

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER PUEBLO SPRINGS REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 5545 EAST LEE STREET 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 - Few	<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 observations, staff interviews, review of the Center for Disease Control (CDC) recommendations and facility 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: -The survey team arrived at the facility on May 18, 2020 at 10:35 a.m. There were signs on the doors explaining that visitors needed to ring the bell for entry and that masks must be worn at all times. A staff member then opened the door. The staff member had a mask on however, it was placed below her nose. Through the entire screening process, the staff member did not adjust her mask, and the mask continued to be on below her nose. At 10:40 a.m., the Director of Nursing (DON) came to the lobby. The DON was not wearing a mask. The survey team identified themselves and the DON went back down the hallway and returned wearing a mask. An interview was conducted with the DON at 11:55 a.m. The DON stated the facility did have a designated COVID unit. -An observation was conducted on May 18, 2020 at 12:55 p.m. on a non COVID unit. One resident in a room was waiting for COVID-19 test results. Outside of this resident's room was a stacking bin, which contained Personnel Protective Equipment (PPE). The door to the resident's room was open to the hallway. There was no sign or information on the type of isolation that was required (i.e. droplet, contact) or what PPE was required, prior to entering. Another observation was conducted at 1:05 p.m. on the non COVID unit. A staff member was observed in the activities room. The staff member was not wearing a mask and the door was open to the hallway. An interview was conducted with the DON and Administrator on May 18, 2020 at 2:30 p.m. The DON stated that when a resident has been identified as needing isolation, staff are notified immediately. The DON said that staff would be told what the infectious process was requiring isolation, and that a sign would be put on the door to explain what PPE would be needed. She stated that the PPE would be located outside the resident's door. When asked why there was no sign on the isolation room for a resident being ruled out for COVID-19, the Administrator stated it was due to miscommunication. He stated staff had been notified of other residents on the unit which had come back negative, and they must have removed the sign. A facility policy regarding the Infection Control Program revised on July 2015, included goals of decreasing the risk of infection to patients and personnel, implement appropriate control measures, and insure compliance with state and federal regulation related to infection control. The facility policy titled Emerging Infectious Disease: Coronavirus Disease 2019 (COVID-19) included a procedure for minimizing chance for exposure. Measures to decrease this exposure included identifying suspected COVID-19 resident areas or rooms. Health care providers entering those rooms or care areas must use a facemask, gown, gloves, and eye protection. Suspected infected residents should have the door to their room closed. The policy further included when there are COVID-19 cases in the facility, face masks will be worn by all Health Care Providers, while in this facility. Review of the Centers for Disease Control and Prevention (CDC) recommendations for the Coronavirus Disease 2019 revealed that infection control procedures including administrative rules and engineering controls, environmental hygiene, correct work practices and appropriate use of PPE are all necessary to prevent infections from spreading during healthcare delivery. All healthcare facilities must ensure that their personnel are correctly trained and capable of implementing infection control procedures, and that individual healthcare personnel should ensure they understand and adhere to infection control requirements. Ensure all healthcare personnel wear a facemask for source control while in the facility. Implement additional precautions (i.e. Contact, Droplet, and/or Airborne Precautions) for patients with documented or suspected [DIAGNOSES REDACTED].</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.