

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
NAME OF PROVIDER OF SUPPLIER HAVEN OF LAKESIDE		STREET ADDRESS, CITY, STATE, ZIP 3401 NORTH LOCKWOOD DRIVE LAKESIDE, AZ 85929	
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, staff interviews, review of the Center for Disease Control (CDC) recommendations and policies and procedures, the facility failed to ensure that infection control recommendations were followed regarding measures to prevent the spread of COVID-19. The deficient practice could result in the spread of infection, including COVID-19 to residents and staff. Findings include: -On June 2, 2020 at 12:03 p.m., an observation of the secured dementia/behavioral unit (200 hallway) was conducted with the Director of Nursing (DON/staff #3) and the Assistant Director of Nursing (ADON/staff #9). Staff #3 stated the census on this unit was 15. There were no COVID-19 positive residents in the facility at this time. Upon entry to the unit, two separate dining rooms were observed on the left side of the hallway. In the first dining room there were two square tables and one over-the-bedside table. Two residents and one Certified Nursing Assistant (CNA) were observed at each of the square tables. The CNA's were assisting the residents with their meals. Approximately 3-4 feet away from the second table was a resident who was seated at the over-the-bedside table. At the end of the dining room, an open doorway attached the first dining room to the second dining room. In the second dining room, there were two square tables and each square table had two residents, who were eating their lunch. The square table which was furthest from the door, also had a CNA who was assisting a resident with her meal. On June 2, 2020 at 12:10 p.m., an interview was conducted with the DON (staff #3). She stated that the rationale for allowing the residents to dine communally was due to the residents' need for additional assistance with their meals and the need for closer monitoring, while they eat. An interview was conducted on June 2, 2020 at approximately 1:30 p.m., with maintenance staff (staff #20). Regarding the size of the tables in both dining rooms she said that each of the square tables measured 42 inches in length and 42 inches in width. As a result, the tables were not large enough to ensure that residents could be separated at least six feet apart (six feet = 72 inches).</p> <p>-On 6/2/2020 at approximately 11:45 a.m., an observation was conducted on the 100 unit which housed predominately dementia patients. This unit had 27 residents. At this time, there were six residents who were walking around the TV room with no masks. Another observation was conducted on 6/2/2020 at approximately 2:15 p.m., of the main day room area. There were two residents who were seated in two different recliners, and the recliners were approximately four feet apart. There was also a resident in a wheelchair who was approximately five feet from a chair, which was occupied by another resident. Further observations revealed there was another resident in a geri chair who was repeatedly coughing, and the geri chair was placed approximately 3 1/2 feet from a resident in a wheelchair. The resident who was coughing was not wearing a mask or using a tissue or attempting to cover her mouth. None of the other residents were wearing any type of face covering. During this observation, there were three staff members within view of the area and no attempt was made to place residents at least six feet apart, nor any attempts to remind or assist residents with face coverings. An interview with the Infection Preventionist (ADON/staff #9) and the Administrator (staff #7) was completed at 3:30 p.m. on 6/2/2020. The ADON stated that the residents have been asked to wear masks, but it is not a requirement. The Administrator stated that he understands the need for social distancing and mask usage however, a large percentage of the residents have dementia and this is difficult to enforce. He stated they have been working to find ways to assist residents with social distancing. A facility policy titled, Infection Control Policies and Procedures: Coronavirus COVID-19 (version 20) included to minimize exposures to respiratory pathogens and promptly identify residents with clinical features and an epidemiologic risk for COVID-19, and to adhere to standard, contact and airborne precautions. The policy stated that prevention would include minimizing group activities on the unit, and that dining will be in resident rooms or very small groups at a time in the dining room, with at least 6 feet of space between residents. Additional meal times may be added to allow more residents to dine in the dining room. The policy included that close contact can occur by having direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on). If such contact occurs while not wearing recommended personal protective equipment (PPE), criteria for persons under investigation are met. Review of the CDC guidance titled, Key Strategies to prepare for COVID-19 in Long Term Care Facilities revealed that social distancing should be enforced between residents. The guidance further stated that the facility is to ensure that all residents wear a cloth face covering for source control, whenever they leave their room or are around others. The guidance stated that all group activities are to be canceled. Review of the CDC recommendations titled, Preparing for COVID-19 in Nursing Homes revealed that given the congregate nature and resident population served, nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19, and other pathogens including multi-drug resistant organisms. As demonstrated by the COVID-19 pandemic, a strong infection prevention and control program is critical to protect both residents and healthcare personnel. The recommendations included that implementation of social distancing measures should include aggressive social distancing measures (remaining at least 6 feet apart from others) and canceling communal dining and group activities. The CDC recommendations titled, Considerations for Memory Care Units in Long-term Care Facilities stated that infection prevention strategies to prevent the spread of COVID-19 are especially challenging to implement in dedicated memory care units where numerous residents with cognitive impairment reside together. The recommendations included to try and keep the residents' routines and environment as consistent as possible, while still reminding and assisting the residents with social distancing and the use of cloth face coverings (if tolerated). The recommendations further stated that the facility is to limit the number of residents in a common area or space residents six feet apart as much as feasible within a common area, and should gently redirect ambulatory residents that are in close proximity to other residents or personnel.</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.