STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035159	A. BUILDING _____ B. WING _____	08/24/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HORIZON POST ACUTE AND REHABILITATION CENTER	**4704 WEST DIANA AVENUE GLENDALE, AZ 85302**

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 clinical record review, staff interviews, review of the Centers for Disease Control (CDC) recommendations and policies and procedures, the facility failed to ensure one resident (resident #1) who displayed signs and symptoms of COVID-19 was separated from his asymptomatic roommate (resident #2). The deficient practice could result in the spread of infections, including COVID-19 to residents and staff. Findings include: -Regarding resident #1: Resident #1 was admitted on [DATE] with [DIAGNOSES REDACTED]. The quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident scored 14 on the Brief Interview for Mental Status (BIMS) assessment, indicating the resident had intact cognition. A risk for signs and symptoms of COVID-19 care plan dated March 13, 2020 revealed a goal that the resident would not show a decline in psychosocial well-being or experience adverse effects throughout any imposed restrictions. Interventions included following CDC/Public Health protocol for COVID-19 screening/precautions. Review of a nursing progress note dated August 21, 2020 at 9:03 p.m. included for a change of condition. The note stated the resident was [MEDICAL CONDITION] and complained of malaise. The resident stated he had chills and felt cold and sweaty. The resident stated that he felt like this when he had a urinary tract infection. The note stated the resident was alert and oriented. The medical doctor (MD) was notified and orders were obtained, including a nasopharyngeal swab for COVID-19. However, review of the resident's clinical record did not reveal the resident had been moved or separated from his asymptomatic roommate. On August 22, 2020 at 1:22 p.m., a nursing progress note included a lab specimen for COVID-19 had been collected and sent to the lab. Review of a nursing progress note dated August 23, 2020 at 3:15 p.m. revealed the resident was awake and appeared to be in no sign of distress. The note stated the resident had no complaint of shortness of breath, but that the resident was observed with a cough. Breath sounds were clear, respirations even and non-labored, and the resident had no complaints of nausea, vomiting, or diarrhea. The note also included the MD had been notified. A nursing progress note dated August 23, 2020 at 10:00 p.m. stated the resident's nasopharyngeal swab COVID-19 test had a positive result. The note also stated the Registered Nurse (RN) supervisor had been notified. However, further review of the resident's clinical record did not reveal the resident had been moved onto the COVID unit or separated from his asymptomatic roommate. At 10:17 a.m. on August 24, 2020, a nursing progress note revealed the MD was aware of the resident's COVID-19 positive result, and that the resident had been moved to the COVID unit. -Regarding resident #2: Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The quarterly MDS assessment dated [DATE] revealed the resident scored a 2 on the BIMS assessment, indicating the resident had severe cognitive impairment. A risk for signs and symptoms of COVID-19 care plan dated March 13, 2020 included a goal that the resident would not show a decline in psychosocial well-being or experience adverse effects throughout any imposed restrictions. Interventions included following CDC/Public Health protocol for COVID-19 screening/precautions. On August 24, 2020 at 1:46 p.m., a nursing progress note revealed the resident had been rapid tested for COVID-19 due to close contact with a COVID-positive roommate. The note included resident #2 was asymptomatic at that time. The note stated the rapid COVID-19 test result was negative, and that nursing would complete a secondary swab for PCR (polymerase chain reaction). The MD and the resident's family member were notified. The note also included nursing would continue to monitor for adverse changes. At 1:47 p.m. on August 24, 2020, a nursing progress note stated that the resident was swabbed due to exposure to COVID-19. The MD and family were notified. The note included preliminary results were negative, and the nasopharyngeal swab would be sent to the lab for confirmation. On August 24, 2020 at 10:34 a.m., an interview was conducted with a Licensed Practical Nurse (LPN/staff #15). She stated that if a resident began to show signs and symptoms associated with COVID-19, she would call the MD, the Director of Nursing (DON), and the unit manager to let them know. She stated she would follow the instructions they gave her and that she would not move the resident without direction. An interview was conducted on August 24, 2020 at 10:49 a.m. with the Assistant Director of Nursing (ADON/staff #8). She stated that if one of the residents began to exhibit signs and symptoms of COVID-19, her