

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065324	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2020
NAME OF PROVIDER OF SUPPLIER FRASIER MEADOWS HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 4950 THUNDERBIRD DR 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)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, record review and interviews, the facility failed to ensure infection control practices were established and maintained to provide a safe, sanitary and comfortable environment to help prevent the possible development and transmission of Coronavirus (COVID-19) and other communicable diseases, and infections. Specifically, the facility failed to: -Provide hand hygiene opportunities for residents; -Ensure proper social distancing guidelines were followed. Findings include: I. Facility policies/education The Staff Hand Hygiene document from the facility's Covid-19 Manual was provided via email by the nursing home administrator (NHA) on 4/15/2020. It read in part, When you are assisting residents, remember to perform hand hygiene with the resident after toileting and before and after meals. A document titled Updates to Covid-19 Requirements dated 3/14/2020 was provided via email by the nursing home administrator (NHA) on 4/15/2020. It read in part, We are no longer able to have communal dining in the dining rooms, so the residents will be provided room trays beginning with dinner this evening. Residents who have swallowing problems or need to be assisted at meals, may eat in the dining room as long as there are not more than 5 residents. The residents should sit at least 6 feet apart and you may assist these residents in the dining room. A document titled Minutes from March's House Meeting held 3/17/2020 and 3/18/2020 was provided via email by the nursing home administrator (NHA) on 4/15/2020. It read in part, Wash your hands and our resident's hands often. Use hand sanitizer and remind everyone to keep their hands away from their face, mouth and nose. Residents and staff are asked to maintain social distancing. This means residents should remain in their room until further notice. II. Failure to provide hand hygiene opportunities for residents A. Observations On 4/15/2020 at 11:21 a.m. Resident #2 was brought to the dining room for lunch. The resident had been playing cards and dominoes prior to being brought to the dining room. The resident was not offered the opportunity to perform hand hygiene prior to being left at the table. After being served her lunch, Resident #2 was observed picking up a sweet potato with her fingers, eating it, and then licking her fingers. At 11:25 a.m. an unidentified resident, who had been looking out a window in the dining room, was brought over to a table for lunch. The resident was not offered the opportunity to perform hand hygiene prior to eating. At 11:28 a.m. certified nursing aide (CNA) #2 gave Resident #1 her meal and set her up to eat her lunch. The CNA did not offer the resident the opportunity to perform hand hygiene prior to eating. The resident was observed to pick up a piece of food with her fingers and eat it. At 11:37 a.m. CNA #1 assisted Resident #3 from a couch in the common area to a chair. The CNA placed an overbed table in front of the resident. Resident #6 was not offered the opportunity to perform hand hygiene prior to eating. The resident was observed eating grapes with her fingers. At 11:48 a.m. Resident #3 was served a salad. She was observed picking up some carrots out of the salad with her fingers, and then licking her finger. At approximately 12:00 p.m. CNA #1 brought Resident #4 her lunch meal. The CNA #1 did not offer the resident the opportunity to perform hand hygiene prior to eating. B. Interviews The director of nursing (DON) was interviewed on 4/15/2020 at 1:00 p.m. She said that all residents should be offered the opportunity to perform hand hygiene prior to eating. The DON was interviewed a second time on 4/21/2020 at 10:30 a.m. The DON said one on one training has been given to staff in regards to washing resident hands before the meals. III. Failure to ensure proper social distancing guidelines were followed A. Observations On 4/15/2020 at 10:52 a.m. three residents were observed in a common area. Two of the residents were not six feet apart. RN #1 also observed and was observed to assist one of the residents further away from the other. At 11:30 a.m. , two residents were observed eating lunch at a round table in the dining room on Gardenia Lane. A CNA and registered nurse (RN) #2 were observed in the dining room. RN #2 was sitting at the round table which was approximately 60 inch round table. The two residents at the round table were not seated six feet apart from one another. A square table was observed to have two residents sitting at the table, however, they were not six feet apart. RN #2 was notified and was observed to assist the residents to another open table. B. Interviews RN #1 was interviewed on 4/15/2020 at 10:52 a.m. She said that residents should be six feet apart from one another. The director of nurses (DON) was interviewed on 4/15/2020 at 1:00 p.m. The DON said She said that there was a large round table in the dining room that they were allowing residents to eat meals at. She said that education on social distancing had been given to staff, however not to specific tables.</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.