STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035070	A. BUILDING _____ B. WING _____	07/22/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CASAS ADOBES POST ACUTE REHAB CENTER	1919 WEST MEDICAL STREET TUCSON, AZ 85704

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, review of the Centers for Disease Control (CDC) recommendations and policies and procedures, the facility failed to ensure that infection control standards were followed. The deficient practice could result in the spread of infections, including COVID-19 to residents and staff. Findings include: Review of facility documentation revealed a census of 88 residents, with 26 residents that were COVID-19 positive at the time of the survey. The documentation included that 9 staff were also positive for COVID-19 at this time. Review of the placement of COVID-19 residents and Persons Under Investigation (PUI) throughout the facility revealed the following: the 200 and 400 units had COVID-19 residents, the 300 unit had 13 new admissions that were being monitored for signs or symptoms of COVID-19 which included two residents that were PUI; and the dementia/behavior unit and the wandering/dementia unit also had residents who were positive for COVID-19. -Regarding unsecured gowns when entering isolation rooms: An observation was conducted on July 22, 2020 at 10:30 a.m. on the dementia/behavior unit. A Licensed Practical Nurse (LPN/staff #182) entered a resident's room who was on isolation for droplet precautions. Per the signs, the Personnel Protective Equipment (PPE) required was a mask, gown and gloves. At this time, the nurse had a mask and goggles on and retrieved a gown off of a hook labeled nurse from inside the room. The nurse applied the gown, but did not secure the back of the gown at the waist and administered medication to the resident. An interview was conducted with a Certified Nursing Assistant (CNA/staff #77) working the dementia/behavior unit on July 22, 2020 at 10:34 a.m. She stated that to go into an isolation room, she must don and secure the assigned gown. She stated that she received education to follow the signage on the isolation rooms, which includes directions for putting on and taking off PPE. Another observation was conducted on July 22, 2020 at 10:45 a.m. of staff #182 entering a different resident's room, who was on droplet precautions. The signs stated to wear a mask, gown and gloves. The nurse removed a gown from inside the room and did not secure the gown at the waist after donning. An interview was conducted on July 22, 2020 at 10:58 a.m. with staff #182. She stated that she had been educated by the facility on PPE use and donning and doffing. Staff #182 said that COVID-19 was passed from person to person by droplets. She stated that it was important to secure the gown completely, so that a resident could not transmit germs to her and then she transmit germs to another person. She stated that she did not secure her gown at the waist and that is was important to don her gown correctly, and knew she was supposed too. Staff #182 said that residents were at increased risk for infection, due to pre-existing conditions and age. An interview was conducted on July 22, 2020 at 11:35 a.m. with a LPN (staff #117), who was working on the wandering/dementia unit. She said that she received education on donning and doffing PPE. She stated that gowns need to be tied at the neck and waist and if not secured, it could risk germs getting on her clothing or being transferred to the resident's area. She stated that she is expected to secure the gown appropriately. An interview was conducted with the Infection Control Preventionist (ICP/staff #46) on July 22, 2020 at 2:47 p.m. via telephone. She stated that she had provided education on the use of PPE. She stated that staff were taught to don/doff the gown, which included to tie the gown at the neck and waist. She stated it was important to secure the gown at the neck and the waist, so that the gown will not flop open when giving care or leave any part of the staff's scrubs exposed. An interview was conducted on July 22, 2020 at 5:51 p.m. with the Director of Nursing (DON/staff #63), who stated if staff were not securing their isolation gowns, it could result in an increased risk of contamination and spread of infection by staff. -Regarding shared gowns among staff: An interview was conducted with a CNA (staff #77) working the dementia/behavior unit on July 22, 2020 at 10:34 a.m. She stated that for the isolation rooms, there is one gown for the CNA's and one gown for the nurse. She stated if more than one CNA is working, the CNA would share the gown from the hook labeled CNA. During this interview, a LPN (staff #182) was observed to enter a resident's room who was on isolation (droplet precautions). The signs stated to wear a mask, gown and gloves. The nurse was observed to use the gown from the hook labeled CNA. The CNA (staff #77) stated that the nurse was using the same gown the CNA's had been using that shift. An interview was conducted with the ICP (staff #46) on July 22, 2020 at 2:47 p.m. via telephone. She stated that she had provided education on the use of PPE. She stated that staff were reusing gowns for a single shift. She