

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035085	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2020
NAME OF PROVIDER OF SUPPLIER HAVEN OF SAGUARO VALLEY		STREET ADDRESS, CITY, STATE, ZIP 6651 EAST CARONDELET DRIVE TUCSON, AZ 85710	
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 observation, interview and record review, the facility failed to maintain an infection control program designed to prevent the spread of COVID-19 when they failed to follow CDC and CMS Guidance to cancel all group activities, implement source masks for residents when they were out of their rooms, and follow social distancing guidance during group activities for residents in the 200 Hall of the facility. These failures had the potential to spread [MEDICAL CONDITION] which causes COVID-19 amongst residents and staff. During the entrance conference on 5/12/2020 at 9:10 AM the Administrator described the facility was physically divided with long term residents on the 200 hallway, and newly admitted residents and residents with COVID-19 on the 100 hallway. She stated, and provided surveillance records that all residents and staff were tested for COVID-19 and the results within the past two weeks. Observed Resident 2 talking on the telephone at the nurses' station on the 200 hallway on 5/12/2020 at 09:45 AM. Resident 2 was sitting in a wheelchair and did not wear a source mask. After completing the phone call, Resident 2 propelled the wheelchair to the doorway of Resident 1 to converse with Resident 1. Resident 2 did maintain at least 6 feet social distancing from Resident 1, however was not wearing a source mask. Observed Resident 4 sitting in a wheelchair in the Day Room on 05/12/2020 at 10:05 AM. Resident 4 was not wearing a source mask. Observed Resident 3 propel their wheelchair down the 200 hallway and into the Day Room on 05/12/2020 at 10:10 AM. Resident 3 stated there was an activity they wanted to attend. Resident 3 was not wearing a source mask. Observed a staff member wheel Resident 5 into the Day Room on 05/12/2020 at 10:15 AM. Resident 5 was reclined in a gerichair with heel protectors in place, and did not wear a source mask. The staff member positioned Resident 5 within two feet of Resident 4, and then left the room. Observed multiple staff, Licensed Nurse (LN) 11, Certified Nursing Assistant (CNA) 16, and CNA15 sitting at the nurses' station, which was directly across the hall from the Day Room with a clear view into the room. Interviewed CNA16 on 05/12/2020 at 10:30. She stated the residents in the day room were gathering for a group activity, music therapy. She stated the number of residents who attended the group activity vary from day to day. When asked if there were any restriction on the group activity, she stated the resident were supposed to be 6 feet apart. When the surveyor asked if the residents in the Day Room were 6 feet apart, CNA16 looked into the room, then immediately got up and went into the room. CNA16 was observed repositioning the residents to be 6 feet apart. Upon returning, she stated that she had not noticed how close they were. When asked why the residents were positioned 6 feet apart, she stated that social distancing was used to keep the germs from spreading. During an interview with the Activities Director (AD) on 05/12/2020 at 10:40 AM, she stated that residents in group activities should be spaced 6 feet apart. When asked about group size of group activities the AD stated there was a limit of seven residents at group activities currently. The Day Room was used because only three residents attended today. The AD stated they usually used the dining room when there were more residents. She walked surveyor over to the dining room and demonstrated the usual spacing at the tables were 2 residents per table. Observed square tables in the dining room with chairs positioned at opposite sides of the tables. Tables in dining room observed to be approximately 4 feet square. When asked when the most recent activity occurred in the dining room, the AD stated Yesterday when we played Bingo. Interviewed the Maintenance Director on 05/13/2020 at 08:00 AM regarding the size of the tables in the dining room. He measured the tables and stated there were 2 sizes of tables. Some tables were 42 inches by 42 inches, and some were 48 inches by 48 inches. Six feet is 72 inches. During an interview on 05/13/2020 at 08:10 AM with the Administrator, DON and IP, the Administrator confirmed she was aware there were limited group activities for the residents of the 200 hallway occurring. When asked what guidance the decision to continue group activities was based on, she stated those residents all tested negative, and we thought with 6 feet separation and small groups, (it) was ok. When made aware of the inadequate social distancing observations in the Day Room on 05/12/2020 and the interview with AD and the observation of the dining room area, the Administrator stated these were not acceptable and she had spoken with the AD before about the need to keep residents 6 feet apart. When asked about the lack of use of source masks for residents observed out of their rooms, the DON stated that when residents leave the facility, they wear masks. The DON and Administrator confirmed that source masks were not utilized inside the facility. They were unaware of the guidance from CDC to ensure all residents wear cloth face coverings when they leave their rooms and are around others. Facility policy titled Infection Control Policy and Procedures: Coronavirus (COVID-19) Version 020 was reviewed on 05/12/2020. Under the heading Procedure for Prevention point 6 read Group activities will be minimized on unit: and sub point b read Activities will be in resident rooms, with independent and individualized activities to be provided as able CDC guidance Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs) most recently updated on 04/15/2020 was reviewed on the CDC website https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html and provided to the facility on [DATE]. The guidance read point 3. Prevent the Spread of COVID 19: Under the first sub bullet it read, Cancel all group activities; under the second sub bullet it read Enforce social distancing among residents; under the third sub bullet it read Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others CMS Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes dated 03/13/2020 read under Additional Guidance point 1. Cancel . all group activities, such as internal and external group activities. Reference: QSO-20-14-NH.</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.