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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035073 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/21/2020 |
| NAME OF PROVIDER OF SUPPLIER SANTA RITA NURSING & REHABILITATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP 150 NORTH LA CANADA DRIVE GREEN VALLEY, AZ 85614 | |
| 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, facility documentation, staff interviews, review of the Center for Disease Control (CDC) recommendations and policies and procedures, the facility failed to ensure infection control standards were maintained. The deficient practice could result in the spread of infection, including COVID-19 to residents and staff. Findings include: An entrance conference was conducted with the Director of Nursing (DON/staff #97) and the Director of Operations (staff #140) on July 22, 2020 at 9:45 a.m. The DON stated that there were currently no COVID-19 positive residents in the facility. Staff #97 stated staff are tested weekly for COVID-19 and that no staff have tested positive for COVID-19. The DON also stated that no staff and no residents are suspected of being COVID-19 positive. Regarding screening Review of the facility's screening documentation revealed staff/visitor screening temperature logs that contained documentation of temperatures. However, no evidence was presented that staff/visitors were asked about COVID-19 symptoms. On July 22, 2020 at 10:50 a.m., an interview was conducted with a Registered Nurse (RN/staff # 88). Staff #88 stated vendors/essential workers enter the facility through front lobby and are screened in the lobby. The RN stated staff enters the facility through a side entrance. The RN further stated staff temperature are obtained on the unit at the nurses' station. An interview was conducted on July 22, 2020 at 12:05 p.m. with an activity staff (staff #121). Staff #121 stated that employees are taking their own temperature and are recording it twice a day. Staff #121 stated that she was aware that there is going to be a change next week where staff will be coming in the front entrance and will be screened there. Staff #121 stated no specific questions are asked just the temperature. In an interview conducted with the receptionist (staff #119) on July 22, 2020 at 12:10 p.m., staff #119 stated vendors/essential workers are screened when they enter the facility. She said the vendor/essential workers are asked if they have a cough, sneezing, headache, sore throat, nausea, loss of smell or taste, and if they have traveled out of the country in the past 14 days. Staff #119 stated then their temperatures are obtained. She said that if they have a fever or they answer yes to any of the questions, the DON or Infection Control Perfectionist (ICP/staff #88) would be notified. Staff #119 stated the DON or the ICP would conduct further screening to determine if the person should be allowed enter the facility. Staff #119 also stated that before the receptionist reports for work, staff screen themselves on the unit. During an interview conducted with the DON on July 22, 2020 at 12:38 p.m., the DON stated the staff are aware of the screening questions and symptoms consistent with COVID-19. She stated the staff knows to report any symptoms consistent with COVID-19 to the her, the manager, or the ICP. She also stated the only thing documented are staff temperatures. The DON stated vendors/essential workers are screened in the front lobby but all that is documented are their temperatures. She further stated that if the temperature was documented, the screening questions were asked. She also stated that if the vendors/essential workers had answered yes to any of the screening questions, they would not have been allowed to enter the facility to have their temperature taken. Review of the facility's policy Disease Prevention and Control revised March 2020 revealed the facility shall maintain a disease prevention and control program in concert with the guidelines of CDC designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. The policy stated that before entering the facility, each individual, including staff, visitors, and any other individuals, is screened for fever or respiratory symptoms indicative of a communicable disease. Review of the CDC's Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 states all healthcare personnel (including ancillary staff such as dietary and housekeeping and consultant personnel) are screened at the beginning of their shift for fever and symptoms of COVID-19 (actively record their temperature and document that they do not have a fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell). Review of the CDC guidance titled Preparing for COVID-19 in Nursing Homes updated June 25, 2020 states to screen all healthcare personnel (HCP) at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. Fever is either measured temperature greater than 100.0 degrees Fahrenheit or subjective fever.