

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035091</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HAVEN OF FLAGSTAFF</b>		STREET ADDRESS, CITY, STATE, ZIP <b>800 WEST UNIVERSITY AVENUE FLAGSTAFF, AZ 86001</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, staff interviews, policies and procedures, and the Center for Disease Control (CDC) recommendations, the facility failed to ensure infection control standards were maintained. The deficient practice could result in the spread of infection, including COVID-19. Findings include: During the survey entrance conference conducted with the Director of Nursing (DON/staff #27) on June 2, 2020 at 2:20 p.m., the DON stated there were no residents with confirmed or suspected cases of COVID-19 in the facility. The DON stated they have designated rooms on a hall for new admissions and that new admissions are monitored for evidence of COVID-19 for at least 14 days. She also stated that all staff are to wear a N95 mask while in the facility. An observation was conducted of the designated area on June 2, 2020 at 3:25 p.m. with the DON. No PPE (personal protective equipment) was observed outside the resident rooms. The unit contained a therapy treatment area. A staff member, wearing only a mask, was providing treatment to two residents who were not six feet apart. Two staff members, wearing only a mask, were at the parallel bars, each treating one resident. All four of them were observed side by side on the outside of the parallel bars, without six feet distance between each treating unit. The DON stated that none of the residents on the unit were considered to be on isolation; therefore only a mask was required to be worn by staff and the residents were encouraged to wear a surgical mask. Five staff member were also observed at the nurses' station not implementing 6 feet social distancing. An interview was conducted with a Certified Nursing Assistant (CNA/staff #70) on June 2, 2020 at 3:30 p.m. She stated that all staff are required to wear a mask while in the facility. She stated that she did not need to use eye protection or a gown at any time on the unit because eye protection and gowns are required for a resident that is positive for COVID-19. She stated that she wears gloves if she is going to be touching a resident or their belonging or taking vital signs. The CNA stated that there has always been PPE available to care for her residents. She also stated that she had received education on social distancing. An interview was conducted with a Registered Nurse (RN/staff #99) on June 2, 2020 at 4:20 p.m. She stated the designated area includes two [MEDICAL TREATMENT] residents who leave the facility for [MEDICAL TREATMENT] making them a higher risk for COVID-19 exposure. The RN stated the resident on the designated area are monitored for 14 days for any signs or symptoms of COVID-19. She stated having a designated area for these residents protects the rest of the residents in the facility. She stated staff members are to wear masks and that they encourage the residents to wear masks outside of their rooms. The RN also stated that she had been educated on 6 feet social distancing and that staff are to have designated stations for treatment in the therapy gym. During an interview conducted with the Infection Control Preventionist (staff #46) on June 2, 2020 at 4:50 p.m., staff #45 stated that they have no resident in the facility suspected to have COVID-19. She stated all staff in the facility are required to wear a N95 mask. She stated that all admissions and residents that go out for [MEDICAL TREATMENT] are on the designated unit for monitoring of signs and symptoms of COVID-19 for 14 days and that this protects the other residents from possible exposure to COVID-19. She stated that they would not be using eye protection or gowns unless the provider deems isolation necessary. Staff #46 stated that they do their best to encourage and assist the residents to social distance and that staff are to social distance as able. An interview was conducted with the DON (staff #27) on June 2, 2020 at 5:35 p.m. She stated that she had noticed there is a lack of social distancing in the gym and the designated unit nursing station and they continue to remind and cue staff and residents of the need to social distance. She stated the COVID-19 status is unknown for residents that are admitted therefore they are admitted to the delegated transition unit. The DON stated that they only use gowns and eye protection when isolation is required. The DON stated that they do not feel they have an adequate supply of PPE for staff to wear full PPE everyday on the designated transition unit. She said if they did institute full PPE use on that unit (gown, gloves, eye protection, and masks), they would not have enough PPE available if a COVID-19 outbreak occurred. The DON stated that they have one face shield for each staff member and that they do not feel it is safe to re-use gowns multiple times. She stated the staff that work the designated unit are required to shower and change clothing before they can enter any other unit in the facility. She also said that if the staff member's uniform becomes soiled, the facility has clean uniforms available for staff. The DON stated that they received gowns from their supplier in April and had received 800 gowns from another company after that. She stated the supply they have would last a month. She also stated that they have contacted the health department and hospitals regarding PPE supplies. Review of the facility's policy Infection Control Policies and Procedures: Coronavirus (COVID-19) revealed a procedure for prevention. Included in the procedure for prevention was that therapy will be completed in resident rooms or in a therapy gym with at least 6 feet of space between residents. The facility's policy regarding COVID-19 [MEDICAL TREATMENT] revealed going to a [MEDICAL TREATMENT] center puts the residents at high risk for not only contracting COVID-19, but introducing it back into the facility. All residents on [MEDICAL TREATMENT] will reside in the same area of the facility. The policy also included the facility will follow the CDC recommendations for sending residents out to essential medical appointments. The facility's policy titled Interim policy: PPE Use on Short-Term Skilled Units revealed there will be no residents who have COVID-19 on the long-term side. The policy included that during the time of an active pandemic the facility will have to conserve the use of PPE and will follow the CDC recommendations for measures to safely conserve PPE. Review of the facility's policy regarding Pandemic: PPE Utilization included considering the use of coveralls, shifting gown use towards cloth isolation gowns, extending the use of isolation gowns, reusing cloth isolation gowns among multiple residents in a cohort area, and extending the use of eye protection. The CDC guidance for Preparing for COVID-19 in Nursing Homes stated create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Health care providers should wear an N95 or higher-level respiratory (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. The guidance also revealed strategies to optimize current PPE supply are to be implemented before the shortages occur. The guidance also included implementing aggressive social distancing measures (remaining at least 6 feet from others). Remind residents and staff to practice social distancing. The CDC guidance for Responding to COVID-19 in Nursing Homes revealed considerations for new admissions or readmissions to the facility. The considerations included all recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respiratory (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. The CDC guidance for Optimizing the Supply of PPE and equipment revealed facilities along with their healthcare coalitions, local and state health departments, and local and state partners should work together to develop strategies that identify and extend PPE supplies, so that recommended PPE will be available when needed most. Strategies for Optimizing the Supply of Isolation Gowns included shifting gown use towards cloth isolation gowns, re-using cloth isolation gowns, and considering the use of coveralls. Strategies also included that in situation of severely limited or no available isolation gowns consider reusable (washable) patient gowns.</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.

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