

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035073</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SANTA RITA NURSING &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>150 NORTH LA CANADA DRIVE GREEN VALLEY, AZ 85614</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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 standards were followed. The deficient practice could result in the spread of infection, including COVID-19 to residents and staff. Findings include: -Regarding staff not wearing full Personal Protective Equipment (PPE) An observation of the new admissions/observation unit was conducted on May 25, 2020 at 12:50 p.m. Droplet precaution signs were observed on almost every resident's door. Observation of the resident rooms with the doors opened revealed PPE hanging inside the doorways on hooks. Staff were not observed donning PPE when assisting residents in rooms without droplet precaution signs. On May 25, 2020 at 1:05 p.m., an entrance conference was conducted with a Registered Nurse (RN/staff #52) and a Licensed Practical Nurse (LPN/staff #7). Staff #52 stated that of the residents that reside on the new admissions/observation unit were on droplet/isolation precautions. An observation was conducted of the secured dementia unit on May 25, 2020 at 1:27 p.m. with a LPN (staff #30). Staff #30 stated that 1/5 of the residents on the unit were on droplet precautions and included a COVID-19 positive resident. Staff were observed donning full PPE for the care of the residents who were COVID-19 positive, on droplet/isolation precautions, but were not observed donning full PPE before providing care for the other residents on the hallway. An interview was conducted on May 25, 2020 at 1:40 p.m. with staff #30. He stated that at one point, 2/3 of the residents on the unit had tested positive for COVID-19. Staff #30 stated that when multiple residents on the hallway were COVID-19 positive, staff wore full PPE when providing care to all the residents. He stated that currently staff only wears full PPE when providing care for the residents who had tested positive for COVID-19, on droplet/isolation precautions. Staff #30 stated that PPE was located in those residents' rooms. An interview was conducted on May 25, 2020 at 2:25 p.m. with the Director of Operations (DOO/staff #28). She stated the facility currently housed residents who were considered COVID-19 positive on the secured dementia unit and the general population unit. An interview was conducted on May 25, 2020 at 3:00 p.m. with a Certified Nursing Assistant (CNA/staff #45). He stated that he only don full PPE when he provides care to residents on droplet precautions. He said that he dons one of the gowns that are hanging in the resident's room. At approximately 3:30 p.m. on May 25, 2020, an observation of the general population unit was conducted with the Infection Preventionist (staff #67). Residents on the hallway were observed on droplet/isolation precautions. The doors to those residents' rooms were open. PPE was observed to be hanging inside the doorways of those residents' rooms. Staff #67 stated the residents had tested positive for COVID-19 and that the PPE hanging in the room was for staff to use when providing care to those residents. On May 25, 2020 at 3:40 pm., an interview was conducted with the Infection Preventionist (staff #67). Staff #67 did not provide a rationale for not requiring staff to don full PPE for the care of all residents. However, she stated she understood the question. The Regulatory Update Related to COVID-19 provided by the facility stated that protection of vulnerable residents at nursing care institutions included ensuring that all staff use appropriate PPE (use CDC guidance on conservation of PPE.) The CDC's COVID-19 Long Term Care Facility guidance stated long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with residents, to the extent PPE is available and per Centers for Disease Control (CDC) guidance on conservation of PPE. The guidance stated that if COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 [DIAGNOSES REDACTED]. symptomatic and asymptomatic residents. The CDC's guidance regarding Preparing for COVID-19 in Nursing Homes stated that because of the higher risk of unrecognized infection among residents, universal use of all recommended PPE for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or staff is newly identified in the facility. -Regarding kitchen staff not wearing face masks On May 25, 2020 at 1:10 p.m., an observation of the facility kitchen was conducted with the Dietary Manager (staff #37). Upon entry to the kitchen, a cook (staff #60) and a dietary assistant (staff #20) were observed performing their dietary duties. Staff #60 was observed wearing a face mask that covered her mouth and chin only. Staff #20 was not wearing a face mask. An interview was conducted on May 25, 2020 at 1:11 p.m. with the Dietary Manager (staff #37). She stated that all dietary staff is required to wear N95 masks upon entry to the building. She stated that all the residents in the facility are considered