

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>06A171</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GOOD SAMARITAN SOCIETY SIMLA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>320 PUEBLO AVE SIMLA, CO 80835</b>	
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)		
<p>F 0880</p> <p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Many</b></p>	<p><b>Provide and implement an infection prevention and control program.</b> **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 staff performed proper hand hygiene during incontinent care for Resident #1; -Ensure residents followed guidelines for facial coverings to prevent the spread of infections; -Ensure resident hand hygiene was performed prior to meals; and -Ensure hand hygiene supplies -- alcohol based hand rub (ABHR) and access to sinks with soap and water -- were readily available. Findings include: I. Professional references According to the COVID-19 Focused Survey for Nursing Homes, 3/20/2020, page 2, staff should assist residents to perform hand hygiene after toileting and before meals. According to the Centers for Disease Control and Prevention (CDC) website, Preparing for COVID-19: Long-term Care Facilities, Nursing Homes: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a> (retrieved 6/2/2020). Provide supplies necessary to adhere to recommended infection prevention and control practices. Hand Hygiene Supplies: Put alcohol-based hand sanitizer with 60-95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym). Unless hands are visibly soiled, an alcohol-based hand sanitizer is preferred over soap and water in most clinical situations. Make sure that sinks are well-stocked with soap and paper towels for handwashing. Implement Source Control Measures: Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. According to the COVID-19 Preparation and Rapid Response: Checklist for Long-Term Care Facilities, 5/13/2020, 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 rooms. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. II. Hand hygiene during incontinent care A. Resident #1 status Resident #1, age 93, was admitted on [DATE]. According to the May 2020 computerized physician orders [REDACTED]. The 4/13/2020 minimum data set (MDS) assessment revealed the resident had severe cognitive impairment with a brief interview for mental status (BIMS) score of two out of 15. The resident was always incontinent of bowel and bladder and required total assistance of two people for toileting and total assistance of one person for personal hygiene. B. Observations On 5/20/2020 at 12:51 p.m. certified nurse aide (CNA) #1 and CNA #2 were observed providing incontinent care for Resident #1. CNA #1, wearing gloves, assisted the resident to pull his pants down around his knees while lying on the bed. Resident #1's adult brief was removed and discarded in the trash, then the CNA used disposable wipes to clean the resident's buttocks and peri-area. Without changing her gloves or doing hand hygiene, she then applied a clean brief on the resident. She removed her gloves, did not perform hand hygiene, and assisted the resident to pull his pants back up around his waist. She pulled the covers on the bed up over the resident and touched the bed control to lower the bed. CNA #1 then pulled the privacy curtain across the room and went to the sink to wash her hands. On 5/20/2020 at 12:55 p.m. CNA #2, wearing gloves, grabbed the trash bag out of the trashcan, opened the door and walked out of the room wearing her gloves down the hallway. C. Staff interviews CNA #1 was interviewed on 5/20/20 at 1:00 p.m. She said the staff were receiving most of their education via the internet by Zoom or Skype. She said hand hygiene should be performed before and after putting on gloves. The director of nursing (DON) was interviewed on 5/20/2020 at 1:30 p.m. She said gloves should be changed with hand hygiene performed after providing incontinent care to the resident and before touching any clean surfaces such as the clean adult brief, clothing and linens. III. Face mask use A. Observations The following observations were made on 5/20/2020: -At 11:14 a.m. a resident was in front of the nurse's station in the hallway with no mask on. -At 11:15 a.m. a staff member was sitting next to a resident in the hallway. The resident was not wearing a facial covering. -At 11:16 a.m. a resident was sitting in the hallway in front of a television. She was not wearing a facial covering. -At 11:20 a.m. an activity staff member was doing exercises with five residents in the hallway. The residents were approximately six feet apart, however none of them were wearing facial coverings. -At 11:27 a.m. a male resident wheeled himself down the hallway to the main entrance. He was not wearing a facial covering. B. Resident interviews The male resident wheeling himself down the hallway was interviewed on 5/20/2020 at 11:27 a.m. He said he had been offered a facial mask just prior to leaving his room but the facility had not recommended or offered any facial coverings before that. C. Staff interviews CNA #1 was interviewed on 5/20/2020 at 11:40 a.m. She said the residents did not wear face masks, only the staff. The DON was interviewed on 5/20/2020 at 1:30 p.m. She said all the residents had been offered face masks but most of them did not want to wear them. IV. Hand hygiene prior to meals A. Observations On 5/20/2020 from 11:40 a.m. until 12:10 p.m., staff (CNA #1, CNA #2, and CNA #3) were observed serving lunch trays to the residents in their rooms or right outside the doorway in the hall. The staff did not assist the residents with hand hygiene prior to providing their meals. B. Staff interview CNA # 2 was interviewed on 5/20/2020 at 12:09 p.m. She said the residents should all have hand hygiene offered when their meal tray was delivered. She said this would help prevent the spread of infection. V. Availability of hand hygiene supplies A. Observations On 5/20/2020 observations made throughout the facility revealed only one ABHR dispenser was available on each hallway. Most of the residents did not have ABHR dispensers available in their rooms or outside the rooms as recommended by the CDC. Observations of the sinks in some of the residents' rooms were blocked by personal items, including recliners, making it difficult for the staff to have access to the sink to perform hand hygiene. The staff, instead, had to leave the resident's room to walk down the hallway to the ABHR dispenser. B. Staff interviews CNA #3 was interviewed on 5/20/2020 at 11:41 p.m. She said it was difficult to wash her hands in some of the residents' sinks so she had to go down the hall to the ABHR dispenser. She said it would be ideal to have it available in more places. The DON was interviewed on 5/20/2020 at 1:30 p.m. She said ABHR should be available in all of the residents' rooms and throughout the facility common areas.</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.