STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035277	A. BUILDING _____ B. WING _____	10/14/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HAVEN OF LAKESIDE	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	**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 Center for Disease Control (CDC) recommendations and facility policies and documentation, the facility failed to ensure that infection control standards were maintained to prevent the spread of COVID-19. The deficient practice could result in the spread of infections, including COVID-19, to residents and staff. Findings include: Regarding open resident doors An observation of the 400 hallway, a Long Term Care (LTC) unit, was conducted on October 14, 2020 at 9:30 a.m. with the Director of Nursing (DON/staff #10). One of the doors to a resident room was open during the observation. The DON closed the door. An interview was conducted on October 14, 2020 at 9:35 a.m. with the DON (staff #10). She stated that she is also the Infection Preventionist (IP). She stated she has instructed staff to keep the doors closed if residents have symptoms of COVID-19 to help prevent the spread of the infection. She stated that one of the residents in the room with the open door had been coughing and that it was possible that the resident had COVID-19 and this is why when she saw that the door was open, she closed it. Review of facility documentation revealed a professional resource for COVID-19 for staff which included that if the facility cares for a resident who shows symptoms of or has COVID-19, the door to the resident's room would remain closed, and only the staff who were essential for resident's personal care and nursing needs would be allowed in the room. Regarding facility protocol for the reuse of isolation gowns During an observation of the 300 hall, a LTC unit, on October 14, 2020 at 9:15 a.m., two isolation gowns were observed hanging on separate hooks on the outside of each resident room door. The hooks were not labeled to identify which staff was to use which gown. An interview was conducted with a Registered Nurse (RN/staff #35) at 9:20 a.m. on October 14, 2020. She said that when she provides care to a resident in this hall, she will don a gown before entering. She said that she will don either one of the two gowns hanging outside the room as it does not matter which one she chooses. She said that the gowns are removed by laundry at the end of each shift and replaced with clean gowns. During an observation of the 400 hallway, a LTC unit, conducted on October 14, 2020 at 9:30 a.m., there were two gowns hung on separate hooks outside of each door except for one room. The hooks were not labeled to identify which staff was to use which gown. An interview was conducted on October 14, 2020 at 9:35 a.m. with the DON (staff #10). She said that one of the residents in one of the rooms on the 400 hallway started coughing on October 12, 2020 and he was tested on that date for COVID-19 and was negative. She said that since the incubation period for [MEDICAL CONDITION] is several days, it is possible that he could still have COVID-19. She said that one of the residents in the 400 hallway had tested positive for COVID-19 and that this is the one without the gowns outside of the door. She said that regarding the hooks outside the door, the right hook is for the nurse's gown and the left hook is for the Certified Nursing Assistant's (CNA) gown. She acknowledged that the gowns hanging outside of the rooms could be contaminated and increased the risk of contaminating others. She stated that the nurses and the CNAs pick up clean gowns from the laundry at the beginning of each shift and hang them on the doors. When she heard that staff said the laundry brings clean gowns at the end of each shift and hangs them on the door, she said this was not correct and acknowledged that it was possible that staff are wearing gowns from a previous shift. She then instructed the staff to put up hooks in each resident's room, label them, and hang the gowns inside the rooms. The interview continued back on the 300 hall where the DON said that one of the residents in the hallway had a low-grade fever on October 12, 2020 but had tested negative for COVID-19. She acknowledged that the resident could still have [MEDICAL CONDITION] due to the incubation period. At this time, she instructed the RN(staff #35) to begin hanging the gowns on labeled hooks inside of each resident's room. An observation of the 200 hall, a secured behavioral unit, was conducted on October 14, 2020 at 9:45 a.m. Two gowns were hung on the outside of each resident room door on hooks. The hooks were not labeled to identify which staff was to use which gown. An interview was conducted with a CNA (staff #66) on October 14, 2020 at 9:47 a.m. The CNA was not able to say which gown should be used by which staff. At this time, the DON (staff #10) told the CNA that she should be using the gowns on the left hook and then told her that all gowns are going to be moved to the inside of the rooms and will be labeled. An observation of the 500 hallway, which housed the new admits under observation for potential COVID-19, was conducted on October 14, 2020 at 10:00 a.m. Two gowns were observed hanging on two unlabeled hooks on the outside of each resident room door. A wound nurse (staff #94) was interviewed on October 14, 2020 at 10:03 a.m. She said that the gowns are already hanging up on the hooks of each resident door when she arrives for her shift. She said that the nurse is supposed to call housekeeping and request clean gowns at the beginning of the shift, but did not do this on this date. She acknowledged that there was a possibility that the gowns were from the previous shift. At this time, the DON instructed staff to hang gowns on hooks inside the resident rooms with labels. Review of CDC guidance regarding Strategies for Optimizing the Supply of Isolation Gowns, updated October 9, 2020, revealed that risks to staff and patients safety must be carefully considered before implementing a gown reuse strategy. The guidance noted that in a situation where a gown is being used as part of standard precautions to protect staff from a splash, the risk of using a non-visibly soiled cloth isolation gown may be lower. However, for care of patients with suspected COVID-19, staff risk from re-use of cloth isolation gowns without laundering among one single