

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>065235</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PIONEER HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>900 S 12TH ST ROCKY FORD, CO 81067</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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b>  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 buildings. Specifically, the facility failed to ensure social distancing for residents in social areas. Findings include: I. CDC recommended guidelines The Center for Disease Control (CDC), Key Strategies to Prepare for COVID-19 in Long-term Care 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> . It read in pertinent part, Prevent spread of COVID-19: Actions to take now: Cancel all group activities and communal dining. A. Observations and interviews On 5/7/2020 at 9:45 a.m. two residents were observed in the south building television room sitting next to each other. At 10:40 a.m. two residents were sitting in the west dining room directly back to back for 20 minutes without being redirected to social distance. Three staff were in the nurses station next to the dining room within line of sight, and three staff were in the junction of the dining room and the nurses station in line of sight of the dining room during the observation. At 11:35 a.m. in the south building were two residents observed sitting at a table approximately one to two feet apart with certified nurse aide (CNA) #1. At 11:42 a.m. CNA #2 brought another resident to the table and placed him in front of CNA #1. The resident was not six feet away from the other two residents. B. Staff interviews The director of nursing (DON), nursing home administrator (NHA), assistant DON (ADON), and the infection control preventionist (ICP) were interviewed on 5/7/2020 at 11:50 a.m. - The DON said she was in the area at 10:40 a.m. with the two residents in the dining room sitting next to each other. She said the residents always sat there and it would be difficult to move them. She said she did not see any staff ask them to separate. She said the tables were not moved six feet apart. - The NHA said the facility had placed blue tape on the floor to identify six feet apart areas. - The NHA and DON agreed the residents should have been asked or redirected to social distance. - The DON said she was in the area in the south building when CNA #2 brought the third resident to the table with the first two residents and CNA #1. She said the residents should have been socially distanced. - The NHA said CNA #2 should have encouraged social distancing.		
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.