STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035145	A. BUILDING _____ B. WING _____	**05/27/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
DEVON GABLES REHABILITATION CENTER	**6150 EAST GRANT ROAD TUCSON, AZ 85712**

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 observations, staff interviews, review of the Center for Disease Control (CDC) recommendations and policies and procedures, the facility failed to ensure infection control standards were followed. The deficient practice could result in the spread of infection, including COVID-19. Findings include: On May 27, 2020 at approximately 1:15 p.m. an observation of the Central Unit was conducted with the Director of Nursing (DON/staff #41). Staff #41 stated that the Central Unit was a secured dementia unit that housed both male and female residents. She stated there were currently 20 residents that resided there. Upon entry to the unit, a communal dining room was observed on the left side of the main hallway. 17 residents were observed in the dining room eating their meals. 13 of the residents were eating independently. Five square tables in the room were observed to accommodate 2 residents each. Three over-the-bed tables had one resident seated at each table. Two horseshoe shaped tables were observed along the left wall of the room. Each horseshoe shaped table accommodated two residents and a Certified Nursing Assistant (CNA). The CNA assisted both residents at their table with their meals. Each resident in the room was observed to be within one arm's length of one or more other residents. 6 feet social distancing was not observed. During the observation, one of the residents seated at the square table in the middle of the room was observed to reach across the table and take the other resident's roll off her plate and begin eating it. The DON quickly walked into the dining room and asked the resident for the roll. The resident gave the DON the roll. The DON requested another roll for the resident whose roll was taken. Directly behind each CNA seated at the horseshow shaped tables, a hand sanitizer dispenser was observed mounted on the wall. The CNAs were assisting the residents with eating and drinking. They alternated their assistance between each resident seated at their tables. However, neither of the CNAs was observed to utilize hand sanitizer between residents. An interview was conducted with the DON on May 27, 2020 at 1:25 p.m. She stated that the residents dine communally due to their risks for choking and aspiration and that some of the residents required cueing. On May 27, 2020 at 2:10 p.m., an interview was conducted with a member of the maintenance staff (staff #33) regarding the size of the tables in the dining room. Staff #33 measured the tables and stated that the two horseshoe tables measured 6 feet long by 4 feet wide, the five square tables measured 42 inches by 42 inches, and the over-the-bed tables measured 30 inches long by 15 inches wide. 6 feet is 72 inches. An interview was conducted on May 27, 2020 at 3:08 p.m. with a CNA (staff #64). She stated that it was facility policy to sanitize your hands between residents when assisting residents with their meals. She further stated that day; she had forgotten to sanitize her hands between residents. The facility's policy titled COVID-19 Resident Dining Protocol revised March 16, 2020 revealed a key reason for cancelling communal dining is linked to the concept of social distancing (e.g., limiting people being in close proximity to each other for periods of time; ideally people should keep about 6 feet apart). Social distancing is recommended by CMS for facilities regarding resident interactions. Communal dining is a common group activity that places residents in close proximity to each other. This can spread respiratory viruses. The policy included the facility will follow the CMS guidance with the following protocol: Implement social distancing in dining practices. Recommended approaches included: 1. Provide in-room meal service for those that are assessed to be capable of feeding themselves without supervision or assistance. 2. Identify high-risk choking residents and those at risk for aspiration who may cough, creating droplets. Meals for these residents should ideally be provided in their rooms; or the resident should remain at least 6 feet or more from others if in a common area for meals, and with as few other residents in the common areas as feasible during their mealtime . 3. If residents need to be brought to the common area for dining, do this in intervals to maintain social distancing . 4. Residents who need assistance with feeding should be spaced apart as much as possible, ideally 6 feet or more or no more than one person per table (assuming a standard 4 person table) . The policy also revealed staff member who are providing assistance for more than one resident simultaneously must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents. The CDC guidance titled Preparing for COVID-19 in Nursing Homes stated 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. The guidance stated that implementation of social distancing measures should include aggressive social distancing measures (remaining at least 6 feet apart from others), and cancelling communal dining and group activities. The CDC guidelines titled Considerations for Memory Care Units in Long-term Care Facilities included limiting the number of residents or space residents at least 6 feet apart as much as feasible when in a common area. The CDC guidelines titled Hand Hygiene in Healthcare Settings stated multiple opportunities for hand hygiene may occur during a single care episode. The clinical indications for hand hygiene include immediately before touching a resident and after touching a resident or a resident's immediate environment.

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