or cloth face covering they should perform hand hygiene immediately before and after. HCP must receive training on and demonstrate an understanding of when to use PPE, what PPE is necessary, how to properly don, use, and doff PPE in a manner to prevent self-contamination, how to properly dispose of or disinfect and maintain PPE, and the limitations of PPE. Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE. The PPE recommended when caring for a patient with known or suspected COVID-19 includes: respirator or facemask (cloth face coverings are not PPE and should not be worn for the care of patients with known or suspected COVID-19 or other situations where a respirator or facemask is warranted); eye protection (reusable eye protection must be cleaned and disinfected according to manufacturer's instructions prior to re-use); gloves (remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene); gowns (disposable gowns should be discarded after each use; cloth gowns should be laundered after each use). 2. The Colorado Department of Public Health and Environment (CDPHE) COVID-19 Preparation and Rapid Response: Checklist for Long-Term Care Facilities (LTCFs), retrieved from <a href="https://drive.google.com/file/d/1ej-1kbX20euOGJHkcqO5Zb1TTD1Lf87/view">https://drive.google.com/file/d/1ej-1kbX20euOGJHkcqO5Zb1TTD1Lf87/view</a> (updated 5/13/2020), read in part, 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 room. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19-positive. B. Observations On 6/12/2020 the following observations were made: At 10:45 a.m. staff was observed going into an isolation room without donning eye protection. At 11:00 a.m. physical therapy assistant (PTA) #1 was observed donning PPE to go into an isolation room. He put on a gown and gloves, then put a surgical mask on over the surgical mask he was already wearing. He did not have eye protection on. He looked in the isolation cart outside the isolation room and could not find any. He then went across the hall and looked in the isolation cart in front of another isolation room and could not find any. Another rehab staff member was walking by and he asked that staff member to check the other isolation carts. No face shields were found. PTA #1 proceeded to enter the isolation room without wearing any eye protection. At 11:03 a.m. housekeeper (HSK) #2 was observed cleaning a non-isolation room. He was using an unmarked bottle of solution for cleaning, and had already cleaned the isolation room on that hallway. At 11:36 a.m. registered nurse (RN) #1 was observed preparing medications at her medication cart. She was wearing her mask under her nose. She then entered an isolation room still wearing her mask under her nose. At 11:44 a.m., 44 minutes after entering, PTA #1 exited the isolation room he entered without eye protection and asked the resident if she wanted him to leave the door open or not. He shut the door. At 11:58 a.m. the assistant director of nursing (ADON) was observed going into an isolation room without wearing eye protection. At 12:07 p.m. the ADON was observed assisting to pass lunch trays. She went into a room that was not an isolation room. She did not assist the resident with hand hygiene prior to giving the resident her room tray. The resident did not cover her mouth when the ADON entered the room, and the ADON did not ask the resident to cover her mouth while staff was present in the room. At 12:21 p.m. staff was observed walking into a non-isolation room to assist a resident. The resident did not cover their mouth while staff was present in the room, and the staff did not ask them to cover their mouth. At 12:24 p.m. the door to an isolation room was observed to have been left open. At 12:28 p.m. registered nurse (RN) #1 was observed returning to her medication cart. The mask that she had on was not covering her nose. C. Interviews PTA #1 was interviewed at 11:00 a.m. on 6/12/2020. He said that they usually have disposable face shields available. He said that eye protection should be worn in the isolation rooms. HSK #2 was interviewed at 11:03 a.m. He said he wore a gown, gloves and mask, when cleaning the isolation room, and then changed the mask when he came out of the room. Licensed practical nurse (LPN) #2 was interviewed at 11:09 a.m. She said that all staff should be wearing a gown, gloves, face mask and eye protection when going into any room on droplet isolation precautions. II. Failure to follow proper hand hygiene procedures A. Professional references 1. The CDC Guidance for Healthcare Providers about Hand Hygiene and Covid-19, retrieved from <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html</a> (updated 5/17/2020), read in part, Hand hygiene is an important part of the U.S. response to the international emergence of COVID-19. [MEDICATION NAME] hand hygiene, which includes the use of alcohol-based hand rub (ABHR) or handwashing, is a simple yet effective way to prevent the spread of pathogens and infections in healthcare settings. CDC recommendations reflect this important role. Hand washing mechanically removes pathogens, and laboratory data demonstrate that ABHR formulations in the range of alcohol concentrations recommended by CDC, inactivate [DIAGNOSES REDACTED]-CoV-2. ABHR effectively reduces the number of pathogens that may be present on the hands of healthcare providers after brief interactions with patients or the care environment. 