said that each shift begins with a new gown for each staff member in each isolation room. She said the same gown should not be worn by multiple staff members. Staff #46 stated the gown should be hung on the hook labeled for the specific staff member for example; nurse or CNA. She stated that she would not want to wear a gown that had been worn by another staff member, as it posed a risk for staff to staff transmission of infection. An interview was conducted on July 22, 2020 at 5:51 p.m. with the DON. She stated that if staff were sharing gowns it would risk staff passing infections to others. -Regarding face shield/goggles that were not disinfected when exiting isolation rooms: An observation was conducted on July 22, 2020 at 10:30 a.m. on the dementia/behavior unit. A LPN (staff #182) entered a resident's room who was on isolation (droplet precautions). The nurse had a mask and goggles on when she entered the room. However, when the LPN exited the room, she did not disinfect/sanitize her goggles. An interview was conducted with a CNA (staff #77) on July 22, 2020 at 10:34 a.m. She stated that she had to wear a face shield when entering an isolation room. She said after leaving the room, she would disinfect the face shield with Microkill wipes. Another observation was conducted on July 22, 2020 at 10:45 a.m. of staff #182 exiting a resident's room, who was on droplet precautions. Staff #182 had goggles and a mask in place. After exiting the room, staff #182 was not observed to disinfect/sanitize her goggles. An interview was conducted with the ICP (staff #46) on July 22, 2020 at 2:47 p.m. via telephone. She said they were [MEDICATION NAME] extended use of face shields in the facility. She stated that each staff member had been given goggles or a face shield and they were to disinfect the equipment, when coming out of an isolation room and before going home. She said staff were to disinfect the eye protection with a bleach wipe between rooms, because the eye protection may have been coughed on or got saliva on it, and the staff member may take the infection into a room with a resident that is not positive for COVID-19. She said the reason to isolate residents was to keep the organism in the isolation room and not bring the organism into the hallway or the next room. An interview was conducted on July 22, 2020 at 5:51 p.m. with the DON (staff #63), the clinical resource nurse (RN/staff #181), a DON from a sister facility (staff #184) and operations resource (staff #183). Staff #63 stated that they follow their facility policies and the CDC guidance in regards to the pandemic. She stated that all requested documentation had been provided and if not provided they do not have a specific policy for that area. She stated that if the area was not included in the provided documentation, then refer to the CDC guidance. -Regarding unsecured gowns when entering an isolation room: An observation was conducted on the 300 unit (observation unit for 14 days) on 7/22/2020 at 12:55 p.m. A CNA (staff #45) donned a gown and entered a resident's room that was on isolation precautions. The CNA did not secure the lower tie on the gown before patient contact. An interview was conducted on 7/22/2020 at 1:07 p.m., with staff #45. She said she was educated that all PPE is to be donned and properly secured, when entering a resident room. An observation was conducted on the 400 unit on 7/22/2020 at 1:45 p.m. A CNA (staff #89) entered an isolation room, without securing the lower tie of her gown. An interview was conducted with staff #89 at 1:55 p.m.,

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) regarding her unsecured gown. Staff #89 replied that she ties it at the neck and puts on gloves to enter the room. -Regarding the sharing of gowns by staff between two residents in the same room: An observation was conducted at 1:45 p.m. on 7/22/2020 on the 400 unit. There was one room on the unit which was occupied by two residents. One of the residents was positive for COVID-19, and the roommate had declined the test for COVID -19 and therefore, had an unknown status. Upon entry to the room, there were two cloth gowns on hooks on the wall and both were marked CNA. The hook labeled for the nurse's gown was empty. An interview was conducted on 7/22/2020 at 1:55 p.m., with a CNA (staff #89). The CNA said that the two cloth gowns were the only gowns used to provide care to both residents. She said that staff all use the same gowns to provide care to both residents and there are no designated gowns. The CNA said she was aware that only one of the residents in this room had tested positive for COVID-19. In the CDC guidance for Strategies for Optimizing the Supply of Isolation Gowns Updated March 17, 2020, it stated that consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same Healthcare Personnel (HCP), when interacting with more than one patient known to be infected with the same infectious disease when these patients are housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). This can be considered only if there are no additional co-infectious [DIAGNOSES REDACTED]. If the gown becomes visibly soiled, it must be removed and discarded as per usual practices. -Regarding shared gowns