

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2020
NAME OF PROVIDER OF SUPPLIER TERRACE GARDENS HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2438 E FOUNTAIN BLVD COLORADO SPRINGS, CO 80910	
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>**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 one of three neighborhoods for one (#5) of eight sample residents. Specifically, the facility failed to: -Ensure that staff wore the appropriate personal protective equipment (PPE) when providing care to a newly admitted resident; and -Ensure appropriate hand hygiene was completed between tasks when providing care to Resident #5. Findings include: I. Improper hand hygiene and use of PPE A. Professional standard The Centers for Disease and Prevention (CDC) Hand Hygiene in Healthcare Settings, last updated 1/31/2020, retrieved from https://www.cdc.gov/handhygiene/providers/index.html, included the following recommendations: Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an alcohol-based hand sanitizer immediately before touching a patient, before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids or contaminated surfaces, and immediately after glove removal. Wash with soap and water when hands are visibly soiled, after caring for a person with known or suspected infectious diarrhea, and after known or suspected exposure to spores. According to the CDC Preparing for Covid-19: Long term Care Facilities, Nursing Homes guidance, dated 4/20/2020, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, the facility should have a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options may include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Residents could be transferred out of the observation area to the main facility if they remained afebrile and without symptoms for 14 days after their exposure (or admission). All recommended PPE should be worn during care of residents under observation. This includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. B. Facility policy and procedure The Managing COVID-19 in your Center policy, dated 4/27/2020, provided by the nursing home administrator (NHA) on 4/29/2020 at 9:53 a.m., read in part, All staff must be meticulous with hand hygiene and the use of PPE. Ensure all employees understand the need for consistent use of personal protective equipment and PPE required for droplet transmission based precautions. C. Observations of isolation unit On 4/29/2020 at 8:46 a.m., the speech therapist (ST) was observed as she provided meal assistance and monitoring to Resident #5, who was recently admitted to the facility on [DATE] and resided on the isolation unit of the facility. The ST wore a surgical mask while on the unit. She performed hand hygiene before she donned a gown and gloves prior to entering the resident's room. She did not don a face shield or protective eyewear. She entered the room and asked the resident to open his mouth and move his tongue from side to side. She then approached the resident's bed and touched the bedding as she looked for the remote to the bed to adjust him to proper positioning to eat his breakfast. She knelt down beside his bed with her hand on the back of his bed. She then adjusted his drinking cups and while doing so, placed her fingers on the drinking surfaces of the cups. She assisted with removing the wrapping from his food. She observed as he ate his meal and then placed her hand on his throat to assess him while he swallowed. She removed her gloves and washed her hands before she exited the room. D. Staff interviews The certified nurse aide (CNA) was interviewed on 4/29/2020 at 8:46 a.m. He was wearing a gown, N95 face mask and face shield while on the unit. He said that all residents on that unit were either newly admitted or readmitted to the unit and therefore were on isolation and droplet precautions due to their unknown status for infectious disease. He said that the PPE he wore and precautions were in place to keep everyone safe. The ST was interviewed on 4/29/2020 at 8:59 a.m. She said that she would perform hand hygiene before putting on her gloves and after she removed them. She said that she wore a surgical mask and gloves as PPE when she provided care to the residents on the isolation unit and would wear a face shield for only certain care procedures. She said that a big part of her work throughout her shift was providing assistance and assessing during resident meals. She said that she did not assist to perform hand hygiene when residents ate in their rooms because it would be difficult for them to get to the sink. The DON was interviewed on 4/29/2020 at 9:15 a.m. She said that on the isolation unit, full droplet precaution PPE should be worn when providing care for residents on that unit including a face shield. Registered nurse (RN) #2 was interviewed on 4/29/2020 at 10:03 a.m. She said she was the infection preventionist for the facility and had provided training to the staff. She said the last training she had provided on PPE use was on 4/28/2020. She said that the residents in the isolation unit were either newly admitted or readmitted to the facility and were pending test results for Covid-19. She said that droplet precautions should be used when care was provided to residents on that unit. She said that hand hygiene should occur between tasks and with the residents prior to each meal and that the facility kept hand wipes on each of the meal carts to promote this.</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.