to be presumptive positive for COVID-19. On May 25, 2020 at 1:15 p.m., an interview was conducted with the cook (staff #60). She stated she attended the in-services on COVID-19, and that she knew her mask was supposed to be covering her nose and mouth. She stated she uncovered her nose because she could not breathe. An interview was conducted on May 25, 2020 at 1:20 p.m. with the dietary assistant (staff #20). She stated that she attends in-services every month. She stated that she wears her mask every day while performing her duties i.e. taking the food carts out onto the units, washing dishes, cooking, and putting away the dishes. She stated she could not say why she was not wearing a mask that day. On May 25, 2020 at 2:25 p.m., an interview was conducted with the Director of Operations (DOO/staff #28). She stated that there was not a specific policy that stated the dietary staff must wear a mask. However, she stated that wearing masks is a facility-wide mandate. Review of facility staff in-service education titled Infection Preventers: Join the Solution dated April 2, 2020 stated per the Long Term Care Facility (LTCF) Centers for Medicare and Medicaid (CMS) guidance for the duration of the state of the emergency, all LTCF personnel should wear a facemask while they are in the facility. The CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-2019) in Healthcare Settings revealed that key concepts in the guidance included implementation of source control for everyone entering the facility, regardless of symptoms. The document stated that to minimize the chance for exposure, as part of source control efforts, Healthcare personnel (HCP) should wear a facemask at all times while they are in the healthcare facility. The guidance further included HCP may be defined to include persons not directly involved in resident care, but who could be exposed to infectious agents in the healthcare setting (e.g. clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).</p> <p>-Regarding placement of residents During an observation conducted of the secured dementia unit on 5/25/2020 at approximately 1:30 p.m., a resident who tested positive for COVID-19 was observed on droplet precautions. The resident's roommate who tested positive for COVID-19 at the same time was moved to a room two rooms away. Later, the resident remained COVID-19 positive but the roommate tested negative. Neither resident were moved to a unit/area specific for COVID-19 residents. The residents' room doors were closed. Another resident on the unit was on observation for COVID-19 symptoms due to returning from the hospital. This resident's room was several rooms away from the resident positive for COVID-19. The resident's room door was closed. In an interview conducted with the LPN (staff #30) on 5/25/2020 at 1:40 p.m., the LPN stated each resident had their own room and that he was unsure why the residents were not moved to the observation unit or a unit dedicated for COVID-19 positive residents. An observation was conducted later that afternoon of the general population unit. The unit contained residents that tested positive for COVID-19 and residents that tested</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035073</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SANTA RITA NURSING &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>150 NORTH LA CANADA DRIVE GREEN VALLEY, AZ 85614</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p>(continued... from page 1) negative for COVID-19. An interview was conducted with the Infection Preventionist (staff# 67) on 5/25/2020 at 3:40 p.m. Staff #67 did not provide a rationale or give a reason why residents positive for COVID-19 and residents on observation for COVID-19, were on the units with residents that were negative for COVID-19. Staff # 67 stated that she was unsure what their policy was regarding the placement of residents. The Infection Preventionist also stated there were no designated staff for those residents that were COVID-19 positive or for the residents on observation unit. The facility's policy titled Elements of a COVID-19 Plan stated residents are to be cohorted according to their COVID-19 status. The facility's policy titled Incident Command/ Emergency Preparedness - COVID -19 Specific stated that residents that are pending testing are moved to the observation unit, one resident per room. The policy stated that residents that test positive are housed at the east end of the observation unit. In the CDC guidance Key Strategies to Prepare for COVID-19 in Long term Care Facilities it was revealed that a designated location is to be used to care for residents with suspected or confirmed COVID-19, separate from other residents. CMS guidance titled COVID-19 Long Term Care Facility Guidance dated 4/2/2020 stated that long term care facilities should separate residents who have COVID-19 from residents that are COVID-19 negative or their COVID-19 status is unknown. In addition, it stated that when possible facilities should have separate staffing teams for COVID-19 positive and COVID-19 negative patients.</p>		