among staff: An observation on the 300 unit which housed residents that are under observation for COVID-19 was conducted on 7/22/2020 at 10:10 a.m. A therapy staff member (staff #31) was observed preparing to leave a resident's room and hung up her gown on the hook designated for the CNA. At this time, an interview was conducted with staff #31, who stated that one hook says nurse and two say CNA so she uses any available gown, as none say therapy. She said that is her normal procedure. An interview was conducted on 7/22/2020 at 10:40 a.m., with a LPN (staff #73). Staff #73 said that gowns are not to be shared among staff. Staff #73 said that each caregiver has an assigned gown in each resident room, and if therapy is to visit they are to take a clean gown from the closet to use. During an interview conducted on 7/22/2020 at 1:02 p.m., a CNA (staff #16) stated that gowns hung inside the doors of residents' rooms are often shared between staff members. She stated that many rooms only have one gown dedicated to the CNA. Staff #16 said in this case, the gown would be used by any CNA that enters the room. She stated if there is more than one CNA gown in a room, the CNA's will each assign themselves to a specific gown and it will be kept on a specific hook, in the room for that shift. She stated that if a resident is known to need assistance from more than one CNA, there should be two gowns dedicated for the CNA's inside the door of the room, but this is not always the case. An interview with another CNA (staff #45) was conducted on 7/22/202 at 1:06 p.m. The CNA said that if therapy enters a room, they are to obtain their own gown from the closet and put it into the laundry once they complete their visit with the resident. The CNA said that therapy should not use a gown assigned to a nurse or CNA. An interview was completed with a CNA (staff #8) on 7/22/2020 at 1:45 p.m. She stated there was a shortage of gowns, and not all of the necessary gowns are located in the room. She said if there is no designated gown for the nurse, the nurse will use one that is dedicated to the CNA. She said the CNA gowns are not assigned, so the nurse is free to use any gown available. She stated that this has been the process for quite some time. -Regarding face shield/goggles that were not disinfected when exiting isolation rooms: An interview was conducted on 7/22/2020 at 10:17 a.m. with a therapy staff member (staff #158), who was working on the 200 unit. She said it was required that goggles or face shields be cleaned using the Microkill wipes between resident rooms. She said it has to remain wet for approximately three minutes, in order to be effective. An observation on the 400 unit was conducted on 7/22/2020 at 1:40 p.m. A CNA (staff #89) was observed entering an isolation room wearing a gown, mask and face shield and then closed the door. Several minutes later staff #89 exited the room, but did not disinfect/sanitize her face shield. Multiple observations were conducted on 7/22/2020 between 12:55-1:20 p.m. on the 300 unit. Two CNA's exited various resident rooms and did not disinfect/sanitize their goggles/face shields after exiting and between going into other resident rooms. Review of the facility's Emerging Infectious Disease Emergency Plan Coronavirus 2019, revealed current clinical management includes infection prevention, control measures and supportive care. In each healthcare facility, the primary goals include protecting healthcare personnel and non-COVID-19 patients from infection. Our residents and patients fall under the group of people at higher risk for serious illness from COVID-19. The plan included that it was developed to ensure that staff are trained, equipped and capable of implementing practices to prevent the spread of respiratory diseases, including COVID-19 within the facility and promptly identify and isolate patients with suspected COVID-19. The Infection Control and Prevention policy regarding COVID-19 included to implement recommended infection control strategies, guidance and standards from the local, State and Federal agencies for an emerging infectious disease event. Include preparatory plans and actions to respond to the threat of the COVID-19, including but not limited to infection prevention and control practices in order to prevent transmission. Adhere to standard and transmission-based precautions. Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting. Attention should be paid to training and proper donning (putting on), doffing (taking off) and disposal of any PPE. Health Care Personnel (HCP) who enter the room of a patient with known or suspected COVID-19, should adhere to standard precautions and use a respirator/facemask, gown, gloves and eye protection. HCP must receive training on and demonstrate an understanding of when to use PPE; what PPE is necessary; how to properly don, use and doff PPE in a manner to prevent self-contamination; and how to properly dispose of or disinfect and maintain PPE. The following are standard practices: put on eye protection upon entry to the patient room or care area, re-usable eye protection must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use; dedicate space and/or isolate infected residents if the