

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065403	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER CENTER AT LINCOLN LLC		STREET ADDRESS, CITY, STATE, ZIP 12230 LIONESS WAY PARKER, CO 80134	
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 - Few	<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 two floors. Specifically, the facility: -Failed to ensure staff wore personal protective equipment (PPE) while providing care to a resident in isolation. Findings include: I. CDC recommended guidelines Centers for Disease Control, Preparing for COVID-19 in Nursing Homes, Updated May 19, 2020, https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. Depending on the prevalence of COVID-19 in the community, this might 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. HCP should wear 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 when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. II. Observation On 6/23/2020 at 10:26 a.m. certified nurse aide (CNA) #1 was observed in room [ROOM NUMBER] assisting a resident put on a gown for an appointment outside of the facility. room [ROOM NUMBER] was an isolation room for a new admission. The dates of isolation were 6/6/2020 to 6/29/2020. CNA #1 did not have on gloves, a gown, a second mask, or eye protection. CNA #1 left the room at 10:29 a.m. to refill a portable oxygen tank, returned back to the room with the portable oxygen tank refilled and did not put on PPE upon entering the room again. CNA #1 and the resident left the room at 10:35 a.m. and went to the nurses station. CNA #1 said the resident was on isolation for 14 days for being a new admission. CNA #1 said she did receive training on PPE use for isolation rooms. CNA #1 said she did receive training on new admission isolation requirements. CNA #1 said she did not wear goggles, a gown, gloves, or a double mask in the isolation room. CNA #1 said the facility did not have a shortage of PPE. II. Interview The director of nursing (DON) was interviewed on 6/23/2020 at 1:06 p.m. She said the required PPE for isolation rooms were gowns, gloves, a second mask over the first one (to be removed when leaving the room and discarded), and eye protection. She said CNA #1 should have worn the required PPE for the protection of the resident, other residents and staff each time she entered the room. She said the resident was placed on a 14 day quarantine for being a new admission. She said CNA #1 went to her and told her she did not wear the required PPE. She said she completed PPE audits daily on random halls for isolation room PPE. She said if she saw a staff member not wearing the correct PPE she would provide more education on the importance of wearing the correct PPE.</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.