

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035134	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2020
NAME OF PROVIDER OF SUPPLIER RIM COUNTRY HEALTH & RETIREMENT COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP 807 WEST LONGHORN ROAD PAYSON, AZ 85541	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, facility documentation, staff interviews, review of the Center for Disease Control (CDC) recommendations, the Centers for Medicare and Medicaid Services (CMS) guidance and policies and procedures, the facility failed to ensure that infection control standards were maintained. The deficient practice could result in the spread of infection, including COVID-19 to residents and staff. Findings include: -An interview was conducted on July 14, 2020 at 11:20 a.m. with the Director of Nursing (DON/staff #58), who stated the facility was testing staff/residents for COVID-19 in the conference room and testing should be done by 12:00 p.m. On July 14, 2020 at 12:00 p.m., the Social Services Director (staff #31) was observed in the conference room pulling a clear plastic bag of COVID-19 testing supplies that had been used to test staff/residents that morning from a trash receptacle located on the left wall. She placed the trash bag on the floor. She then emptied another clear plastic trash bag containing COVID-19 used testing supplies from the trash receptacle located on the right wall and placed the bag on the floor next to the first bag. After she had finished wiping the conference tables, she picked the two bags up to leave the room. An interview was immediately conducted with staff #31. She stated the trash bags contained used testing supplies and that she was going to take the trash out. She acknowledged the trash bags should have been put in a red hazard bag. She said that she had received training on infection control. Staff #31 stated she was a new employee and that she was not sure if the trash bags could be placed on the floor. She said that she would have to ask the administrator (staff #53). At 12:15 p.m., the administrator entered the conference room. Staff #31 asked staff #53 if trash bags could be placed on the floor. Staff #53 said the trash bags could not be placed on the floor because it would contaminate the floor. The facility's policy regarding Infection Control Coronavirus (COVID-19) revealed staff shall be educated regarding disinfecting frequently touched items and inanimate objects in common areas. The policy included waste from isolation units will be red bagged and disposed in biohazard area. The CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic stated that when collecting diagnostic respiratory specimens (e.g., nasopharyngeal or nasal swab) from a resident with possible [DIAGNOSES REDACTED]-CoV-2 infection clean and disinfect procedure room surfaces promptly. Ensure that environmental procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for [DIAGNOSES REDACTED]-CoV-2 in healthcare settings. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures. -An interview was conducted on July 14, 2020 at 12:15 p.m. with the Director of Nursing (DON/staff #58). The DON stated there were residents that were being observed for signs and symptoms of COVID-19. She stated the residents displayed symptoms of lethargy, loss of appetite, and low oxygen levels. She stated the residents on observations are located on the 200, 300, and 400 halls. The DON stated the staff caring for the residents on observation wore the same facemask, face shield, and gown for their entire shift. She also stated that the staff were providing care for residents on observation as well as resident that were not on observation or COVID-19 positive. The DON agreed that there could be a risk of contamination. The DON then proceeded to change their process. Continued observation of the facility revealed some of the observation rooms on the 300 and 400 halls had no signage. The DON stated that staff needed to know which rooms were quarantined. During this observation, an interview was conducted with a Certified Nursing Assistant (CNA/staff #23). The CNA stated that she was providing care to the residents that were on observation for COVID-19 symptoms on the 300 and 400 halls. She stated that she wears the same PPE for her entire shift and provides care for the other residents on the halls that are not on observation. The CNA stated that she was not aware the resident on the 400 hall was on observation for COVID-19. Staff #23 was then observed attempting to enter a resident room on observation on the 300 hall without donning a face shield. The CNA stated that she wears the face shield about 50% of the time. The DON then stated to staff #23 that she needed to wear a face shield whenever she entered a resident room. Review of the in-service sign-in sheet for donning and doffing PPE dated June 12, 2020 revealed staff #23 attended. Review of the facility's policy Infection Control Coronavirus (COVID-19) revised June 26, 2020, revealed education shall be provided to staff for appropriate donning and doffing of PPE, including but not limited to N95 masks. CDC guidance regarding strategies for optimizing the supply of isolation gowns revealed consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same 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]. The CDC guidance Responding to Coronavirus (COVID-19) in Nursing Homes regarding residents with new-onset suspected COVID-19 states ensure the resident is isolated and cared for using all recommended COVID-19 PPE. Place the resident in a single room if possible pending results of [DIAGNOSES REDACTED]-CoV-2 testing. Review of the CDC guidance Preparing for COVID-19 in Nursing Homes updated June 25, 2020 revealed 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 (e.g., Clostridioides difficile). The CDC guidance Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic revealed that as a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for patients with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infections. Dedicated means that HCP are assigned to care only for these patients during their shift. The PPE recommended when caring for a patient with suspected or confirmed COVID-19 includes putting on a clean isolation gown upon entry into the patient room or area. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Review of CMS Long Term Care (LTC) Infection Control Worksheet revealed a facility that uses this worksheet will identify gaps in practice and have a roadmap that can lead to an improved infection prevention and control program. The worksheet included ensuring signs that a resident is on transmission-based precautions and the required PPE are clear and visible on the door or next to the door. The Centers for Disease Control and Prevention (CDC) recommendations for the Coronavirus Disease 2019, revealed that infection control procedures including administrative rules and engineering controls, environmental hygiene, correct work practices and appropriate use of PPE, are all necessary to prevent infections from spreading during healthcare delivery. All healthcare facilities must ensure that their personnel are correctly trained and capable of implementing infection control procedures, and that individual healthcare personnel should ensure they understand and adhere to infection control requirements.</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.