

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2020
NAME OF PROVIDER OF SUPPLIER HAVEN OF SHOW LOW		STREET ADDRESS, CITY, STATE, ZIP 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 - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, observations, interviews and policy review, the facility failed to ensure that infection control measures were implemented, by failing to have signs outside of two resident (#2, #21) rooms that were on isolation precautions directing staff/visitors to check with the nurse prior to entering, and there was no indication regarding the type of precautions (i.e. contact, droplet, airborne) that were in place or the type of personal protective equipment (PPE) which was required, prior to entering. The facility census was 29 residents. The deficient practice could result in infection control precautions not being implemented, which would increase the potential for the spread of infections, including COVID-19 to residents, staff and visitors. Findings include: At the time of the survey, part of the 100 hallway and the 200 hallway were dedicated for observation residents (new admissions and readmissions). The facility also had a dedicated COVID positive unit on the 200 hallway. -Resident #21 was admitted on [DATE], with [DIAGNOSES REDACTED]. Review of the physician orders [REDACTED]. -Resident #2 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Coli and [MEDICAL CONDITION] (MRSA) infection. The physician orders [REDACTED]. Further review of the physician's orders [REDACTED]. #2. An observation of the central nurse's station was conducted on July 30, 2020 at 11:35 a.m. There was a central nurse's station with two hallways (100 and 200), which were off of the nurse's station. Observations on the 100 hallway revealed that resident #21's room had an isolation cart outside of the room, which contained PPE. However, there was no sign on the outside of the door directing staff or visitors to check with the nurse prior to entering, there was no indication regarding the type of precautions (i.e. contact, droplet, airborne) that were in place or the type of PPE which was required, prior to entering. An observation was also conducted on the 200 hallway at this time. Outside of resident #2's room was an isolation cart which contained PPE. However, there was no sign on the outside of the door directing staff or visitors to check with the nurse prior to entering, there was no indication regarding the type of precautions that were in place or the type of PPE which was required, prior to entering. An interview was conducted on July 30, 2020, with a Registered Nurse (staff #15). Staff #15 stated that isolation precautions were in place for resident #21 due to wound care, and that resident #2 was admitted for wound care and there was an order to [MEDICAL CONDITION] precautions. Staff #15 said that for these isolation rooms you would not know what precautions they were on or what PPE to use, without asking the nurse. An interview was conducted with the Director of Nursing (DON/staff #3) on July 30, 2020 at 3:28 p.m. The DON stated their process is that isolation precautions are put into place by a physician's orders [REDACTED]. The DON said there should also be a sign on each door directing everyone to see the nurse before entering the room, so they are informed of the required PPE which is needed. The DON stated that no signage on the door of an isolation room did not meet their expectations, and that not following procedures could lead to the spread of infections to other residents and staff. The facility's Isolation Policy for Transmission Based Precautions regarding signs stated that when transmission based precautions are in effect, the facility will implement a system to alert staff to the type of precaution the resident requires. The facility will also ensure that the care specialist communication system indicates the type of precautions implemented for the resident, so that personnel and visitors are aware of the need for and the type of precautions.</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.