2. The CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, retrieved from <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a> (updated 6/19/2020), read in part, HCP should perform hand hygiene by using ABHR with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. B. Observations On 6/12/2020 at 12:19 p. m. residents were observed sitting in the dining room on the 3rd floor awaiting the delivery of the lunch trays. Multiple staff members were observed delivering a lunch tray to a resident, touch multiple surfaces during the delivery of the tray, and then go get another resident's tray without performing hand hygiene in between each resident. On 6/12/2020 at 12:22 p.m. LPN #1 was observed using ABHR to</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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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>perform hand hygiene while delivering meal trays in the dining room. She put ABHR on her hands, rubbed them together for less than five seconds, and then proceeded to pick up a resident's lunch tray and deliver it to a resident. Her hands were noted to be still visibly wet when she picked up the tray. III. Failure to provide hand hygiene opportunities for residents A. Observations On 6/12/2020 at 12:07 p.m. the ADON was observed passing lunch trays in a resident room. The ADON did not assist the resident with hand hygiene. The resident did not cover her mouth when the nurse entered and the nurse did not ask the resident to cover their mouth. On 6/12/2020 at 12:19 p. m. residents were observed sitting in the dining room on the 3rd floor awaiting the delivery of the lunch trays. Staff serving meals in the dining room did not offer residents the opportunity to perform hand hygiene prior to the residents receiving their meal trays. IV. Failure to ensure proper social distancing guidelines were followed A. Professional references 1. The CDC Guidance for Healthcare Providers about Hand Hygiene and Covid-19, retrieved from <a href="https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html">https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html</a> (updated May 6, 2020), read in part, Limiting face-to-face contact with others is the best way to reduce the spread of coronavirus disease 2019 (COVID-19). Social distancing, also called physical distancing, means keeping space between yourself and other people outside of your home. To practice social or physical distancing stay at least 6 feet (about 2 arms' length) from other people. COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for a prolonged period. 2. The Colorado Department of Public Health and Environment (CDPHE) COVID-19 Preparation and Rapid Response: Checklist for Long-Term Care Facilities (LTCFs), retrieved from <a href="https://drive.google.com/file/d/1ej-1kbX20euOGJHkcgO5zJb1TTD1Lf87/view">https://drive.google.com/file/d/1ej-1kbX20euOGJHkcgO5zJb1TTD1Lf87/view</a> (updated 5/13/2020), read in part, Restrict all residents to their rooms as much as possible, making sure residents remain safe and considering resident well-being and mental health. Try to keep residents within a unit, wing or floor when possible. If residents must leave their room, they should perform hand hygiene, limit their movement within the facility, wear a cloth face covering, and perform social distancing (stay at least 6 feet from others). All group activities should be cancelled. Communal dining should be cancelled unless assistance is required as part of the resident care plan. Residents requiring assistance with feeding should maintain a 6-foot distance from other residents during supervised meals and staff should perform hand hygiene when moving from one resident to another. (This applies to residents that do not have symptoms or diagnosed COVID-19.) B. Observations On 6/12/2020 at 12:19 p.m. residents were observed sitting in the dining room on the 3rd floor awaiting the delivery of their lunch meal trays. Residents were observed sitting across from each other at a distance