

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2020
NAME OF PROVIDER OF SUPPLIER BELLA VITA HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 5125 NORTH 58TH AVENUE GLENDALE, AZ 85301	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on facility documentation, staff interviews, review of the Center for Disease Control (CDC) recommendations and policies and procedures, the facility failed to ensure that infection control standards were maintained, by failing to ensure that staff who documented having possible symptoms of COVID-19 when being screened, had further screening completed prior to working their shift. The deficient practice could result in the spread of infections, including COVID-19 to residents and staff. Findings include: An entrance conference was conducted with the Administrator (staff #1) on August 31, 2020 at 9:15 a.m. The Administrator stated there were currently 12 COVID-19 positive residents in the facility. The Administrator said the facility currently holds beds in a designated area, as part of the Surge program with the county to have the ability to take Covid-19 positive admissions from the hospital. Regarding screening: Review of the facility's staff screening logs revealed that on July 23, 2020, a licensed practical nurse (LPN/staff #138) answered yes to having chills, cough and diarrhea. On July 25 and August 1, 2020, another LPN (staff #22) answered yes to having a running nose, cough and gastrointestinal symptoms. Despite documentation of having symptoms, there was no additional follow up documentation for July 23 and July 25 that the staff members had any further screening done or that they were not permitted to work. On August 1, the documentation showed that staff #22 was sent home. On August 31, 2020 at 10:40 a.m., an interview was conducted with the receptionist (staff #212), who stated that all essential workers/staff enter the facility through the front lobby and are screened and clock in. Staff #212 said if anyone answers yes to any of the questions, that staff would be asked to wait outside for approval by their supervisor, Director of Nursing (DON), Administrator or Assistant Administrator, before starting their shift. He stated that the facility has provided in-service on what to do if staff are not feeling well. He said that staff should not come to work if they have a cough, fever, shortness of breath, nausea, diarrhea, vomiting, loss of taste or smell, headache, muscle pain, sore throat or chills. He said the staff person would need to contact their supervisor, get tested for COVID and isolate for 14 days. Review of the nursing staff punch detail report revealed that staff #138 worked from 10:21 p.m. on July 23 until 8:26 a.m. on July 24. Per the report, staff #22 worked on July 25 from 6:00 a.m. to 10:20 p.m. and from 6:00 a.m. to 10:20 p.m. on July 26, 2020. An interview was conducted on August 31, 2020 at 1:40 p.m. with the Infection Control Preventionist (staff #204), who stated the screening logs are reviewed by her daily and by the supervisor on call on the weekends. Staff #204 stated that if employees answer yes to any of the screening questions, they are directed at the top of the logs to call their direct supervisor, the DON (staff #131), Administrator or the Community Liaison (staff #58) for approval to work. Staff #204 said the employee should be sent home for a 14 day isolation and is encouraged to be tested. A telephone interview was conducted with a LPN (staff #138) on September 2, 2020 at 2:00 p.m. The LPN said that when she marked yes to the screening questions, she was asked by staff #204 how she felt, her temperature was rechecked with afebrile results, and she told staff #204 that she felt fine. The LPN also stated that she had a negative COVID test result on August 8, 2020. Review of a facility policy regarding COVID-19 Screening revealed that staff, healthcare workers (HCW), any visitors for [MEDICATION NAME] care and any person entering the facility will be screened for COVID-19 symptoms following the current CDC guidelines. Any screening questions will be modified with any new CDC guidelines. Any person not complying with screening requirements will not be permitted to enter, and any person with yes answer to screening or with fever will not be permitted to enter, unless secondary screening by the infection preventionist nurse reveals it is related to individual's chronic condition and is not a deviation from baseline. Review of the CDC's Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19, revealed that all healthcare personnel (including ancillary staff such as dietary, 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). The CDC guidance titled, Preparing for COVID-19 in Nursing Homes updated June 25, 2020 included to screen all healthcare personnel 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.</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.