STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035190	A. BUILDING _____ B. WING _____	08/05/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CATALINA POST ACUTE AND REHABILITATION	**2611 NORTH WARREN AVENUE TUCSON, AZ 85719**

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, facility documentation, Centers for Disease Control (CDC) recommendations and policies and procedures, the facility failed to ensure that infection control standards were followed regarding the use of Personnel Protective Equipment (PPE) and disinfecting resident care equipment, and failed to maintain an ongoing infection control program which included systematic collection, analysis and interpretation of surveillance data to identify infections, infection risk and communicable diseases. The deficient practices could result in the spread of infections to residents and staff, and a lack of preventive measures, identification, investigation and control of infections, including COVID-19. Findings include: An interview was conducted on [DATE] at 9:00 a.m. with the Administrator (staff #156) and the Director of Nursing (DON/staff #157). They explained that there were two current residents with active COVID-19 on one unit, and the South unit was the designated admission unit (new admissions/unknown status) in which staff monitor the residents for signs and symptoms of COVID-19, until two negative COVID tests are obtained. -Regarding the practice of staff using the same gown between residents with an unknown status for COVID-19 who are on isolation precautions and reside in the same room: An interview was conducted on [DATE] at 9:46 a.m. with a Certified Nursing Assistant (CNA/staff #28), who was working on the South unit. She stated the rooms that have signs and supplies outside of their rooms are on droplet isolation and are being monitored for possible COVID-19. She stated that in these isolation rooms, she has her own gown that she uses for the day and that she uses the same gown for both residents in the room. She stated residents are on precautionary isolation, until they receive two negative COVID-19 test results. An interview was conducted on [DATE] at 10:36 a.m., with a Licensed Practical Nurse (LPN/staff #107). She said that she shares her gown between roommates in the same room, but changes her gloves and does hand hygiene between roommates. An observation was conducted on [DATE] at 10:37 a.m. of one isolation room on the South wing that housed two residents, who were an unknown COVID-19 status. There were multiple gowns hanging on hooks on the wall closest to the hallway door. The gowns were not tabled (CNA, nurse). An interview was conducted on [DATE] at 2:36 p.m. with the Infection Control Preventionist (LPN/staff #84) and the DON (staff #157). Staff #84 said that staff members should use one gown per staff, per resident on the South unit. She stated that the same gown should not be used for two different patients in the same room. She said this could increase the risk of infection transmission and did not follow their policy. -Regarding staff not disinfecting the vital sign equipment between residents: An interview was conducted on [DATE] at 9:46 a.m. with a CNA (staff #28) on the South unit. She stated the vital sign machines were used for all patients on the unit. The CNA said that she wipes down the machine with bleach wipes between rooms. However, she further stated that she does not disinfect the machine between roommates in an isolation room, but would change her gloves and do hand hygiene in between. An interview was conducted on [DATE] at 2:36 p.m. with the Infection Control Preventionist (staff #84) and the DON. The DON stated that staff are using the vital sign machine for all rooms on the South unit, and that staff should use bleach wipes to disinfect the equipment between every resident. Staff #84 said if staff were not disinfecting the vital sign machines between roommates, it would increase the risk for infection transmission and that it did not follow their policy and procedures. An interview was conducted on [DATE] at 4:50 p.m. with the Administrator (staff #156) and the DON. Both stated that they are following their policies and the CDC guidelines for infection control and the COVID-19 pandemic. They said that they had provided all available documentation/policies and agreed that if the documentation was not included, it would mean the facility did not have that documentation or policies for that specific area and to refer to the CDC guidelines. A policy regarding Isolation and Prevention/Precautions, Standard included it was their policy to prevent the spread of blood borne pathogens among healthcare workers by direct or indirect contact with high risk body fluids. Standard precautions are the basic level of infection control that should be used in the care of all residents all of the time. Care included to reduce the risk of transmission or microorganisms from both recognized and non-recognized sources of infection. Regarding patient Care Equipment and Devices, it stated to handle in a manner that prevents transfer of microorganisms to others and to the environment and to clean, disinfect or reprocess non-disposable equipment and devices before reuse with another resident. Review of a policy titled, Personal Protective Equipment Conservation During 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 facility the criteria to implement strategies for extended use and re-use as appropriate. All personal shall be trained in the proper use of PPE prior to performing any task that may involve exposure to blood and body fluids. The facility and personnel will follow recommendations of the 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 of protective equipment by one healthcare worker for multiple encounters with different patients with the same [DIAGNOSES REDACTED]. Re-use is defined as the practice of using the same piece of protective equipment by one healthcare worker for multiple encounters with different patients or the same patient but removing it after each encounter, then reapplying for the next encounter. The table for gown use included crisis capacity (very limited/critical levels). Shortages require strategies that are not commensurate with usual standards of care, but are aimed at providing the best alternative to maintain patient and staff safety. The crisis capacity approaches included Implement Extended use for patients known to be infected with the same infectious disease and housed in the same location. Review of a General Cleaning of Equipment policy revealed that all resident care equipment well be cleaned and decontaminated after use and will be prepared for reuse for the same or another resident. All equipment will be cleaned and decontaminated immediately after use, with an EPA-approved and facility-approved disinfectant. Review of the CDC guidance on Strategies for Optimizing the Supply of Isolation Gowns dated [DATE], revealed 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 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 (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. Review of the CDC guidance on Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic dated [DATE], revealed that as healthcare facilities begin to relax restrictions on healthcare services provided to patients, there are precautions that should remain in place as a part of the ongoing response to the COVID-19 pandemic. Under the heading, Environmental Infection Control it stated that all non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies. The CDC guidance on Preparing for COVID-19 in Nursing Homes dated [DATE] stated that given their congregate nature and resident population