suspected/known COVID-19 resident was already paired with a roommate, move the COVID suspected/positive resident to dedicated area or isolation and monitor the roommate, but avoid placing unexposed residents with the roommate. Ensure that HCP are educated, trained and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin and environment during the process of removing such equipment. Review of facility documentation regarding COVID Unit/Isolation processes revealed that isolation rooms require staff to wear PPE. If you cross the doorframe into the resident's room, the staff person must have on PPE. The gown is put on first and tied at the neck and waist. The face shield is placed over the surgical mask/respirator. The documentation included to take off the face shield by the band at the back of the head, disinfect with red topped Microkill only and place in plastic bag. Gowns are put in the dirty linen bin at the end of every shift, and the next shift hangs clean gowns on the room hooks. The direction stated one gown for each staff person for each resident room every shift. Review of a policy titled, Infection Prevention Control Program: Personal Protective Equipment, Conservation During a Crisis or Pandemic revealed that PPE includes the use of gowns, gloves, masks and eye protection during the performance of patient care and routine facility tasks to prevent exposure to or transmission of actual or potential sources of infectious organisms to patients and staff. During a crisis or pandemic event, conservation methods and strategies to obtain or maintain capacity may be enacted to ensure PPE supplies are used efficiently and according to the recommended circumstances, while also affording the facilty the criteria to implement strategies for extended use and re-use as appropriate. All personnel shall be trained in the proper use of PPE and the appropriate way to don (apply) and doff (remove) PPE prior to performing any tasks. The facility and personnel will follow recommendations of the Centers for Disease Control and Prevention (CDC) for indications on when and what type of PPE should be used. During times of crisis or declaration of Pandemic or Emergency, the CDC may indicate criteria for extended use or re-use of certain items of PPE to manage supply interruption and shortage. Extended use is defined as the practice of using the same piece or protective equipment by one healthcare worker (HCW) for multiple encounters with different patients with the same diagnosis, without removing between encounters. Re-use is defined as the practice of using the same piece of protective equipment by HCW for multiple encounters with different patients or the same patient, but removing it after each encounter, then reapplying for the next encounter. Review of the CDC guidelines regarding Strategies for Optimizing the Supply of Isolation Gowns dated March 17, 2020, revealed that consideration can be made to extend the use of isolation gowns, such that the same gown is worn by the same health care personnel (HCP) when interacting with more than one patient known to be infected with the same infectious disease, when these patients are housed in the same location. The goal of this strategy is to minimize exposure to HCP. The CDC guidance titled, Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 dated April 1, 2020 stated to adhere to standard and transmission-based precautions. Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting. Attention should be paid to training and proper donning (putting on), doffing (taking off) and disposal of any PPE. Health Care Personnel (HCP) who enter the room of a patient with known or suspected COVID-19, should adhere to standard precautions and use a respirator/facemask, gown, gloves and eye protection. HCP must receive training on and demonstrate an understanding

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 2) of when to use PPE; what PPE is necessary; how to properly don, use and doff PPE in a manner to prevent self-contamination; and how to properly dispose of; disinfect and maintain PPE. Any reusable PPE must be properly cleaned, decontaminated and maintained after and between uses. Regarding eye protection the guidance stated to apply eye protection upon entry to the patient room or care area and re-usable eye protection must be cleaned and disinfected according to manufacturer's reprocessing instructions, prior to re-use. For patient placement it included that it might not be possible to distinguish patients who have COVID-19 from patients with other respiratory viruses. As such, patients with different respiratory pathogens will likely be housed on the same unit. However, only patients with the same respiratory pathogen may be housed in the same room. For example, a patient with COVID-19 should not be housed in the same room as a patient with an undiagnosed respiratory infection. Ensure that HCP are educated, trained and have practiced the appropriate use of PPE prior to caring for a patient, including attention to the correct use of PPE and prevention of contamination of clothing, skin and environment during the process of removing such equipment. Review of the CDC guidance titled, Responding to Coronavirus (COVID-19) in