STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035016	A. BUILDING _____ B. WING _____	07/27/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HANDMAKER HOME FOR THE AGING	**2221 NORTH ROSEMONT BOULEVARD 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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 infections, including COVID-19 to residents and staff. Findings include: Review of the facility's document titled Rich/COVID-19 Unit revealed green units housed residents that had no signs or symptoms of COVID-19 and/or residents that had recovered from COVID-19. Yellow units housed newly admitted residents that were being quarantine/observed for 14 days for signs and symptoms of COVID-19 and that units that housed active COVID-19 positive residents were designated as red. The document also included contact and droplet precautions were being implemented on the yellow and red units. Review of a facility map provided by the facility revealed the Kalmanovitz unit and the Bregman unit were designated as green. The Golding South unit was designated as yellow and the Rich unit had sections of green, yellow, and red. Continued review of the facility's document titled Rich/COVID-19 Unit revealed the Rich unit is separated into 3 sections, green, yellow and red and all sections are to be kept separate. Traffic between green and yellow/red is to be avoided. The document included washing hands between patient care in the green section and to remember, always wash your hands and change gloves between patients. Regarding observations on a green unit: -During an observation conducted of the Kalmanovitz (wandering/dementia) unit on July 23, 2020 at 9:30 a.m., a Certified Nursing Assistant (CNA/staff #220) was observed wearing gloves taking residents' vital signs in the dining area. The CNA was observed to obtain vital signs on 4 residents without performing hand hygiene or changing gloves. The CNA was observed using a disinfectant wipe to clean the equipment between residents. At 9:45 a.m., a CNA (staff #235) was observed at the nursing station wearing a cloth facemask. An interview was conducted with a Registered Nurse (RN/staff #162) on July 23, 2020 at 9:50 a.m. She stated that she had received education on COVID-19, infection control, and Personal Protective Equipment (PPE) which included donning and doffing. The RN stated that staff should change gloves and perform hand hygiene between residents. She said not changing gloves between residents increases the risk for transmission of infection. She also stated that staff are to wear a medical facemask while on the unit and that a cloth facemask does not provide the same protection as a medical facemask. An interview was conducted on July 23, 2020 at 10:00 a.m. with staff #220. He acknowledged that he did not change his gloves between residents when he was taking vital signs. He said he was cleaning the gloves with alcohol wipes between residents and thought that would be sufficient. He stated that he knew he was supposed to change gloves and perform hand hygiene between each resident and each time he entered and exited a resident room. The CNA stated not changing gloves between residents could result in cross contamination. He stated that the staff on this unit are required to wear a medical mask. Staff #220 also stated that he had received education regarding COVID-19, PPE donning and doffing and correct usage, and handwashing. During an interview conducted with staff #235 on July 23, 2020 at 10:10 a.m., she stated that she could wear a cloth mask on this unit if it has a filter because there were no COVID-19 positive residents on the unit. The CNA stated that her mask had a filter pocket and that she changes the filter after each shift that she wears the mask. An interview was conducted on July 23, 2020 at 10:12 a.m. with the Infection Control Preventionist (ICP/staff #181). She stated that staff are to wear a facemask while in the facility, and that a medical facemask was preferred. She stated that some of the staff had their own mask that had a carbon filter and that staff were permitted to wear that type of mask on units that did not have any COVID-19 positive residents. In another interview with the ICP conducted July 23, 2020 at 3:18 p.m., the ICP stated gloves must be changed and hand hygiene performed between residents and that by not doing so increases the risk for transmission of infection. She now stated that cloth masks are not permitted for staff on any resident units at this time and that, while on the units, all health care providers need to wear a medical mask or higher rated mask. She stated the staff member wearing a cloth mask did not follow policy, which is CDC guidelines, and that there was an increased risk for spread/transmission of disease. Regarding observations on the yellow unit: -An observation was conducted of the Golding South unit on July 23, 2020 at 11:15 a.m. Four signs were observed on the entrance door to the unit. One sign stated Isolation holding and a second sign stated Contact and droplet precautions in place all patients. A third signs revealed Stop. Contact Precautions (in addition to Standard Precautions) (If you have questions, ask nursing staff) Everyone Must: Clean hands when entering and leaving room, and Gown and glove at door. Doctors and staff must: use patient-dedicated or disposable equipment. Clean and disinfect shared equipment. The fourth sign revealed Stop. Droplet Precautions. (In addition to Standard Precautions) Families and Visitors follow instructions on information sheet. (If you have questions, go to Nurse Station) Everyone Must: Clean hands when entering and leaving room; Wear mask; Doctors and Staff must: If contact with secretions likely, use gown, glove, and