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035190	A. BUILDING _____ B. WING _____	08/05/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CATALINA POST ACUTE AND REHABILITATION	2611 NORTH WARREN AVENUE TUCSON, AZ 85719

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	(continued... from page 1) (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19 and other pathogens. As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and HCP. 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. The guidance included to create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. -Regarding infection control surveillance data for residents: Review of the facility's COVID-19 Symptom and Testing Surveillance List for residents from [DATE] through [DATE] revealed sections to document resident data such as; resident names, date of birth, duration of illness, specimen collection date, lab results and whether or not the resident was hospitalized . However, this Surveillance List did not include demographic data such as gender; if the resident was short or long stay; the resident's location in the facility (floor/room/bed); if any diagnostic tests were done (including chest x-rays); the type of specimen collected; if any additional tests were ordered; symptom resolution date and the residents' outcome. Further review of the COVID-19 Symptom and Testing Surveillance List for residents from [DATE] through [DATE] revealed there was also missing data as follows: -For the section regarding Date of symptom onset there were 12 out of 26 dates that included not applicable (N/A). -For the section regarding Duration of illness there were 25 out of 26 times with N/A documented. Regarding infection control surveillance data for facility staff: Review of the facility's COVID-19 Symptom and Testing Surveillance List for staff from [DATE] through [DATE], revealed sections to document staff data such as staff names; job title; units/areas worked; date of symptom onset; duration of illness; specimen collection date; COVID lab results and if staff were hospitalized . However, this Surveillance List did not address the following areas: staff demographic information including age and gender; whether they were employed/contracted/or consulting; last day worked; whether or not the staff member experienced a fever; the fever value; respiratory symptom data including cough or shortness of breath; other symptoms including myalgia, headache, loss of appetite, chills or sore throat; the type of specimen collected; any diagnostic tests (including chest x-rays); the symptom resolution date and staff outcome. Further review of the COVID-19 Symptom and Testing Surveillance List for staff revealed N/A responses for the following: -6 out of 18 occasions with N/A responses for the date of symptom onset. -8 out of 18 occasions with N/A responses for the duration of illness. -4 out of 18 occasions with N/A responses for the specimen collection date. On [DATE] at 3:12 p.m., an interview was conducted with the Infection Preventionist (IP/staff #84) and the Director of Nursing (DON/staff #157). The DON stated that the Administrator (staff #156) is responsible for the Surveillance Line Lists. She stated that she did not know the date of symptom onset or the specimen collection dates for those individuals who had been designated as N/A. She stated that she did not know specifically how long each COVID positive staff member had stayed off work, but she said it would have been in accordance with the CDC recommended guidelines. The DON said that she was not familiar with this new line listing/respiratory surveillance form. The DON said that she was not familiar with what symptoms the COVID positive staff members may have had, but she thought the specimens that were collected were nasopharyngeal. She said the Administrator calls the employees and asks for that information. The DON stated that she had never seen the line list until five minutes ago, but the additional information would be good to include on the form. An interview was conducted on [DATE] at 4:50 p.m. with the facility Administrator (staff #156) and the DON. Staff #156 stated they are following the CDC guidelines and facility policies. He stated that if the information had not been provided, they did not have it. He said to refer to the CDC guidelines. A facility policy titled, Infection Prevention and Control Program (IPCP) included that the program is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program. The policy stated the IPCP is comprehensive in that it addresses detection, prevention, and control of infections among residents and personnel. The major activities of the program include infection surveillance. The policy further stated that there is on-going monitoring for infections among residents and personnel and subsequent documentation of infections that occur. Surveillance tools are used to recognize the occurrence of infections, record their number and frequency, detect outbreaks and epidemics, monitor employee infections, and detect unusual pathogens with infection control implications. This also includes reporting of communicable diseases per the CDC guidelines. Review of the CDC Long Term Care Respiratory Surveillance Line List revealed a template for data collection and active monitoring of both residents and staff, during a suspected respiratory illness cluster outbreak at a nursing home or other LTC facility. Per the Respiratory Surveillance Line List, this tool will provide facilities with a line listing of all individuals monitored for or meeting the case definition for the outbreak illness. Each row represents an individual resident or staff member who may have been affected by the outbreak illness. The information in the columns of the worksheet capture data which included the following: the case demographics (e.g., name, age, gender, resident or staff); for residents only: Short stay (S) or Long stay (L), for staff only: whether employed, contracted, consulting or volunteer; location in the facility (e.g., for residents floor, room/bed, for staff: primary floor assignment); clinical signs/symptoms (e.g., symptom onset date (mm/dd), fever (y/n), cough (y/n), myalgia (y/n), additional signs and symptoms including headache, shortness of breath, loss of appetite, chills, or sore throat; diagnostic tests and outcomes (e.g. chest x-ray) y/n; type of specimen collected (e.g. no test performed, culture, Polymerase Chain Reaction (PCR), urine, [MEDICATION NAME]); pathogen detected (e.g. negative results, bacterial, [MEDICAL CONDITION] or other) and outcome during outbreak (e.g. symptom resolution date mm/dd, hospitalized (y/n) or died (y/n).