of less than four feet from each other. On 6/12/2020 at 12:23 p.m. a staff member brought a resident to the end of the 3rd floor hallway and left him sitting next to another resident. The distance between the two residents was less than three feet. The resident that had been brought out by the staff member removed his mask while the two residents were sitting there. The two residents were observed sitting in close proximity to each other, one without a mask on for nine minutes, until 12:32 p.m. V. Failure to follow an active screening process to screen staff for signs and symptoms related to COVID-19 A. Professional references 1. The CDC Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19, retrieved from <a href="https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf">https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf</a> (updated 5/8/2020), read in part, All healthcare personnel (HCP) should self-monitor when they are not at work and be actively screened upon entering the facility. Ideally, this would occur at the entrance to the facility, before they begin their shift. Screening includes temperature check and asking about symptoms like subjective fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell. 2. The CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, retrieved from <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a> (updated 6/19/2020), read in part, Screen everyone (patients, health care personnel, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature =100.0F or subjective fever. B. Record Review The facility utilized the Colorado Department of Human Services (CDHS) COVID-19 Screening questionnaire for screening staff and visitors to determine if they could be allowed entry into the facility. Review of the daily screening questionnaires revealed the following: On 6/5/2020 there were 15 staff/visitors that were not screened actively (the section for the screener name was left blank on the form), two that were screened by an active screener, and four that screened themselves. Review of the temperatures recorded on 6/5/2020 revealed that there were no staff/visitors with temperatures below 96 degrees fahrenheit (F). On 6/6/2020 there were 33 staff/visitors that were not screened actively (the section for the screener name was left blank on the form), 18 that were screened by an active screener, and four that screened themselves. Review of the temperatures recorded on 6/6/2020 revealed that there were two staff/visitors with temperatures below 96 degrees F, the lowest being 92.5 F. On 6/7/2020 there were 20 staff/visitors that were not screened actively (the section for the screener name was left blank on the form), four that were screened by an active screener, and two that screened themselves. Review of the temperatures recorded on 6/7/2020 revealed that there were no staff/visitors with temperatures below 96 degrees F. On 6/8/2020 there were nine staff/visitors that were not screened actively (the section for the screener name was left blank on the form), 72 that were screened by an active screener, and five that screened themselves. Review of the temperatures recorded on 6/8/2020 revealed that there were four staff/visitors with temperatures below 96 degrees F, the lowest being 93.6 F. On 6/9/2020 there were 14 staff/visitors that were not screened actively (the section for the screener name was left blank on the form), 68 that were screened by an active screener, and four that screened themselves. Review of the temperatures recorded on 6/9/2020 revealed that there were seven staff/visitors with temperatures below 96 degrees F, the lowest being 95.3 F. On 6/10/2020 there were 30 staff/visitors that were not screened actively (the section for the screener name was left blank on the form), 60 that were screened by an active screener and nine that screened themselves. Review of the temperatures recorded on 6/10/2020 revealed that there were five staff/visitors with temperatures below 96 degrees F, the lowest being 93.7 F. On 6/11/2020 there were 38 staff/visitors that were not screened actively (the section for the screener name was left blank on the form), 53 that were screened by an active screener and six that screened themselves. Review of the temperatures recorded on 6/11/2020 revealed that there were three staff/visitors with temperatures below 96 degrees F, the lowest being 95.1 F. C. Interviews LPN #1 was interviewed on 6/12/2020 at 12:31 p.m. She said that when staff came to work they came in the back door by the time clock. She said they had to fill out two pieces of paper, take their temperatures and log it on the sheet. She said she did not know who was monitoring that. VI. Failure to appropriately assess residents