staff caring for multiple patients using one gown or multiple staff sharing one gown is unclear. The goal of this strategy is to minimize exposures to staff and not necessarily prevent transmission between patients. The guidance further noted that reusable gowns should not be reused before laundering because reuse poses risk for possible transmission among patients and staff and this likely outweighs any potential benefits. The guidance included that repeatedly donning and doffing a contaminated gown may increase the risk for staff self-contamination and that if reuse is considered, gowns should be dedicated to the care of individual patients. Regarding Personal Protective Equipment (PPE) use and hand sanitizer availability and usage An observation of the 500 hallway, which housed the new admits under observation for potential COVID-19, was conducted on October 14, 2020 at 10:00 a.m. A hand sanitizer dispenser was mounted on the right wall when entering the hallway but it was empty. During an observation on the 500 hallway on October 14, 2020 at 10:10 a.m., a CNA (staff #22) was observed shouting and running into a resident's room without sanitizing her hands or donning a face shield or gown. At that time, the DON (staff #10) told the CNA that she had entered a room without a gown and should not have. An observation was conducted of the 100 hall, which was a COVID-19 positive unit, on October 14, 2020 at 10:15 a.m. A CNA (staff #91) was observed exiting the COVID-19 unit wearing gloves, a gown, a hair cap, an N95 mask with a surgical mask over it, and shoe booties. She walked over to her personal belonging that were laying on the ground next to the belongings of other staff. She knelt down, removed her gloves and placed them on a sweat shirt and poured herself a drink. During an interview with the CNA (Staff #91) on October 14, 2020 at 10:18 a.m., she stated that she was wearing the same PPE including the gloves, gown, hair cap, N95 mask, surgical mask, and shoe booties that she was wearing while in resident rooms in the COVID-19 positive unit. She said she had received training on donning and doffing PPE and she was supposed to remove her PPE as soon as she stepped outside of the unit where a doffing station was located which included a mobile tray, a trash can, hand sanitizer, and additional PPE. She stated that other staff had been coming outside without doffing PPE as well. At this time, the CNA was told by the surveyor that she had contaminated her belongings and possibly the belongings of another staff member. The DON (staff #10) told the CNA that she

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	(continued... from page 1) would need to bag her belongings. During observation of the CNA (staff #91) on October 14, 2020 at 10:25 a.m., she went back into the COVID-19 unit to get a bag and when she came back out of the unit, she removed her face shield and placed it with the outside face down on the mobile tray and and doffed her gloves. She did not use hand sanitizer after doffing the gloves and proceeded to open a drawer on the clean PPE cart and touched multiple clean gloves. She picked two gloves and put the others back into the drawer. At this time, the CNA was told by the surveyor that she had contaminated the mobile tray and the other gloves and did not sanitize her hands. The CNA stated that there hadn't been any hand sanitizer available on the mobile tray since October 12, 2020. The cart was observed and there was no hand sanitizer available. There also was no eye protection available on the cart. At this time, the DON called additional staff to replace all the PPE and to ask for eye protection and hand sanitizer. During the observation a floor technician (staff #80) and a maintenance assistant (staff #23) were observed trying to enter the unit without eye protection. Without surveyor intervention, the staff would have entered the unit without eye protection. They said they needed to build a wall and that there were no face shields or goggles available. The DON told them they could not enter the unit without eye protection. At this time, two transport staff from an outside company attempted to enter the unit and without surveyor intervention, they would have entered the unit without the proper PPE. A female staff member brought a box of gowns, gloves, eye protection, and hand sanitizer and the PPE cart was restocked. An interview was conducted on October 14, 2020 at 4:04 p.m. with the floor technician (staff #80), who stated he was had received training on donning and doffing PPE, which included wearing eye protection, but there wasn't any available. He said he and two maintenance assistants (staff #23 and staff #98) had built the first wall on the COVID-19 unit on October 10, 2020 and none of them wore eye protection. He stated that he asked staff for eye protection, but was not able to remember who he asked. He also stated that he has worked in in other areas in the facility since working on the COVID-19 unit. During an interview on October 14, 2020 at 4:15 p.m. with a Maintenance Assistant (staff #98), he stated that he had worked on the COVID-19 unit on October 10, 2020 with staff #80 and staff #23. He said that none of them wore eye protection because it was not available. He said that he has worked in other areas in the facility since working on the COVID-19 unit. An interview was conducted on October 14, 2020 at 4:25 p.m. with the DON (staff #10), who stated that eye protection is required on the COVID-19 unit and staff increase the risk of spreading [MEDICAL CONDITION] if they don't wear eye protection especially if they then work in other areas of the facility. Review of the facility's COVID-19 infection control policy revealed that the policy of the facility is to minimize exposure to respiratory pathogens and promptly identify residents with clinical features and an epidemiological risk for COVID-19 and to adhere to standard precautions, contact and airborne precautions, including the use of eye protection. The policy elaborated that this includes using gloves, gowns, respiratory protection, eye protection, and performing hand hygiene before and after removal of PPE when caring for a resident with suspected or an active COVID-19 infection. Review of the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic, updated July 15, 2020, noted to take steps to ensure that everyone adheres to source control measures