

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 325062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER SIERRA HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1400 NORTH SILVER STREET T OR C, NM 87901	
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	Provide and implement an infection prevention and control program. Based on observation and interview, the facility failed to follow proper infection control practices for safeguarding resident from COVID-19, when they failed to space out residents in the secure unit's (Memory Care Unit) dining/activity room for social distancing (effort to keep at least 6 feet away from others) for 9 (R #1, R #2, R #3, R #4, R#5, R #6, R #7, R #8, & R #9) of 9 (R #1, R #2, R #3, R #4, R#5, R #6, R #7, R #8, & R #9) residents seen in the dining/activity room. This deficient practice could likely result in residents becoming exposed to or becoming ill from COVID-19. The findings are: A. On 06/25/20 at 1:30 PM, during an observation of the Memory Care unit dining room, 6 residents (R #1, R #2, R #3, R #4, R #5, & R#6) were observed to be sitting at one table. The table was approximately 8 foot by 4 foot and the residents were sitting within 3 feet of each other. There were 3 additional residents (R #7, R #8, & R #9) surrounding another table (that was approximately 4 feet in diameter) and no staff were present. B. On 06/25/20 at 1:35 PM, during an interview, LPN #3 confirmed that the residents were not socially distanced with 6 residents at the largest table and another 3 at a round table. LPN #3 stated that they usually have only 3 people at the largest table since it is one of the larger tables in the dining room. C. On 06/26/20 at 8:45 AM, during the exit interview, the Chief Operating Officer confirmed the residents in the secured unit were not sitting at the dining tables with at least 6 feet between them.		

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.