for signs and symptoms of upper respiratory infection of COVID-19 A. Professional references 1. The Colorado Department of Public Health and Environment (CDPHE) COVID-19 Preparation and Rapid Response: Checklist for Long-Term Care Facilities (LTCFs), retrieved from <a href="https://drive.google.com/file/d/1ej-1kbX20euOGJHkcgO5zJb1TTD1Lf87/view">https://drive.google.com/file/d/1ej-1kbX20euOGJHkcgO5zJb1TTD1Lf87/view</a> (updated 5/13/2020), read in part, 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). B Interviews LPN #1 was interviewed on 6/12/2020 at 12:29 p.m. She said residents were monitored daily for Covid-19. She said the day shift was in charge of monitoring all of the even numbered resident rooms for signs and symptoms of Covid-19. She said the evening shift monitored all of the odd numbered resident rooms. She said they checked temperatures and pulse oximetry on all of the residents. She said they also monitored for shortness of breath. She said if the resident was a new admission, a full set of vital signs was obtained daily on those residents. VII. Failure to label chemicals with the chemical name and manufacturer information, and appropriately dilute bleach, used by the facility staff to disinfect surfaces, according to CDC guidelines A. Professional references 1. The Colorado Department of Public Health and Environment (CDPHE) COVID-19 Preparation and Rapid Response: Checklist for Long-Term Care Facilities (LTCFs), retrieved from <a href="https://drive.google.com/file/d/1ej-1kbX20euOGJHkcgO5zJb1TTD1Lf87/view">https://drive.google.com/file/d/1ej-1kbX20euOGJHkcgO5zJb1TTD1Lf87/view</a> (updated 5/13/2020), read in part, Ensure that all non-dedicated, non-disposable resident care equipment is cleaned and disinfected according to manufacturer's instructions after each use (e.g., thermometers, pulse ox, blood pressure cuffs, resident lifts) prior to use on additional residents. Use an environmental protection agency (EPA) registered, hospital-grade disinfectant to frequently clean high-touch surfaces and shared resident care equipment in addition to routine environmental cleaning. Refer to the EPA website for a complete list of approved disinfectants with an emerging [MEDICAL CONDITION] pathogen claim: <a href="https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-[DIAGNOSES REDACTED]-cov-2">https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-[DIAGNOSES REDACTED]-cov-2</a>. Validate environmental services staff members processes: (1) Follow label instructions on the hospital grade disinfectant; (2)</p>		

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F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p>(continued... from page 2)</p> <p>Validate disinfection policies and procedures (e.g., cleaning from clean to dirty, changing gloves and performing hand hygiene between rooms and between resident surfaces within the same room). B. Observations On 6/12/20 at 10:52 a.m. HSK #1 was observed cleaning a non isolation resident room, next to an isolation room that she had already cleaned. She was using an unmarked bottle of solution for cleaning. On 6/12/2020 at 11:03 a.m. HSK #2 was observed cleaning a non-isolation resident room. He was using an unmarked bottle of solution for cleaning, and had already cleaned the isolation room on that hallway. C. Interviews HSK #1 was interviewed on 6/12/2020 at 10:52 a.m. She said she used AIRx75 for hard to clean spots and bleach for everything else. She said the cleaning solution in her unmarked bottle was bleach. She said when she mixed her bleach cleaning solution, she filled the bottle half way full with bleach and then filled it with water for the other half. She said she had already cleaned the isolation rooms on her hallway before she started cleaning the non-isolation room she was cleaning. HSK #2 was interviewed at 11:03 a.m. He said that he used AIRx75 for cleaning the toilets but used bleach to clean everything else. He said the bleach should be left on for at least ten minutes. He said when he mixed the bleach he filled the cleaning bottle approximately one quarter of the way full with bleach, and then filled it the rest of the way with water. He said he had already cleaned the isolation room on his hallway and was finishing the last four rooms on that hall which were not isolation rooms. VIII. Other interviews The director of nursing (DON) and the nursing home administrator (NHA) were interviewed on 6/12/2020 at 1:00 p.m. They said the staff had been trained on PPE, hand hygiene, social distancing, staff/visitor screening prior to entering the building, daily monitoring of residents for signs and symptoms of COVID-19, and the use of disinfectants but obviously they needed more training.</p>		