Nursing Homes dated April 30, 2020, revealed to ensure that HCP have been trained on infection prevention measures, including the use of and steps to properly put on and remove recommended PPE. Regarding a resident with new-onset suspected or confirmed COVID-19, ensure that the resident is isolated and cared for using all recommended COVID-19 PPE. Place resident in a single room if possible, pending results of [DIAGNOSES REDACTED]-CoV-2 testing. Cohorting residents on the same unit based on symptoms alone could result in inadvertent mixing of infected and non-infected residents. If cohorting symptomatic residents, care should be taken to ensure infection prevention and control interventions are in place to decrease the risk of cross-transmission. Roommates of residents with COVID-19 should be considered exposed and potentially infected and if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for [DIAGNOSES REDACTED]-CoV-2, 14 days after their last exposure (e.g. date their roommate was moved to the COVID-19 care unit). Exposed resident may be permitted to room share with other exposed residents if space is not available for them to remain in a single room. HCP should use all recommended COVID-19 PPE for the care of all residents on affected units (or facility-wide if cases are widespread); this includes both symptomatic and asymptomatic residents. Review of the CDC guidance titled, Preparing for COVID-19 in Nursing Homes dated June 25, 2020, revealed that given their congregate nature and resident population served, nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19. As demonstrated by the COVID-19 pandemic, a strong infection prevention and control program is critical to protect both residents and HCP. The guidelines stated that if extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents, unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility, and these residents are not known to have any co-infections. Have a plan for how roommates, other residents and HCP who may have been exposed to an individual with COVID-19 will be handled (e.g. monitor closely, avoid placing unexposed residents into a shared space with them). Residents with known or suspected COVID-19 should ideally be placed in a private room with their own bathroom, in a dedicated unit or section of the facility with dedicated HCP. As roommates of residents with COVID-19 might already be exposed, it is generally not recommended to place them with another roommate until 14 days after their exposure, assuming they have not developed symptoms or had a positive test. The guidelines also included to implement a process for decontamination and reuse of PPE such as, face shields and goggles. According to the CDC guidance for using PPE dated July 14, 2020, HCP should adhere to Standard and Transmission-based precautions, when caring for patients with [DIAGNOSES REDACTED]-CoV-2 infection. Before caring for patients with confirmed or suspected COVID-19, HCP must receive comprehensive training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE and proper care, maintenance and disposal of PPE and demonstrate competency in performing appropriate infection control practices and procedures. PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting). PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. Put on isolation gown and tie all of the ties on the gown. Review of the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated July 15, 2020, revealed that HCP working in facilities located in areas of moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with [DIAGNOSES REDACTED]-CoV-2 infection. HCP should wear eye protection in addition to their facemask to ensure the eyes, nose and mouth are all protected from exposure to respiratory secretions during patient care encounters. It might not be possible to distinguish patients who have COVID-19 from patients with other respiratory viruses. As such, patients with different respiratory pathogens might be cohorted on the same unit. However, only patients with the same respiratory pathogen may be housed in the same room. For example, a patient with COVID-19 should ideally not be housed in the same room as a patient with an undiagnosed respiratory infection or a respiratory infection caused by a different pathogen. HCP who enter the room of a patient with known or suspected COVID-19, should adhere to standard precautions and use a National Institute for Occupational Safety and Health (NIOSH) approved N95 or equivalent or higher-level respirator (or facemask if a respirator not available), gown, gloves and eye protection. HCP must receive training on and demonstrate an understanding of when to use PPE; what PPE is necessary; how to properly don, use and doff PPE in a manner to prevent self-contamination; how to properly dispose of or disinfect and maintain PPE; and the limitations of PPE. Any reusable PPE must be properly cleaned, decontaminated and maintained after and between uses. Regarding eye protection it stated to put on eye protection upon entry to the patient room or care area if not already wearing, as part of extended use strategies to optimize PPE supply. Re-usable eye protection must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.