

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Boulder Canyon Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 4685 Baseline Rd Boulder, CO 80303	

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>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51916</p> <p>Based on observations, record review and interviews, the facility failed to maintain an infection control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of disease.</p> <p>Specifically, the facility failed to:</p> <ul style="list-style-type: none"> -Follow transmission-based precautions when entering and exiting droplet precaution rooms; and, -Ensure vital signs machines were sanitized between each use to prevent the spread of infection. <p>Findings include:</p> <p>I. Failure to follow transmission-based precautions when entering and exiting droplet precautions rooms</p> <p>A. Professional reference</p> <p>The Centers for Disease Control and Prevention (CDC) Viral Respiratory Pathogens Toolkit for Nursing Homes, revised 1/8/25, was retrieved on 3/10/25 from https://www.cdc.gov/long-term-care-facilities/hcp/respiratory-virus-toolkit/index.html#:~:text=HCP%20who%20enter%20the%20room,i.e.%2C%20goggles%20or%20a%20face.</p> <p>It revealed in pertinent part, HCP (healthcare personnel) who enter the room of a resident with signs or symptoms of an unknown respiratory viral infection that is consistent with SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved (National Institute for Occupational Safety and Health) particulate respirator with N95 filters or higher, gown, gloves, and eye protection (goggles or a face shield that covers the front and sides of the face). This PPE can be adjusted once the cause of the infection is identified.</p> <p>B. Facility policy and procedure</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Infection Control policy, last updated October 2022, was provided by the nursing home administrator (NHA) on 3/6/2025 at 6:56 p.m. It read in pertinent part, Transmission-based precautions are the second tier of basic infection control and used in addition to Standard Precautions for patients who are or may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.</p> <p>Standard precautions apply to the care of all residents regardless of suspected or confirmed infection or colonization status and include proper selection and use of PPE (gowns, gloves, facemasks, respirators, and eye protection) based on predictive interactions between staff and resident and the potential for blood, body fluids or pathogens, hand hygiene, safe injection practices, respiratory hygiene and cough etiquette, environmental cleaning and disinfection, and reprocessing of reusable medical equipment.</p> <p>Droplet precautions are used for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking (this includes influenza and COVID-19). Precautions include implementing source control by placing a mask on the patient, ensure appropriate patient placement in a single room if possible (in long term care make decisions on a case-by-case basis considering infection risks to other patients in the room and available alternatives), use PPE appropriately (don mask, and eye protection if indicated, upon entry into the patient room or patient space), and limit transport and movement of patients outside of the room for medical purposes (if necessary, instruct the resident to wear a mask and use proper respiratory hygiene and cough etiquette).</p> <p>Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room.</p> <p>C. Observations</p> <p>During a continuous observation on 3/3/25, beginning at 9:35 a.m. and ending at 10:30 a.m. the following was observed:</p> <p>At 9:35 a.m. licensed practical nurse (LPN) #1 donned (put on) a gown, eye protection and gloves before entering room [ROOM NUMBER] to administer medications. There was a sign that indicated the resident in room [ROOM NUMBER] was on droplet precautions and a personal protective equipment (PPE) bin outside the door. She was wearing a N95 mask.</p> <p>At 9:40 a.m. LPN #1 exited room [ROOM NUMBER] with her gown, gloves, and mask on. She no longer had her eye protection or gloves on. She washed her hands in the common area then went to her medication cart where she doffed (removed) her gown and placed it in the overflowing medication cart trash bin. She then performed hand hygiene. She did not remove her N95 when she then began gathering and administering medications for other residents who were not COVID-19 positive.</p> <p>At 10:23 a.m. certified nursing assistant (CNA) #1 stood outside of resident room #506. There was a sign on the door that indicated the resident was on droplet precautions. CNA #1 donned a gown and gloves. She removed her surgical mask and placed it on the PPE bin outside the door and put on a N95 mask. CNA #1 did not put on a face shield or goggles prior to entering the room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 10:26 a.m. while in resident room [ROOM NUMBER], CNA #1 opened the door, removed her gloves, gown and mask while still in the room and put them in a trash bin in the room. The resident in the room had a productive cough (cough that produces mucous). She performed hand hygiene, exited the room and put the surgical mask that she had placed on the PPE bin back on.</p> <p>At 10:25 a.m. an unidentified nurse practitioner (NP) entered room [ROOM NUMBER] after applying a gown and gloves. The NP put an N95 on over her surgical mask. She did not apply eye protection.</p> <p>At 1:18 p.m. CNA #2 applied a gown and gloves before entering room [ROOM NUMBER] (a droplet precautions room). She did not apply eye protection and kept her surgical mask on. She performed hand hygiene and exited the room. She continued wearing the same surgical mask.