

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>065360</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FOWLER HEALTH CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>221 2ND ST FOWLER, CO 81039</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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p><b>Provide and implement an infection prevention and control program.</b></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 four of four halls. Specifically, the facility: -Failed to cancel communal dining. Findings include: I. CDC recommended guidelines The Center for Disease Control (CDC), Key Strategies to Prepare for COVID-19 in Long-termCare Facilities (LTCFs) (4/30/2020), <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html</a>. 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 5/6/2020 at 8:45 a.m. 12 residents were observed sitting in the dining room finishing breakfast. III. Staff interviews Dietary aide (DA) #1 was interviewed on 5/6/2020 at 10:00 a.m. She said the facility had communal dining. She said the facility assigned one resident per table. The nursing home administrator (NHA) was interviewed on 5/6/2020 at 10:15 a.m. She said she had separated the dining room tables by six feet, but did not know communal dining had been stopped by the CDC. She said she would provide education to the dietary staff and the residents on the changes.</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.