

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>065223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BERKLEY MANOR CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>735 S LOCUST ST DENVER, CO 80224</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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></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 properly maintain an infection control program designed to prevent the spread of COVID-19 on one of two units. Specifically, the facility failed to: -Encourage, assist to properly wear, and/or provide residents with, protective masks when in common areas, or tissue to cover their nose and mouth while providing care or within less than six feet; -Perform hand hygiene with the alcohol based hand rub (ABHR) for at least 20 seconds; and, -Contain the protective gown used in isolation rooms. Findings include: I. Professional reference According to the Centers for Disease Control (CDC) Clean Hands Count for Healthcare Providers, [DATE], <a href="https://www.cdc.gov/handhygiene/providers/index.html">https://www.cdc.gov/handhygiene/providers/index.html</a>, 5/7/2020, alcohol based hand rub was to be rubbed in the hands for 20 seconds. 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, 4/13/2020, retrieved from: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#minimize">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#minimize</a>, read in pertinent part, 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). II. Lack of using necessary PPE and ABHR appropriately A. Observations An observation on 5/5/2020 at 8:28 a.m. revealed Resident #1 was in the hallway without a mask on. Several unidentified staff passed by her and made no attempt to provide, encourage, or assist her to cover her nose and mouth with a protective mask or tissue. An observation on 5/5/2020 at 8:30 a.m. revealed the activity assistant (AA) was within three feet of Resident #3 as she interacted with her; Resident #3 did not have a mask on. AA made no attempt to provide, encourage, or assist her to cover her nose and mouth with a protective mask or tissue. An observation on 5/5/2020 at 8:32 a.m. revealed, while in resident #1 and #3's room, AA and licensed practical nurse (LPN) #2 were within three feet of Resident #1 and #3; neither resident wore a mask. Neither the AA or LPN #2 made attempts to provide, encourage, or assist them to cover their nose and mouth with a protective mask or a tissue. An observation on 5/5/2020 at 8:34 a.m. revealed the door to Resident #7's room was open, and there was an isolation cart outside of his room and a sign indicating to keep the door closed. Roommates Resident #1 and Resident #3 lived next door to him, they did not have COVID-19, and were not on isolation. A housekeeping staff (HSKG) donned a gown and gloves without sanitizing her hands, and began to clean Resident #7's room; the door to his room remained open. Resident #7 was a resident who the facility identified as a COVID positive resident. He did not have a mask on while HSKG staff was in the room. He self-propelled out of his room. HSKG did not try to encourage him to stay in his room. The door to his room remained open and he sat in his wheelchair in the hallway. An observation on 5/5/2020 at 8:38 a.m. revealed Resident #1 remained in the hallway without a mask on. Several unidentified staff passed by her and made no attempt to provide, encourage, or assist her to cover her nose and mouth with a protective mask. An observation on 5/5/2020 at 8:48 a.m. revealed HSKG exited Resident #7's room with the gown she donned prior to entering it, stood in the hallway and removed the gown while touching the outside of it. She placed the gown in a clear bag and hung it on her housekeeping cart. She changed gloves without sanitizing her hands, reentered his room, and swept his floor with the door still open. She exited his room, and changed gloves without sanitizing her hands, she pushed her cart to another hallway, and entered Resident #13's room and started cleaning. An observation on 5/5/2020 at 8:53 a.m. revealed AA rubbed alcohol based hand rub (ABHR) for less than 20 second in her hands and entered Resident #4's room. She was within three feet of her while she interacted with her. Resident #4 did not wear a mask. She made no attempt to provide, encourage, or assist her to cover her nose and mouth with a protective mask or tissue. She exited Resident #4's room, rubbed ABHR into her hands for less than 20 seconds and entered Resident #5's room. She was within three feet of her while she interacted with her. Resident #5 did not wear a mask. She made no attempt to provide, encourage, or assist her to cover her nose and mouth with a protective mask or tissue. She exited Resident #5's room, rubbed ABHR into her hands for less than 20 seconds and entered Resident #6's room. She was within three feet of her while she interacted with her. Resident #6 did not wear a mask. She made no attempt to provide, encourage, or assist her to cover her nose and mouth with a protective mask or tissue. She exited Resident #6's room and rubbed ABHR into her hands for less than 20 seconds. An observation on 5/5/2020 at 9:00 a.m. revealed Resident #7's door to his room remained open. An observation on 5/5/2020 at 9:08 a.m. revealed Resident #1 remained in the hallway without a mask on as she sat in a chair across from the nurses' station. Several unidentified staff passed by her and made no attempt to provide, encourage, or assist her to cover her nose and mouth with a protective mask. An observation on 5/5/2020 at 9:53 a.m. revealed the door to Resident #11 and Resident #12's room was open, and there was an isolation cart outside of them. The room next to their room did not have an isolation cart and the door was open as well. An observation on 5/5/2020 at 10:13 a.m. revealed, the physical therapist (PT) was less than three feet from Resident #6 while she adjusted the resident's position in the wheelchair. Resident #6 did not wear a mask. The PT made no attempt to provide, encourage, or assist her to cover her nose and mouth with a protective mask or tissue. B. Staff interviews HSKG was interviewed on 5/5/20 at 9:00 a.m. She said staff were to use ABHR to sanitize hands before and after resident care, and before and after glove changes. She said residents on isolation were to stay in their rooms with the door shut. She said after she cleaned Resident #7's room, she took off her gown and put it in a clear bag and hung it on her housekeeping cart to reuse. The housekeeping manager (HM) was interviewed on 5/5/20 at 9:16 a.m. He said staff were to sanitize their hands before and after they were in a resident's room, and between glove changes. Staff were not to remove a gown they wore in an isolation room outside of the room to prevent spreading infections; they were to put the gown in a bag in the room to reuse. Certified nurse aide (CNA) #1 and LPN #1 were interviewed on 5/5/20 at 9:23 a.m. They said all PPE must be removed when inside isolation rooms to prevent contamination of other residents. LPN #1 was interviewed on 5/5/20 at 9:32 a.m. She said staff were to sanitize their hands, for 20 seconds, before and after they were in a resident's room, and between glove changes. Staff were not to remove a gown they wore in an isolation room to prevent spreading infections. Staff were to redirect residents who are in isolation if they tried to leave their rooms; to help protect other residents and prevent the spread of viruses. Residents were to wear masks when out of their rooms to help protect other residents and prevent the spread of viruses. LPN #3 was interviewed on 5/5/20 at 9:51 a.m. He said staff were not to remove a gown they wore in an isolation outside of the room to prevent spreading infections. Residents were to wear masks when out of their rooms. The director of nursing (DON) was interviewed on 5/5/20 at 10:17 a.m. She said staff were to perform hand hygiene before and</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</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Many</p>	<p>(continued... from page 1)</p> <p>after entering a resident's room, and before and after glove changes; for 20 seconds. Doors to isolation rooms must remain closed. Residents were to wear masks when out of their rooms. Doors to residents' rooms are to remain closed when in isolation; to prevent the spread of viruses. Both Resident #11 and Resident #12, who were roommates, were COVID positive so their doors were to remain closed. Staff would be reeducated on proper removal of PPE, use of ABHR for 20 seconds, encouraging residents to wear masks, and keeping the doors closed to isolation rooms.</p>		