eye cover. On July 23, 2020 at 11:20 a.m., a RN (staff #103) was observed wearing a facemask in the nursing station. The facemask was not covering the RN's nose and her face shield was not covering her face. An observation was conducted on July 23, 2020 at 11:30 a.m. of a CNA (staff #31) entering a resident's room. The CNA donned a plastic gown that was hanging next to the resident's door. However, the gown was not secured at the neck, was open across the staff #31's back, and was hanging from his shoulders leaving portions of his uniform exposed. In an interview conducted with staff #103 on July 23, 2020 at 11:32 a.m., she stated that the unit was designated as a yellow/holding area and was for a 2-week observation of new admissions for signs and symptoms of COVID-19 or any communicable diseases. She stated that the residents on the unit were on contact and droplet precautions. The RN stated that staff were to have their N95 mask and face shield on continuously. She stated staff would don a gown and gloves before entering a resident's room. She acknowledged that she had her face shield pulled up on top of her head and her facemask pulled down. She said she was trying to talk to a CNA who could not hear her with the PPE in place. The RN stated that she should not have had the facemask pulled down and the face shield on top of her head because the PPE was important to protect herself from infection and to keep from spreading germs to others. The RN stated she had received education regarding the precautions to follow on the unit and for PPE use. During observations conducted on July 23, 2020 between 12:15 p.m. and 12:41 p.m., staff #31 was observed to enter three resident rooms wearing gowns that were not secured at the neck and waist exposing the CNA at the neck and shoulders. Also, during these observations, a second staff member working on a malfunction of residents' call lights, was observed to enter one resident's room two times without donning a gown or gloves. An interview was conducted on July 23, 2020 at 3:18 p.m. with the ICP (staff #181). She stated all staff are to wear a facemask and eye protection while in the facility. She also stated staff are to don a gown and gloves to enter a resident's room on the yellow unit. She said staff on the yellow unit with PPE not donned correctly increases the risk for contamination and transmission of infection. The ICP stated that when staff dons a gown, they are to tie the gown in the back at the waist. She stated that entering a resident's room who is on isolation precaution with the gown not completely covering the staff or with no gown on, increases the risk of contamination. She stated that staff had been provided education regarding the COVID-19 virus in general, the types of isolation being used, and PPE which included donning and doffing of PPE as well as PPE type and usage. Regarding resident showers: An interview was conducted with a RN (staff #103) on July 23, 2020 at 11:50 a.m. She stated that there was only one shower room on the Rich unit and that it was located in

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.

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) the red section of the unit which is the COVID-19 positive section. The RN stated residents that reside on the section of the Rich unit that are COVID-19 negative were being transported into and through the COVID-19 positive area of the unit for their shower wearing a mask. An interview was conducted with a CNA (staff #209) on 7/23/2020 at 1:50 p.m. Staff #209 stated that residents on the Rich unit that are COVID-19 negative (green section) and residents that are on quarantine/observation (yellow section) as well as the residents that are COVID-19 positive (red section) all use the same shower room which is located in the red COVID-19 positive section of the unit. She said the residents from the COVID-19 negative section must pass through the quarantine/observation section into the COVID-19 positive section to enter the shower room. Staff #209 stated the residents that are COVID-19 negative alternate days with the residents that are COVID-19 positive and the residents that are on quarantine/observation. She stated staff disinfect the shower room between residents. The CNA also stated the shower room is sterilized, which is a deep cleaning that occurs on the night shift, between the days. She stated regarding the residents that are COVID-19 negative, 2 to 3 resident showers are done on the day shift and 2 or 3 showers are done on the night shift. She said that while the resident is in their room, they have the resident hold their clothes on their lap and don a mask, then the resident is taken to the shower room. Staff #209 stated that after the shower, the resident dons the mask again before returning to their room. During an interview conducted with a Licensed Practical Nurse (LPN/staff #268) on 7/23/2020 at 2:06 p.m., she stated that she normally works on the green section of the Rich unit. She stated that the CNAs take residents from the green section to red section to receive a shower. She stated that the resident is required to don a facemask and the CNA is to wear an N95 mask and face shield. The LPN stated residents on the green section are given showers on days different from residents on the yellow or red section so that the shower room can be properly disinfected in between days. During an interview conducted with an LPN (staff #269) at 2:20 p.m., the LPN stated that the facility's procedure is to take residents from the green area to the red area for showers. She stated that while the resident is in the shower chair, the CNA is to disinfect the resident's wheelchair. The LPN also stated the shower area is disinfected. In an interview