

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>065303</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BETH ISRAEL AT SHALOM PARK</b>		STREET ADDRESS, CITY, STATE, ZIP <b>14800 E BELLEVIEW DR AURORA, CO 80015</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 - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to implement an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the possible development and transmission of Coronavirus (COVID-19) communicable diseases and infections for two out of six wings. Specifically, the facility failed to: - Have alcohol based hand rub readily available. - Change gloves and perform hand hygiene after cleaning the bathroom, a dirty surface prior to cleaning clean surfaces. - Perform hand hygiene before and after resident care. Findings include: I. Status of COVID-19 in the facility The nursing home administrator (NHA), the director of nursing (DON), the infection preventionist (IP), and executive director (ED) were interviewed on 5/7/2020 at 10:00 a.m. regarding COVID-19 status at the facility. The NHA said they received 50 cloth gowns recently which they were in need of since they were in critical capacity with gowns. She said more were ordered and on the way. The NHA said that there were no test positive for COVID-19 residents in the building. She said they had a resident test positive on March 31, 2020 and recovered by April 21, 2020. She said that one staff member who had not worked in the building since April 2, 2020, still testing positive. She said that staff member was shared with another facility, however as she said before the staff member had not been at the facility since April 2nd. The NHA and the DON said that they were in phone contact with Colorado Department of Public Health and Environment (CDPHE) and TriCounty Health Department (TCHD). The NHA said that they started the communication with CDPHE on March 5, 2020. She said that the reason for starting the communication with CDPHE and TCHD was because a resident 's family had visited and soon after tested positive for COVID-19. They treated the resident as presumptive and implemented isolation precautions. She said the facility implemented strict visitation, hand hygiene, cleaning protocols and the universal wearing of a mask on March 11, 2020 after two local hospitals had positive COVID-19 cases. The ED said that the facility had closed entrance to visitors/vendors before March 8, 2020 when the Governor 's mandate was to close nursing homes to visitors. The IP said she sent the facility's COVID-19 tracking and monitoring information to CDPHE TCHD weekly but would increase communication if the facility had positive COVID-19 cases. The IP said that the resident that had possible exposure from family visit had two negative COVID-19 tests completed. She said that currently they had one presumptive test pending for a resident with a symptom of runny nose. The IP and NHA said that there were television screens on units that showed the Centers for Disease Control's (CDC) guidance on how to don and doff personal protective equipment (PPE). The DON, NHA and IP said that they had enough disposable gowns at this time and did not need to use the cloth gowns, however they had cloth gowns for when it would be necessary to use them. They said that they were reusing goggles. The staff were instructed to clean them between use with bleach wipes. In the isolation rooms the staff were to use the face shields along with the N95 mask which was disposed of after use and before leaving the room. The IP said she provided training to all department personnel about COVID-19 management in the building. She said that included the housekeeping department. She said that the housekeeping department manager did training with the staff as well. She said that they did constant education on the cleaning of high touch surfaces. She said the training included discussion on the appropriate chemical to use during the pandemic. She said the company was able to obtain a chemical that can be sprayed on the surface that required no surface contact time. She said the education included what to do for a resident with a multidrug resistant organism (MDRO) and influenza regarding the type of precautions to take and type of PPE to be used. She said that she provided training every week on hand hygiene which included observing the staff and providing on the spot training. II. Housekeeping A. Professional standard According to the Centers for Disease and Prevention (CDC) Hand Hygiene in Healthcare Settings, last updated 1/31/2020, retrieved from <a href="https://www.cdc.gov/handhygiene/providers/index.html">https://www.cdc.gov/handhygiene/providers/index.html</a>. It read in pertinent part, Multiple opportunities for hand hygiene may occur during a single care episode. Following were 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. When using alcohol-based hand sanitizer (ABHR), put the product on hands and rub hands together. Cover all surfaces until hands feel dry. This should take around 20 seconds. B. Observations On 5/7/2020 at 11:45 a.m. observed a CNA exiting a room, after performing resident care, and walked three rooms away to perform hand hygiene. The ABHR was not readily available to the CNA; the locations of the ABHR dispensers were in the cubbies located in the middle of the six hallways and medication carts. Housekeeper (HSK) #1 was observed on 5/7/2020 at 10:34 a.m., cleaning rooms on the second floor East wing. - She donned gloves and removed the cleaning tote from the housekeeping cart. She attempted to clean a room, but the resident in that room needed to use the bathroom. HK #1 exited the room, returned the tote to the cart, and removed her gloves. She threw the gloves away in the trash but did not perform hand hygiene after removing her gloves. - She pushed the cart down the hall in front of room [ROOM NUMBER]. She donned clean gloves and collected supplies in her plastic tote. - She entered the room and removed a spray bottle of disinfectant from the tote. The tote was on the floor in front of the bathroom. - After cleaning and vacuuming the room she removed her gloves. She donned new gloves, however, she did not perform hand hygiene. - She removed the toilet brush from her tote and scrubbed the inside of the toilet. She placed the toilet brush back into its holder, in the tote, which also held the disinfectant spray bottle and glass cleaner bottle. - She did not change her gloves after cleaning the toilet and began to clean the rest of the bathroom. - She emptied the bathroom trash and disposed of it on her cart. She sprayed the bathroom floor with disinfectant and let it set for two minutes and mopped the floor. She removed the mop pad, from the mop head, placed it in the dirty rag bag, tied the bag shut and placed it on the cart. - She walked back to the room and sprayed the vacuum and the mop handle with the disinfectant spray. She was still wearing the same dirty gloves she cleaned the bathroom. - She removed a white rag, from the rag bag, and wiped down the mop handle. She placed the mop handle back on the cart and put a wet floor sign at the bathroom entrance. She wiped down the vacuum handle, the cord and the base. She cleaned those items with the gloves she used to clean the toilet. - She reached into the clean rag bag and removed the last white rag with the same dirty gloves. She then wiped down everything that was stored in the tote. She failed to clean the outside of the tote which she took from room to room. C. Interviews HSK #1 was interviewed on 5/7/2020 at 11:01 a.m. She said she recently attended hand hygiene training. She said she did not know she had to perform hand hygiene every time she removed her gloves or after cleaning the bathroom. She said she had ABHR in her cleaning cart. The housekeeping manager (HSM) was interviewed on 5/7/2020 at 11:28 a.m. He said he did hand hygiene training a couple weeks prior, to his housekeeping staff. He said ABHR was to be rubbed into the hands for 20 seconds. He said hand hygiene should be performed after removing gloves, after cleaning the bedroom and after cleaning the bathroom. He said he would provide training to his staff immediately on proper hand hygiene. III. Shared equipment A. Observations On 5/7/2020 at 10:40 a.m. observed CNA #1 obtaining vital signs from two different residents sitting in the</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> - Some</p>	<p>(continued... from page 1)</p> <p>common area. The CNA did not perform hand hygiene between physical contact with each resident. At 10:58 a.m. observed CNA #2 obtaining vital signs for a resident in their room in hallway 200 West side. She then assisted that resident by handing the resident the television remote and their personal water pitcher. The CNA left the room and went into the room next door and obtained vital signs on that resident without performing hand hygiene after physical contact with the residents. B. Interviews CNA #1 was interviewed on 5/7/2020 at 10:45 a.m. She stated she used hand sanitizer or washed her hands with soap and water before providing care to residents. The DON and the IP were interviewed on 4/7/2020 at 11:45 a.m. They stated that all staff were educated on hand washing or use of hand sanitizer before and after all resident care. They said to ensure staff compliance they would provide more ABHR dispensers throughout the building. They said that they would provide staff with personal containers of hand sanitizer.</p>		