

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065403	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2020
NAME OF PROVIDER OF SUPPLIER CENTER AT LINCOLN LLC		STREET ADDRESS, CITY, STATE, ZIP 12230 LIONESS WAY PARKER, CO 80134	
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, 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 new admissions were placed on isolation for the required 14 days; -Ensure residents followed guidelines for facial coverings to prevent the spread of infections; -Ensure staff provided hand hygiene to residents prior to meals; and, -Ensure staff sanitized their hands in between glove changes and when leaving a resident room; Findings include: I. Professional references According to the Centers for Medicare and Medicaid Services (CMS) COVID-19 Long-Term Care Facility Guidance (4/2/2020): if possible, isolate all admitted residents (including readmissions) in their room for 14 days if their COVID-19 status is unknown. According to the Centers for Disease Control (CDC) website, Preparing for COVID-19: Long-term Care Facilities, Nursing Homes https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html (Retrieved 5/7/2020): 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 their room. Health care professionals (HCP) should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE (personal protective equipment), including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. HCP should perform hand hygiene by using ABHR (alcohol based hand rub) with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. HCP who enter the room of a patient with known or suspected COVID-19 should adhere to standard precautions and use of respirator, gown, gloves and eye protection. When available, respirators should be prioritized for situations where respiratory protection is most important and the care of patients with pathogens requiring airborne precautions. The PPE recommended when caring for a patient with known or suspected COVID-19 includes: Put on an N95 respirator (or higher level of respirator) or facemask (if a respirator is not available) before entry into the patient room or care area. Cloth face coverings are NOT PPE and should not be worn for the care of patients with known or suspected COVID-19. According to the Colorado Department of Public Health and Environment, COVID-19 Preparation and Rapid Response: Checklist for Long-Term Care Facilities, Restrict all residents to their rooms as much as possible, making sure residents remain safe and considering resident well-being and mental health. 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 admitted or readmitted to the facility should be placed under observation for 14 days with transmission-based precautions according to CDC guidance. II. Ensure admitted residents were placed under observation for 14 days with transmission-based precautions A. Record review According to the record of admissions from 4/22/2020 to 5/6/2020 revealed 62 residents had been admitted to the facility. Fifty five out of 62 residents currently resided at the facility. B. Observations During a continuous observation on 5/6/2020 beginning at 11:21 a.m. multiple resident rooms were observed with a magnet with a Q indicated and a date range on the frame of the door. Housekeeper #2 was interviewed on 5/6/2020 at 11:47 a.m. She said she did not know what the magnet with the Q and the date range meant. She said she did not don any additional PPE other than her surgical mask. She said she did not change her mask when she left a room with the magnet and went into a room without a magnet. C. Staff interviews The director of nursing (DON) was interviewed on 5/6/2020 at 11:50 a.m. She said the resident rooms with a magnet with a Q and date range indicated the resident was a recent admission to the facility within 14 days. She said when a resident was admitted to the facility, they were placed in a room with a magnet to identify the room. She said the resident was required to stay in their room for 14 days. She said the facility called it quarantine. She said for the residents who were under quarantine, staff were not required to don PPE, other than the mask they wore throughout the facility. She confirmed staff wore the same surgical mask to enter rooms under quarantine as they did to enter non-quarantine rooms. She confirmed COVID-19 was transmitted via droplet. She said the standard precautions for a resident with [MEDICAL CONDITION] that could be spread by droplet precautions. She said droplet precautions required the following PPE: gown, gloves, mask and goggles or facial shield. III. Ensure residents followed guidelines for facial coverings to prevent the spread of infections A. Observations During a continuous observation on 5/6/2020 beginning at 11:21 a.m. the following was observed: - A housekeeper was observed entering a resident room. He did not remind the resident to don a facial covering. - A resident was observed sitting in the hallway outside of her room in her wheelchair. She told the staff walking by that she needed to use the bathroom. The resident was wearing a surgical mask tucked underneath her chin. Staff did not remind the resident to pull up her mask to cover her nose and mouth. - At 11:41 a.m. a certified nurse aide (CNA) was observed entering a resident's room. She did not remind the resident to put on a facial covering. - At 11:52 a.m. a therapist