and hand hygiene practice while in a healthcare facility. CDC recommendations for Preparing for COVID-19 in Nursing Homes, updated June 25, 2020, noted to have a plan for how patients in the facility who develop COVID-19 will be handled including to identify space in the facility that could be dedicated to care for residents with COVID-19. The recommendations included that residents with known or suspected COVID-19 should be cared for using all recommended PPE which includes an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. The recommendations also included that nursing homes should create a plan for managing resident whose COVID-19 status is unknown and this might include putting the residents in a separate observation area so the resident can be monitored for evidence of COVID-19. Staff should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. The recommendations also included to put alcohol-based hand sanitizer with 60-95% alcohol in every resident room (ideally inside and out of the room) and other resident care and common areas. The recommendations further included to make sure that necessary PPE is available in areas where resident care is provided. The recommendations noted to consider designating staff responsible for stewarding those supplies and monitoring and providing feedback promoting appropriate use by staff. Facilities should have supplies of facemasks, respirators (if available), gowns, gloves, and eye protection (i.e., face shield or goggles). The recommendations included to position a trash can near the exit of a resident room to make it easy for staff to discard PPE prior to exiting the room. The recommendations also noted to implement a process for decontamination and reuse of PPE such as face shields and goggles. Review of CDC recommendations for using PPE, updated August 19, 2020, noted to remove gloves and gown and to perform hand hygiene then remove face shield or goggles by carefully grabbing the strap and pulling towards and away from your head. The recommendations included to not touch the front of the face shield or goggles. The recommendations included to remove and discard respirator (or facemask if used instead of respirator). The recommendations included to perform hand hygiene after removing the respirator/facemask and before putting it on again if it is to be reused. Regarding infection control signage Multiple observations of the resident hallways were conducted on October 14, 2020 including the 300 hall at 9:15 a.m., the 400 hall at 9:30 a.m., the 200 hall at 9:45 a.m., the 500 hall at 10:00 a.m., and the 100 hall at 10:15 a.m. During the observations, there was no signage for cough and sneezing etiquette or signage regarding the use of hand sanitizer. At the time of the observations, the DON (staff #10) was interviewed. She said that there were no signs posted regarding the use of hand sanitizer or regarding cough and sneezing etiquette and there should be. She said she would post these signs in the resident hallways. Review of the facility's COVID-19 infection control policy revealed that signs will be posted at the entrances, elevators, and break rooms to provide residents, staff, and visitors instructions on hand hygiene, respiratory hygiene, and cough etiquette. The CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated July 15, 2020, noted to take steps to ensure that everyone adheres to source control measures and hand hygiene practices while in a healthcare facility including to post visual alerts (e.g., signs and posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide instructions about wearing a cloth face covering or facemask for source control and how and when to perform hand hygiene. The CDC recommends visual alerts that include coughing and sneezing etiquette.
F 0882 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	Based on facility documentation, staff interviews, and review of Center for Disease Control (CDC) recommendations, the facility failed to designate a qualified individual as the Infection Preventionist (IP) in order to prevent COVID-19 transmission. The deficient practice could result in the spread of infection, including COVID-19 to residents and staff. Findings include: Review of the employee file for the Assistant Director of Nursing (ADON/staff #103) revealed that her last date of employment at the facility was on June 29, 2020. The employee file included that the staff had completed CDC infection prevention training. An interview was conducted on October 14, 2020 at 8:25 a.m. with the Director of Nursing (DON/staff #10), who stated that she became the IP in July 2020 after staff #103 resigned, but had not completed IP training. She stated that a resource staff (staff #104) and a compliance nurse (staff #105) had come to the facility to help with infection control. She said staff #104 was at the facility on October 13, 2020 and was supposed to come back on October 15, 2020, but did not come on a regular basis and staff #105 had not been in the facility for about 3 weeks because of a COVID-19 outbreak in the facility. An interview was conducted on October 14, 2020 at 1:24 p.m. with the Executive Director (ED/staff #52), who stated that the staff #103 was the prior ADON and had completed the training for IP. He said that the DON (staff #10) became the IP after staff #103 left, which was on June 29, 2020. He said that he did not know if staff #10 completed the IP training. He said that staff #104 and staff #105 did not work at least part time (20 hours per week or more) when assisting with infection prevention. He also said he did not know if they had completed IP training. The ED was not able to provide evidence to show that IP training had been completed for staff #104 or #105 and did not provide any completed training for staff #10. He was not able to provide a job description or a policy for the IP role. Review of CDC recommendations regarding preparing for COVID-19, updated June 25, 2020, in nursing homes revealed that facilities should assign at least one individual with training in infection control to provide on-site management of the COVID-19 prevention and response activities because of the breadth of activities for which an IP is responsible for including developing policies and procedures, performing infection surveillance, providing competency-based training of employees, and auditing adherence to recommended infection control practices.