</p> <p>Regarding transporting residents During an observation conducted on the non-COVID-19 unit on July 21, 2020 at 10:15 am, a Certified Nursing Assistant (CNA/staff #27) was observed transporting a resident to a shower room. The resident was not wearing any type of face covering/face mask. At 10:40 am, staff #27 was observed transporting the resident back to her room. The resident was wearing a face mask. An interview was conducted with staff #27 on July 21, 2020 at 10:42 a.m. Staff #27 stated residents are to wear face masks when they were out of their rooms. The CNA also stated that the resident she was transporting to the shower room was not wearing a face mask. In an interview conducted with the Director of Nursing (DON/staff #97) on July 21, 2020 at 1:35 p.m., the DON stated residents are to wear face masks when they were out of their rooms. Review of the facility's policy COVID-19 revealed all staff upon entering the facility are to wear a face mask at all times. The policy did not address if or when residents should don face masks. The facility's policy titled Disease Prevention and Control revised March 2020 revealed a resident found to have a fever or respiratory symptoms indicative of a communicable disease will be kept at a distance of at least six feet from other residents, or if not possible to keep the resident at a distance from other residents, will be required to wear a facemask. Per the CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. Regarding Blood Glucose Testing During an observation conducted on the non-COVID unit on July 21, 2020 at 11:00 a.m., a Licensed Practical Nurse (LPN/staff #40) was observed preparing to obtain a resident's blood glucose level. Staff #40 wiped down her medication cart, sanitized her hands with ABHR (Alcohol Based Hand Rub), unlocked the medication cart and removed the glucometer, a bottle of test strips and a lancet. The LPN was then observed to place the bottle of test strips in her uniform pocket, gather the rest of the supplies from on top of the medication cart and proceed to the resident's room. Staff #40 donned gloves outside the resident's room. The LPN took the bottle of test strips out of her pocket, removed 1 test strip and placed the bottle back in her uniform pocket. After identifying the resident and explaining to the resident that she would be obtaining the resident's blood glucose level, the LPN placed the glucometer on the resident's bedside table without a barrier, prepped his finger with alcohol wipe and collected the blood sample on the test strip in the glucometer. After obtaining the blood glucose level, the LPN exited the room holding the glucometer in her left gloved hand and returned to the medication cart. The LPN doffed her gloves, donned clean gloves, and sanitized the glucometer with a Sani-Cloth Germicidal disinfectant wipe and placed the glucometer on a tissue on the medication cart. The LPN then removed the bottle of test strips from her pocket, used a sani-wipe to sanitize the bottle, and placed the bottle in the medication cart. Staff #40 then removed her gloves and sanitized her hands with ABHR. An interview was conducted with staff #40 on July 21, 2020 at 11:20 p.m. The LPN stated that hand hygiene should be done</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.

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| <p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>(continued... from page 1)</p> <p>before donning gloves and after doffing gloves. She said a barrier should have been placed on the resident's bedside table under the glucometer. She also stated she probably should not carry glucose test strips in her pocket. In an interview conducted with the ICP (staff #88) on July 21, 2020 at 1:30 p.m., the ICP stated the process for obtaining a resident's blood glucose level includes the nurse sanitizing her hands, obtaining the glucometer, a lancet, and a test strip, a barrier to set the glucometer on, and a sani-wipe to clean the glucometer before exiting the resident's room. The ICP stated hand hygiene should be performed before donning gloves, after doffing gloves, and before entering a resident's room. She said it is standard of practice for infection control that a barrier be placed under equipment being used and that supplies should not be carried in pockets. Review of the facility's policy revealed the CDC's diabetes care procedures & techniques which states do not carry supplies and medications in pockets. Because of possible inadvertent contamination, unused supplies and medications taken to a patient's bedside during fingersticks monitoring or insulin administration should not be used for another patient. The facility's policy regarding hand hygiene revealed CDC has determined that effective hand hygiene is one of the most critical factors in preventing the spread of infections in healthcare settings, all members of the healthcare team will comply with current CDC hand hygiene guidelines. The policy also revealed hand hygiene is indicated before having direct contact with patients. Review of the CDC guidance regarding hand hygiene states healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: 1. Immediately before touching a patient 2. Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices 3. Before moving from work on a soiled body site to a clean body site on the same patient 4. After touching a patient or the patient's immediate environment 5. After contact with blood, body fluids, or contaminated surfaces 6. Immediately after glove removal The guidance also included that if your task requires gloves, perform hand hygiene prior to donning gloves, before touching the patient or patient environment, and immediately after removing gloves.</p> | | |