process would be to assess the resident then to communicate with the nurse practitioner (NP) or physician, as well as the resident's family, and her team. She stated that if the resident had a roommate, she would assess the roommate and contact the physician for further direction. She stated she would provide testing as needed. The ADON stated she would leave the roommate in the same room until it was determined otherwise. However, she stated that if the symptomatic resident was actively coughing, she would move the resident. She stated that resident #1 was [MEDICAL CONDITION] and complained of malaise, chills, and feeling cold and sweaty on August 21, 2020. She said resident #1 received a nasal swab on August 22, 2020 and it was sent to the lab. However, she stated that resident #1 was not moved and resident #1's roommate was not moved. She stated that last night, (August 23, 2020), resident #1's positive result was reported. Staff #8 stated resident #1 was moved to the COVID unit either late last night or early that morning. She said resident #1's roommate would be tested that day, (August 24, 2020) and that he was not showing any signs or symptoms of COVID-19. After reviewing resident #1's record, she stated resident #1 had been moved that morning (August 24, 2020). Staff #8 stated the facility policy stated they would test symptomatic residents, not move them. She said that nursing was in contact with the physician all weekend and that the physician did not give an order to test or move the symptomatic resident or his roommate. On August 24, 2020 at 12:15 p.m., an interview was conducted with the DON (staff #72). She stated that if a resident began to show signs or symptoms of COVID-19 her expectation of the nursing staff would include notifying the physician, the ADON, and herself. She said that if symptoms developed during a week day, she would perform a rapid test that same day. She stated that at this time, she is the only nurse conducting rapid testing. The DON said that if the resident developed symptoms during the night or on the weekend, nursing would perform a nasal swab and the lab would pick it up stat (immediately). The DON stated her expectation would include moving the symptomatic resident into a private room, if one was available. She stated there were rooms available. She stated there was not a room available that could be designated for a symptomatic resident on the hall that resident #1 resided on. She stated there were rooms available on the COVID unit and the skilled unit. Additionally, the DON stated that if a symptomatic resident tested positive for COVID-19, her expectation is that the resident would be moved to the COVID unit. The facility's Infection Control and Prevention Policy, Emerging Infectious Disease (EID): Coronavirus Disease 2019 (COVID-19) stated it was the policy of the facility to include preparatory plans and actions to respond to the threat of the COVID-19, including but not limited to infection prevention and control practices in order to prevent transmission. The procedure included minimizing chance for exposure by ensuring facility policies and practices were in place to minimize exposures to respiratory pathogens including [DIAGNOSES REDACTED]-CoV-2, [MEDICAL CONDITION] that causes COVID-19. Measures should be implemented before resident arrival, upon arrival, throughout the duration of the resident's visit, and until the resident's room is cleaned and disinfected. The measures included ensuring a rapid safe triage and isolation of residents with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough). The policy revealed additional steps to minimize the spread that included if the suspected/known COVID-19 resident was already paired with a roommate, move the COVID suspected/positive resident to a dedicated area or isolation. The CDC guidance Preparing for COVID-19 in Nursing Homes updated June 25, 2020 revealed that

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) if COVID-19 is suspected, based on evaluation of the resident, follow the Interim Infection Prevention and Control Recommendations for HCP during the COVID-19 Pandemic. This guidance should be implemented immediately once COVID-19 is suspected. Residents with suspected COVID-19 should ideally be placed in a private room with their own bathroom. As roommates of residents with COVID-19 might already to exposed, it is generally not recommended to place them with another roommate until 14 days after their exposure, assuming they have not developed symptoms or had a positive test. 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 stated recommended infection prevention and control (IPC) practices when caring for a resident with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection included resident placement. The guidance stated that residents with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 should be placed in a single-person room with the door closed and that the resident should have a dedicated bathroom.