STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035139	A. BUILDING _____ B. WING _____	06/08/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HAVEN OF SHOW LOW	2401 EAST HUNT STREET SHOW LOW, AZ 85901

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 infection, including COVID-19 to residents and staff. Findings include: -Regarding a symptomatic COVID-positive staff member On June 3, 2020 at 12:45 p.m., an observation of the COVID-19 unit was conducted with a Registered Nurse (RN/staff #47). She stated that during the previous week, she had noticed that she had started experiencing a loss of smell. She said that she requested to be tested for COVID-19. She stated that on Friday, May 29, 2020 she received a positive result. Staff #47 stated that additional symptoms she had experienced included a small amount of head congestion, a little cough, and a borderline sore throat. She said her oxygen saturation levels had been between 92 - 94%. She stated that she took four days off from work and that she had returned to work on June 3, 2020 for a six hour shift on the COVID-19 unit. She stated that she still could not smell and that she still had sinus pressure, but thought that it might be attributed to allergies [REDACTED]. She stated that she had been contacted by the county department of health and that she was told that she could return to work on the COVID-19 unit after 72 hours if she was symptom free. An interview was conducted on June 3, 2020 at 3:38 p.m. with the Director of Nursing (DON/staff #16). She stated that after speaking with her corporate office, her understanding was that COVID-19 positive staff members may return to work ten days after testing positive and 72 hours symptom-free, or after they had tested negative on two separated tests, taken 24 hours apart. She stated she was told that if staff were asymptomatic, they could return to work on the COVID-19 unit. On June 3, 2020 at 4:13 p.m., an email was received from the Human Resources Director (staff #27). Staff #27 stated that in regard to the facility's return to work policy, the email was sent to confirm that employees who test positive for COVID-19 and are asymptomatic are cleared to return to work in the COVID-19 positive unit and in no other areas of the facility. The email stated that this policy was consistent with Centers for Disease Control (CDC) recommendations for returning healthcare workers, but specifically with Arizona Department of Health Services (ADHS) instructions for returning workers to positive COVID-19 units. Further, he stated that at any time if any of these employees is symptomatic, or becomes symptomatic, they would be required to remain out for at least 72 hours from the last time any symptom was present if they returned to work early before the 10-day period. He stated that if an employee is out during a 10-day quarantine period and symptoms develop, a 72-hold would remain in place while symptoms are present up to and past any 10-day period. The facility's policy Infection Control Policies and Procedures: Coronavirus (COVID-19) revealed because of healthcare personnel often extensive and close contact with vulnerable residents in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated. Review of the facility's Employee Travel Restrictions and Mandatory Time Away from Work revealed mandatory quarantine periods may range from 72 hours to 14 days depending on the circumstances. In situations generally requiring a 72-hour mandatory time away, an Employee may return to work within that timeframe as long as at least three days have passed since the employee exhibited symptoms including fever or other symptoms indicative of COVID-19. The CDC's Symptoms of Coronavirus revealed people with these symptoms may have COVID-19: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. This list does not include all possible symptoms. The CDC Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 stated that the criteria for return to work for symptomatic Healthcare Personnel (HCP) with suspected or confirmed COVID-19 included: 1) The Symptom-based Strategy which includes excluding HCP from work until at least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and at least 10 days have passed since symptoms first appeared, or 2) The Test-based Strategy which includes excluding HCP from work until resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath), and negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of [DIAGNOSES REDACTED]-CoV-2 RNA from at least two consecutive respiratory specimens collected greater than or equal to 24 hours apart (a total of two negative specimens). -Regarding a symptomatic resident During an observation conducted on 6/3/2020 at 8:50 a.m. with the DON/Infection Preventionist (staff #16), a resident on the long term care unit was observed sitting in the doorway of her room, facing the hallway coughing repeatedly. The resident was not wearing a mask and did not cover her mouth when she coughed. Staff #16 stated the resident was coughing quite a bit and that the cough was new for the resident. She stated that she had spoken with the resident yesterday and did not notice a cough. Staff #16 stated her expectation is that the nurse will contact the primary care provider (PCP) and notify him of the cough. An interview was conducted with staff #16 on 6/3/2020 at 9:30 a.m. She stated that for any resident having signs or symptoms associated with COVID-19, vital signs would be obtained, the PCP would be notified for a COVID-19 test order, and the resident's roommate would be moved to a private room. The DON stated the resident would immediately be placed on droplet precautions, vital signs would be obtained every 4 hours, and the resident would be closely monitored. Another observation was conducted of the resident at 10:45 a.m. The resident was observed without a mask sitting in the doorway facing the hall coughing. No evidence (i.e. signage on the door, PPE (personal protective equipment) etc.) was observed that the resident had been placed on droplet precaution. A Registered Nurse (RN/staff #7) was observed at a medication cart directly across the hall from the resident. At 11:10 a.m., the resident was observed coughing sitting sideways just inside her room's doorway with a mask on that was under her chin. Following this observation, an interview was conducted with the RN (staff #7) who was at the medication cart. Staff #7 stated that if a resident was having symptoms indicative of COVID-19 such as cough, shortness of breath or fever, she would isolate the resident, monitor and check vitals every 2 hours, and contact the PCP and follow the PCP's orders. At 12:30 p.m., staff #16 approached the PCP who had entered the facility and asked if he could check the resident; that the resident had been coughing all morning. After visiting with the resident, the PCP reported to staff #16 that the resident reported no symptoms, denied coughing and that she felt fine. The PCP stated the resident's lungs sounded clear. The PCP instructed staff #16 to monitor the resident and check her vital signs every 2 hours for a couple of days. Staff #16 stated that the resident's account of her symptoms may have been due to her confusion. The resident's door remained open, no precautions were put in place, and the resident did not wear a mask. During an interview conducted with staff #16 on 6/8/2020 at 10:18 a.m. via telephone, she stated that the resident had not coughed since the morning of the 6/3/2020 and had no other symptoms. Staff #16 stated the resident tested negative for COVID-19 on 5/22/2020. She stated their policy states that residents would be tested based on orders from the PCP and that a test is ordered if symptoms persist or the resident has several symptoms. Review of the facility's Infection Control COVID-19 policy revealed that if a person is suspected of having COVID-19, droplet precautions are to be put in place. This requires the use of PPE such as gown, gloves, respiratory protection and eye protection when close to the resident and signage on the door. The CDC guidance titled Interim Infection

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) Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings dated 5/18/2020 stated that symptomatic residents are to be isolated as soon as possible. The guidance included that nursing home residents frequently do not report typical symptoms such as fever or respiratory symptoms. The guidance also included that unrecognized and pre-symptomatic infections likely contributes to the transmissions in these facilities and other healthcare settings. Review of the CDC guidance titled Preparing for COVID-19 in Nursing Homes revealed nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19. If residents have symptoms consistent with COVID-19, implement transmission based precautions. Conduct an assessment of oxygen saturation via pulse oximetry. Residents with suspected COVID-19 should be care for using all recommended PPE, which includes an N-95 or higher level respirator (or facemask if a respirator is unavailable), eye protection, gloves and gown. Vitals should be taken at least three times per day.