

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 06A172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2020
NAME OF PROVIDER OF SUPPLIER PARK FOREST CARE CENTER, INC.		STREET ADDRESS, CITY, STATE, ZIP 7045 STUART ST WESTMINSTER, CO 80030	
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>Based on record review, observations and interviews the facility failed to follow infection control procedures to prevent the spread of infectious diseases such as COVID-19. Specifically, the facility failed to ensure Employees and visitors were fully screened for all signs and symptoms of COVID-19; and Residents were wearing or encouraged to wear masks when out of their rooms. Findings include I. Employee and visitor screening A. Reference According to the Colorado Department of Public Health and Environment (CDPHE) COVID-19 Preparation and Rapid Response Checklist for long term care facilities, updated 4/24/2020, All staff should be screened at the beginning of their shift for fever (take temperature) and symptoms (cough, shortness of breath, difficulty breathing, fever, chills, rigors, myalgia, headache, sore throat, new olfactory (smell) and taste disorders; consider also rhinorrhea, diarrhea, nausea, and vomiting). B. Facility policy The facility COVID-19 policy, procedure and plan dated 5/1/2020 was provided by the nursing home administrator (NHA) on 5/8/2020, it read in pertinent part: The facility follows current guidelines and recommendations for the prevention and control of COVID-19. All staff has their temperature checked and complete COVID-19 screening questions prior to starting their shift on the floor. C. Record review Staff screening sheets from 5/1/2020 to 5/7/2020 were reviewed and revealed two different screening logs were used to screen staff prior to working their shift. One screening sheet was dated 3/11/2020 and only included four symptoms (fever, cough/sneezing, shortness of breath, and sore throat). The sheet included a line for a signature of the staff member who screened the employee to verify the information. The second screening sheet was undated and appeared to be updated to include all of the possible symptoms. The second screening sheet did not include a line for a verification signature. Two hundred and eighty screening forms for staff were reviewed from the dates 5/1/2020 - 5/7/2020, 82 of the screening forms were recorded on the original form which only screened for four symptoms, eight screenings did not include a temperature reading, and 216 did not include a verification sign off from another staff member. D. Interview On 5/8/2020 at 10:00 a.m. the NHA, director of nursing (DON), and assistant director of nursing (ADON) were interviewed and stated the second form/updated form was developed and implemented for use for employee screening on 5/1/2020. Prior to 5/1/2020 the original form dated 3/11/2020 was used. The DON stated staff must have found copies of the original form and used them even though the newer form should have been used. The DON stated there should be a temperature reading on each of the forms as well as a sign off by another staff member to verify the information so staff were not screening themselves. The ADON stated she reviewed the forms every day to ensure staff screenings were being completed appropriately and that no staff members were experiencing symptoms or working in the facility while ill. The ADON stated she did not realize there were missing temperatures or missing verification signatures. She stated the original screening form should not have been used after 5/1/2020. II. Resident mask use A. Reference According to the Colorado Department of Public Health and Environment (CDPHE) COVID-19 Preparation and Rapid Response Checklist for long term care facilities, updated 4/24/2020, If residents must leave their room, they should perform hand hygiene, limit their movement within the facility, wear a cloth face covering, and perform social distancing (stay at least six feet away from others). B. Facility policy The facility COVID-19 policy, procedure and plan dated 5/1/2020 was provided by the nursing home administrator (NHA) on 5/8/2020, it read in pertinent part: The facility follows current guidelines and recommendations for the prevention and control of COVID-19. Residents are offered a cloth face mask to wear. Verbal reminders are given to residents by staff as needed. Residents are encouraged by staff to wear a cloth mask and performing hand hygiene when leaving their room. C. Observations On 5/7/2020 at 10:23 a.m. a resident was observed walking in the hallway with a walker, she was not wearing a face mask. At 10:30 a.m. a resident was observed sitting in the dining room napping in a chair, he was not wearing a face mask. At 11:00 a.m. the north unit sitting area was observed to have six residents sitting in chairs and one resident in a wheelchair, the outside courtyard area was observed to have six more residents, none of the residents were wearing masks. Staff were observed to be passing medications and obtaining lunch orders. No staff were observed to offer face masks or encourage the use of face masks to any of the residents who were out of their rooms. At 11:15 a.m. the south units were observed. Eight residents were observed to be out of their rooms, sitting in common areas or walking around the unit and no residents were wearing face masks. Staff were observed to be interacting with the residents, passing medications and obtaining lunch orders. No staff were observed to offer face masks or encourage the use of face masks. D. Interview On 5/7/2020 at 11:45 a.m. the NHA, DON, and ADON were interviewed. They stated face masks were available for resident use and staff had been instructed to offer masks to residents as well as encourage the use of face masks when out of their rooms. The NHA stated most of the residents in the facility refused to wear a mask, though the staff should continue to offer and encourage them whenever possible.</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.