with a resident on 7/23/2020 at 3:07 p.m., the resident stated that she has been taken from the green section of the unit to the red section for a shower on more than one occasion. The resident stated that while she was being transported to the shower area, she did not wear a facemask or any PPE. In an interview conducted with the ICP on 7/23/2020 at 3:48 p.m., the ICP stated that she was aware that residents from the green, yellow and red areas of the Rich unit were all being showered in the shower room located in the red section of the unit. She said that she was not aware of any plan to alternate days for the use of the shower room. The ICP stated this was an infection control risk and against the guidelines from the CDC. She stated that they are working on a plan to shower the residents from the green section of the Rich unit in the Bregman (green) unit. -Regarding staff: Review of the facility's staff schedules for 7/17/2020 - 7/23/2020 revealed one nurse was scheduled to work the night shift (10:00 p.m. - 6:00 a.m.) on the Rich (red, yellow, and green) unit and one nurse was assigned to work the Bregman (green) unit and the Golding South (yellow) unit on the night shift. Continued review of the schedule for the Rich unit revealed 2 CNAs were scheduled to work the overnight shift on 7/17/2020, 7/19/2020, 7/20/2020, 7/21/2020, and 7/22/2020. Only 1 CNA was scheduled to work the Rich unit on the overnight shift on 7/18/2020. In an interview conducted with the ICP (staff #181) on 7/23/2020 at 12:10 p.m., she stated that they were currently in a staffing emergency and were using agency staff as needed. She stated that she believed the staffing emergency was initiated early in March. She stated that staff had become ill and that they had lost staff due to health concerns regarding COVID-19 exposure. Staff #181 stated they have reached out to the county for help but that there has not been any help available for staffing. She stated that they do not have any sister facilities that could assist with staffing needs. She stated that if there is a need for clinical staff, she and other staff will fill the need if possible. Another interview was conducted with the ICP on 7/23/2020 at 3:48 p.m. She stated that staff are not always dedicated to work one unit but they are not to work on different units on the same day. The ICP stated the expectation has been that staff will work a different on a different day. She stated that there was only 1 nurse assigned to cover all three areas of the Rich unit on the overnight shift but there should have be a CNA assigned to each section of the Rich unit. She stated this has been their practice for some time and that she is not aware of any spread of the COVID-19 virus on the Rich unit. On 7/24/2020, a telephone interview was conducted with a RN (staff #32) at 8:52 a.m. She stated that she has worked the Golding and Bregman Unit simultaneously on the overnight shift many times. She stated she was the only nurse scheduled for both units. The RN stated that she did not believe that this was an issue or posed any infection control concern because she was very cautious about adhering to infection control protocols when she worked her shift. She stated that she washed her hands as required and was always cognizant to don the appropriate PPE for each unit. A telephone interview was conducted with the Director of Nursing (DON/staff #204) on 7/24/2020 at 10:05 a.m. She stated that she and other staff members have been filling in for staff and that it was not on the schedule. The DON stated that she has worked the Golding unit, Bregman unit, and all 3 sections of the Rich unit on the overnight shift. She also stated that she was the only nurse working those units. Staff #204 stated that she does not believe the assignments pose a risk regarding infection control. She stated this is how it has always been done and that as long as proper hand hygiene and correct PPE protocols are followed, no additional risk is present. Review of a facility's document Heightened Surveillance Activities revealed all staff are to wear face masks while in the building. Regarding the Golding Unit PPE, all staff should wear N95 mask and eye protection whenever entering the unit and apply gown and gloves before entering a resident room. The Rich/COVID-19 Unit required Contact and Droplet precautions which included N95 mask, face shield, gown, and gloves before entering any resident rooms. Staff are to keep their mask and face shields on at all times while on the unit. Staff are required to wear one gown per staff per resident for every resident room and to follow the PPE donning and doffing guidelines for applying and taking off PPE. Always wash hands and change gloves between patients. The facility's Infection Control Policy updated 1/2018 included hands must be washed and dried before and after any direct resident contact and/or the removal of gloves. The facility's Infection Prevention and Control Policy and Procedure regarding COVID-19 updated 3/2020 stated elderly and those with chronic medical conditions have demonstrated more severe illness than other populations at this time. The facility will follow all CDC updates and guidance regarding Coronavirus. Review of the facility's policy regarding Emergency Staffing Strategies updated 3/2020 revealed emergency staff may include volunteers with varying level of skills and training to include, medical and non-medical expertise. Staff are expected to make ever effort to arrive to work for their regularly scheduled shift. Staff not on duty may be recalled as dictated by staffing needs. Staff may or may not be recalled to their usual unit. Staff may be assigned to an alternate unit as needed to ensure the safety and welfare of the