</p> <p>B. Staff interviews</p> <p>LPN #1 was interviewed on 3/3/25 at 10:10 a.m. LPN #1 said that after she exited room [ROOM NUMBER], she did not remove her gown while in the room because there was not a separate receptacle in the room for PPE. She said she did not want to throw it in the trash bin near the resident so she chose to throw it in the medication cart trash.</p> <p>LPN #1 said that, when doffing PPE, she was taught to remove her gloves, eye protection or face shield and gown in the room and the N95 mask once she exited the room. She said she would ensure a PPE trash receptacle would be available for dirty PPE in the resident's room.</p> <p>CNA #2 was interviewed on 3/3/25 at 1:20 p.m. CNA #2 said, to prevent the transmission of infection, all PPE was applied before entering a droplet precaution room and removed before leaving the room except for her mask. She said the mask was removed outside of the room.</p> <p>-However, she did not apply a mask when entering and exiting a droplet precaution room (see observations above).</p> <p>The director of nursing (DON) was interviewed on 3/3/25 at 2:44 p.m. The DON said the staff were expected to don PPE before they entered an isolation room. The DON said if a resident was on droplet precautions , the staff were expected to don a N95 mask, face shield or goggles, gown and gloves. She said that before they exited the room, they were expected to take off their PPE in no particular order. She said the staff needed to ensure it was removed immediately after performing care, except the N95 mask which should remain on until they exit the room.</p> <p>The DON said she provided LPN #1 education today (3/3/25) regarding donning and doffing PPE for droplet precautions. The DON said LPN #1 said she was nervous and did not want to get in trouble taking the used gown out with the resident's trash so she chose to remove it when at the medication cart.</p> <p>The DON said the staff should throw away the N95 once they exited a droplet precaution room. The DON said when COVID-19 first emerged masks were being reused due to supply shortages. She said an inservice was held last week about PPE use. She said the staff were told that there was enough supplies to not have to reuse any of it.</p> <p>The DON said that staff should not apply N95s over surgical masks because it did not provide an adequate seal to protect the mouth and nares. She said she would provide the NP with training.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>II. Failure to clean vital sign machines between uses</p> <p>A. Professional reference</p> <p>According to the CDC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, last updated September 2024, retrieved on 3/10/25 from https://www.cdc.gov/infection-control/hcp/isolation-precautions/index.html</p> <p>It revealed in pertinent part, Noncritical equipment (including medical equipment used on residents'skin but not exposed to the bloodstream or other orifices) must be thoroughly cleaned and disinfected before use on another patient. All such equipment and devices should be handled in a manner that will prevent healthcare workers (HCW) and environmental contact with potentially infectious material. In all healthcare settings, providing patients who are on Transmission-Based Precautions with dedicated noncritical medical equipment has been beneficial for preventing transmission. When this is not possible, disinfection after use is recommended.</p> <p>According to the CDC Recommendations for Disinfection and Sterilization in Healthcare Facilities, revised 12/7/23, retrieved on 3/10/25 from https://www.cdc.gov/infection-control/hcp/disinfection-sterilization/summary-recommendations.html.</p> <p>It revealed in pertinent part, Perform low-level disinfection for noncritical patient-care equipment that touch intact skin. Disinfect noncritical medical devices with an environmental protection agency (EPA)-registered hospital disinfectant using the label's safety precautions and use directions. Most EPA-registered hospital disinfectants have a label contact time of 10 minutes. However, multiple scientific studies have demonstrated the efficacy of hospital disinfectants against pathogens with a contact time of at least one minute. By law, all applicable label instructions on EPA-registered products must be followed.</p> <p>Ensure that, at a minimum, noncritical patient-care devices are disinfected when visibly soiled and on a regular basis (such as after use on each patient or once daily or once weekly).</p> <p>B. Facility policy and procedure</p> <p>The Cleaning and Disinfection of Resident Care Equipment policy, revised in December 2024, was provided by the NHA on 3/6/25 at 6:56 p.m. It read in pertinent part, It is the policy of the facility that when staff is utilizing equipment for resident care to clean and disinfect resident care equipment, such as vital signs equipment, in between each resident use.</p> <p>Only approved cleaning products may be used and cleaning products manufacturers' recommendations will be followed in the cleaning and disinfection of equipment. Preferred cleaning methods available include Bleach wipes and Sani wipes. Please follow manufacturers' recommendations on dwell times for each wipe. To disinfect, if needed, use a properly mixed approved disinfectant and a clean cloth, wiping all surfaces.</p> <p>C. Observations and interviews</p> <p>At 12:20 p.m. CNA #1 was walking out of room [ROOM NUMBER] with the vital signs machine.</p> <p>(continued on next page)</p>		

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