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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065396 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/15/2020 |
| NAME OF PROVIDER OF SUPPLIER TRINIDAD INN NURSING HOME | | STREET ADDRESS, CITY, STATE, ZIP 409 BENEDICTA AVE TRINIDAD, CO 81082 | |
| 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, record review, and interviews, the facility failed to properly maintain an infection control program designed to prevent the spread of COVID-19 in two of three neighborhoods. Specifically, the facility: -Failed to ensure residents had face coverings while staff were in their rooms; and, -Failed to ensure correct face masks were worn in a presumptive positive COVID isolation room. Findings include: I. CDC recommended guidelines The Center for Disease Control (CDC), Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (Update April 13, 2020), retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#minimize, Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others (e.g., HCP, visitors) enter the room. Screening for symptoms and appropriate triage, evaluation, and isolation of individuals who report symptoms should still occur. Healthcare Personnel As part of source control efforts, HCP should wear a facemask at all times while they are in the healthcare facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. If there are anticipated shortages of facemasks, facemasks should be prioritized for HCP and then for patients with symptoms of COVID-19 (as supply allows). Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required. HCP should have received job-specific training on PPE and demonstrated competency with selection and proper use (e.g., putting on and removing without self-contamination). 2. Adhere to Standard and Transmission-Based Precautions: HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. When available, respirators (instead of facemasks) are preferred; they should be prioritized for situations where respiratory protection is most important and the care of patients with pathogens requiring Airborne Precautions (e.g., [MEDICAL CONDITION], [DIAGNOSES REDACTED], [MEDICATION NAME]). II. Facility training Facility handout dated 4/8/2020, CDC Use personal protective equipment (PPE) when caring for patients with confirmed or suspected COVID- 19, Preferred PPE use: N95 or higher respirator. Acceptable Alternative PPE use: Facemask N95 or higher are preferred III. Lack of using necessary PPE A. Observations and interviews On 5/14/2020 at 10:11 a.m., during a walk through of Cokedale neighborhood, there were no hand sanitizers in each room. On 5/14/2020 at 10:24 a.m. on the Beshor neighborhood, housekeeping (HSG) #1 was observed entering room [ROOM NUMBER]. She did not ask the resident to cover her face when she entered the room or while she was cleaning her room. She said residents are encouraged to wear a mask when out of their rooms. She said staff were to ask residents to cover their face when staff entered the room. She said she had forgotten to ask the resident when she entered the room. On 5/14/2020 at 11:38 a.m. on the Beshor neighborhood, certified nurse aide (CNA) #1 was observed in isolation room [ROOM NUMBER] assisting the resident with lunch. room [ROOM NUMBER] was on droplet precautions. CNA #1 was wearing a gown, goggles, a surgical mask, and gloves. When the aide was finished assisting the resident, they removed the gown, gloves, and goggles, sanitized according to standards. The aide removed the surgical mask, sanitized hands, and went to the isolation supply cart. The cart did not have a replacement mask. Another staff member retrieved a new surgical mask. The aide was not wearing a N95 or higher respirator while in a presumptive positive COVID isolation room. On 5/14/2020 at 11:43 a.m. activities assistant (AA) #1 was observed entering room [ROOM NUMBER]. She did not ask the resident to cover her face when she entered. She handed the resident mail. She said residents were asked to keep a mask on all the time. She said if residents left their room, they were asked to wear a mask. She said residents did not have to wear a mask if they were in their room. She said staff did not have to ask a resident to wear a face covering when going into a residents room. On 5/14/2020 at 12:04 p.m. licensed practical nurse (LPN) #1 was observed outside of room [ROOM NUMBER] (a presumptive positive COVID isolation room). She sanitized her hands, put on a gown, did not tie the gown closed, put on goggles, and put on gloves. The gloves did not cover the end of the gown sleeve, the gown had short sleeves. She entered the room, adjusted the nasal cannula for the resident and took the residents vital signs. While she was assessing the resident she had to adjust her gown over her right shoulder three times. She completed her assessment, took off the goggles in the room, took off the gown, and removed the gloves. She sanitized her hands. She said she did not have to change her mask unless the patient was COVID positive. She said due to the pandemic she did not have to throw away the mask she was wearing until it had become torn or soiled. She said the resident did not have to wear a face covering while in their room. She said she would make sure the gown would be tied in the future. B. Administrative Interviews The nursing home administrator (NHA) and the director of nursing (DON) were interviewed on 5/14/2020 at 2:41 p.m. The NHA said staff had been trained to ask the residents to cover their faces when staff entered. The DON said the facility had provided staff with their own personal bottle of hand sanitizer to use when going in and out of resident rooms. The DON said the resident in room [ROOM NUMBER] had taken a COVID-19 test and the results were pending due to her having a temperature and new respiratory difficulties. She said the facility had placed her in isolation pending the results of the test. The DON was interviewed a second time on 5/15/2020 at 2:18 p.m. She said the facility had N95 masks. She said she would make sure the staff used the masks until the results came back.</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.