entered a resident's room and provided treatment. The therapist did not remind the resident to put on a facial covering. - At 12:10 p.m. two therapists were observed providing treatment to a resident in the resident's room. The resident was not wearing a facial covering. - At 12:11 p.m. two staff members were observed in a resident's room, in close proximity to the resident. The resident was not wearing a facial covering. B. Staff interviews CNA #1 was interviewed on 5/6/2020 at 12:30 p.m. She said residents should wear a facial covering when outside of their rooms. She said the facility provided surgical masks to all residents. She said she was not aware residents should wear a facial covering when staff entered their room. She said since the facility provided a surgical mask to each resident, staff should remind them to put the mask on when they enter the resident's room. The infection control nurse (ICN) and DON were interviewed on 5/6/2020 at 1:50 p.m. The ICN said each resident was provided a surgical mask upon admission to the facility. She said the residents should wear the surgical mask when leaving their room. She said she was not aware the CDPHE guidelines indicated residents should use a facial covering when staff entered the resident's room. IV. Ensure staff provided hand hygiene to residents prior to meals A. Observations During a continuous observation on 5/6/2020 beginning at 12:15 p.m. the following was observed: - CNA #1 was observed delivering a lunch tray to two residents' rooms. She did not offer the residents hand hygiene prior to their meal. - CNA #1 delivered a lunch tray to a resident. She donned gloves and gave the resident a wet wipe used for peri-care. - CNA #1 entered another resident's room. She delivered the lunch tray to the resident. She donned gloves and gave the resident a wet wipe used for peri-care. B. Staff interviews CNA #1 was interviewed on 5/6/2020 at 12:30 p.m. She said residents should be provided with hand hygiene prior to meals. She said she provided some of the residents with a wipe used for peri-care. She confirmed the packaging on the wipes did not indicate the wipes could be used for sanitization. She said residents should be offered to wash their hands with soap and water or hand sanitizer. The ICN and DON were interviewed on 5/6/2020 at 1:50 p.m. The ICN said each resident should be provided hand hygiene prior to meals. She said the staff were providing cleansing cloths to the resident's prior to meals. She said the cleansing cloths were used during peri-care. She said she was not aware if the cleansing wipes had disinfectant to sanitize the resident's hands. V. Ensure staff sanitized their hands in between glove changes and when leaving a resident room A. Observations During a continuous observation on 5/6/2020</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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1) beginning at 11:21 a.m. the following was observed: - Housekeeper #1 was observed cleaning a resident's room. He donned gloves prior to emptying the trash in the resident's room. He did not use hand hygiene prior to donning the gloves. With the same gloved hands, he pushed the resident's wheelchair to the doorway of the room. He cleaned the handles and arm rest of the wheelchair. He doffed his gloves and donned new ones. He did not use hand hygiene in between glove changes. - A licensed practical nurse (LPN) was observed touching an isolation cart outside the room housekeeper #1 was cleaning. She donned gloves and cleaned the outside of the cart. She did not use hand hygiene prior to donning gloves. - Housekeeper #1 sprayed the bathroom with a disinfectant cleaner. He cleaned the toilet and then used a new rag to wipe down the surfaces of the bathroom. He doffed the gloves and donned new gloves. He did not use hand hygiene prior to donning new gloves. - CNA #1 delivered a lunch tray to a resident's room identified to be under quarantine. She donned gloves and removed the lids of the items on the lunch tray. She did not practice hand hygiene prior to donning gloves. - CNA #1 delivered another lunch tray to a resident, not identified as under quarantine. The resident informed CNA #1 she did not want to eat right then. CNA #1 exited the room. She did not perform hand hygiene prior to exiting the room. - CNA #1 entered a room identified to be under quarantine. She delivered the lunch tray to the resident. She donned gloves and gave the resident a wet wipe used for peri-care. She did not use hand hygiene prior to donning gloves. B. Staff interviews CNA #1 was interviewed on 5/6/2020 at 12:30 p.m. She said hand hygiene should be performed prior to donning gloves and after doffing gloves. She said hand hygiene should be performed when leaving each resident's room and prior to entering another resident's room. The maintenance director (MD) was interviewed on 5/6/2020 at 1:35 p.m. He said hand hygiene should be performed prior to donning gloves and after doffing gloves. He said hand hygiene should be performed in between gloves changes. The ICN and DON were interviewed on 5/6/2020 at 1:50 p.m. The ICN said staff should perform hand hygiene prior to donning gloves and after doffing gloves. She said hand hygiene should be performed in between gloves changes. She said hand hygiene should be performed prior to leaving the resident's room and prior to entering a resident's room.</p>		