

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065294	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2020
NAME OF PROVIDER OF SUPPLIER LAMAR ESTATES, LLC		STREET ADDRESS, CITY, STATE, ZIP 205 SOUTH 10TH STREET LAMAR, CO 81052	
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 properly maintain an infection control program designed to prevent the spread of COVID-19 in two of two neighborhoods. Specifically, the facility failed to cancel communal dining. I. Professional reference The Center for Disease Control (CDC), Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs) (4/30/2020), https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html, Prevent spread of COVID-19: Actions to take now: -Cancel all group activities and communal dining. -Enforce social distancing among residents. -Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. -Ensure all HCP wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required. II. Observations and interviews On 5/4/2020 at 11:15 a.m. in the dining room were 14 residents waiting for lunch. Dietary aides were asking the residents for their lunch choices. Dietary aide (DA) #1 was interviewed at 11:17 a.m. She said residents eat in the dining room, because it was their choice and no one could make them eat in their room. She said all the residents were spaces six feet apart during the meal. The nursing home administrator (NHA) said the residents refused to cancel communal dining. She said eight residents agreed to eat in their room. III. Interviews The NHA and director of nursing (DON) were interviewed on 5/4/2020 at 12:25 p.m. They said the residents became upset when asked if they wanted to stop communal dining. The NHA said it would be a struggle to force residents to eat in their rooms.</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.