residents. Every effort shall be made to ensure no staff work greater than 16 consecutive hours. The administrator, or designee, shall notify the authority having jurisdiction of any staffing or assistance needs. The facility's policy titled Communicable Disease Heightened Surveillance updated 4/2020 included monitoring for appropriate staffing needs. Implement the Emergency Staffing Policy when appropriate and notify the County Office of Emergency management for critical shortages of both medical/nursing staff. Review of the facility's policy on PPE updated 6/2020 revealed the facility promotes appropriate use of PPE to prevent the transmission of pathogens to residents, visitors, and other staff. Perform hand hygiene before donning gloves and after removal. Gloves are not a substitute for hand hygiene. Wear gowns to protect arms, exposed body areas, and clothing from contamination. Gowns should fully cover torso from neck to knees, arms to end of wrist, and wrap around the back. Fasten the back of the gown at the neck and waist. Review of the CDC guidance Responding to Coronavirus (COVID-19) in Nursing Homes dated April 30, 2020 revealed there are several considerations for establishing a designated COVID-19 care unit for residents with confirmed COVID-19. Determine the location of the COVID-19 care unit and create a staffing plan before residents or Health Care Personnel (HCP) with COVID-19 are identified in the facility. This will allow time for residents to be relocated to create space for the unit and to identify HCP to work on this unit. Facilities that have already identified cases of COVID-19 among residents but have not developed a COVID-19 care unit, should work to create one unless the proportion of residents with COVID-19 makes this impossible (e.g., the majority of residents in the facility are already infected). Ideally the unit should be physically separated from other rooms or units housing residents without confirmed COVID-19. Depending on facility capacity (e.g., staffing, supplies) to care for affected residents, the COVID-19 care unit could be a separate floor, wing, or cluster of rooms. The facility is to assign dedicated HCP to work only on the COVID-19 care unit. At a minimum this should include the primary nursing assistants (NAs) and nurses assigned to care for these residents. HCP working on the COVID-19 care unit should ideally have a restroom, break room, and work area that are separate from HCP working in other areas of the facility. Ensure that HCP have been trained on infection prevention measures, including the use of and steps to properly put on and remove recommended personal

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 2) protective equipment (PPE). HCP should use all recommended COVID-19 PPE for the care of all residents on affected units (or facility-wide if cases are widespread); this includes both symptomatic and asymptomatic residents. The CDC guidance titled Preparing for COVID-19 in Nursing Homes dated June 25, 2020 revealed that given their congregate nature and resident population served, nursing home populations are a high risk of being affected by respiratory pathogens like COVID-19. HCP should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should not be worn by HCP instead of a respirator or facemask if PPE is required. Residents with known or suspected COVID-19 should ideally be placed in a private room with their own bathroom, in dedicated unit or section of the facility with dedicated HCP. The guidance also included HCP should wear an N95 or higher-level respirator, eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for residents that are being monitored for evidence of COVID-19. Review of the CDC guidance regarding Using Personal Protective Equipment (PPE) updated July 14, 2020 revealed HCP should adhere to Standard and Transmission-based precautions when caring for patients with [DIAGNOSES REDACTED]-CoV-2 infection. PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting). PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care. Put on isolation gown, tie all of the ties on the gown. Review of the CDC guidance titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated July 15, 2020 revealed HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or others spaces where they might encounter co-workers. The guidance also revealed that when admitted , a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection should be placed in a single-person room with the door closed. The patient should have a dedicated bathroom. 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 infection. Dedicated means that HCP are assigned to care only for these patients during their shift. The CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages updated July 17, 2020 revealed maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for HCP and safe patient care. When staffing shortages are anticipated, healthcare facilities must be in communication with local healthcare coalitions, federal, state, and local public health partners to identify additional HCP (e.g., hiring additional HCP, recruiting retired HCP, using students or volunteers), when needed. Adjust staff schedules, hire additional HCP, and rotate HCP to positions that support patient care activities. Cancel all non-essential procedures and visits and shift HCP who work in those areas to support other patient care activities in the facility. Ensure these HCP have received appropriate orientation and training to work in these areas that are new to them. When there are no longer enough staff to provide safe patient care, implement regional plans to transfer patients with COVID-19 to designated healthcare facilities, or alternate care site with adequate staffing.