

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035099	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2020
NAME OF PROVIDER OF SUPPLIER SAPPHIRE OF TUCSON NURSING AND REHAB, LLC		STREET ADDRESS, CITY, STATE, ZIP 2900 EAST MILBER STREET TUCSON, AZ 85714	
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>Based on observations, staff interviews, review of the Center for Disease Control (CDC) recommendations and 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: At the time of the survey, the second floor of the facility was designated for COVID-19 residents only. At this time, there were 27 residents on the second floor, which were positive for COVID-19. An observation of the second floor of the facility was conducted on April 2, 2020 at 2:45 p.m. There was a central nurse's station with three wings/hallways which were off of the nurse's station. The hallways were 2A, 2B and 2C. The entrance to each hallway had double doors which were closed. On the outside of the door to the 2B hallway was a sign which stated to check with the nurse's station, prior to entering. However, there was no sign on the outside of the door to the 2A or 2C hallway. During the observation, the Regional Director was asked why there was no sign on the doors to the 2A and 2C hallway, and he stated they would put them up. During this same observation, a Licensed Practical Nurse (LPN/staff #7) was sitting at the nurse's station talking on the phone. Staff #7 had a mask on (personal protective equipment/PPE), however, the mask was pulled down covering her chin, and the mask was rubbing on the receiver of the phone. At 3:05 p.m., this surveyor entered the 2B hallway through the double doors. Once inside, there were two trash bins that had clear plastic liners. Inside of the trash bins were used PPE, which had been discarded. Both of the trash bins did not have lids. Right next to the trash bins were two stacked containers with clean PPE. At this time, there were two Certified Nursing Assistants (CNA's) observed in the hallway. Both CNA's were wearing a mask and a gown, however, they were not wearing any gloves. One of the CNA's then donned gloves and removed the plastic trash bag liner from one of the used PPE bins and tied the top of the bag into a knot, and then placed the bag outside the unit doors to be picked up by staff. He then removed his gloves, washed his hands and entered a resident's room. The other CNA had already entered a resident's room. A few moments later, both CNA's returned to the hallway and their gowns were off of their shoulders down to mid-chest. One of the CNA's used his ungloved hand and placed the gown back onto his shoulders. He did not secure the neck tie at this time. Following this, the same CNA stated that he needed to replace the trash bin liner. Without donning gloves, the CNA placed a new plastic trash bag liner into the bin, that he had previously emptied. After removing the PPE and discarding it into the trash bin, this surveyor asked this CNA where hands could be washed, prior to exiting the unit. The CNA stated there were sinks in the resident's rooms or there were hand sanitizers outside of the rooms. An observation was conducted on the 2C hallway at 3:20 p.m. Once inside of the double doors, there were four trash bins for used PPE and dirty laundry. All four of the bins had lids. During the observation, multiple staff were observed to remove the lid of the PPE bin, with gloved hands. Staff then removed their PPE and discarded the items in the bins. However, multiple staff were observed to replace the lid on the used PPE bin, without gloves on. Several of the staff then touched the door and exited the unit, without applying an alcohol based hand sanitizer or washing their hands with soap and water. Review of the facility assessment revealed that the facility could provide for residents with speciality needs, including infections. The assessment included that the health care professional team could provide infection prevention and control, including identification and containment of infections and prevention of infections. An interview was conducted with the Infection Preventionist (staff #75) on April 2, 2020 at 3:50 pm. She stated that staff had been in-serviced on isolation precautions and measures to decrease the spread of COVID-19, which started March 11 or 12, 2020. She stated that all staff have been trained on isolation precautions, the donning and doffing of PPE, the use of signs to notify visitors and staff of PPE usage and proper hand hygiene. She stated that staff have been trained on how to place the PPE into the trash containers with lids. She stated that staff were also instructed to use a glove, when touching the lid. Regarding the lack of signs on two of the three isolation hallways, she stated they just ran out of signs. An observation was on conducted on April 2, 2020 at 4:45 p.m. on the first floor of the facility, which contained three nursing units. Following observations on the 1C unit, this surveyor removed all PPE and discarded the items in a trash receptacle. This surveyor then attempted to use hand sanitizer from a dispenser located on the wall right next to the exit door, however, it was empty. This surveyor went back to the middle of the hallway on unit 1C, where there was a second hand sanitizer dispenser located on the wall. The second hand sanitizer dispenser was also empty. Staff were then asked where this surveyor could sanitize her hands prior to leaving the unit, and the staff member stated that hopefully there was a dispenser just outside of the unit. An interview was conducted on April 2, 2020 at 5:30 p.m. with the Facility Regional Manager, who stated that a hand sanitizer shipment had just arrived and that the hand sanitizers on 1C had just been filled. Review of a facility policy regarding Coronavirus Disease (COVID-19) revealed the purpose was to reduce the risk of transmission of COVID-19 in any healthcare setting. The policy included that physician's, nurse practitioners, facility leadership, and charge nurses ensure implementation of Standard and Transmission-based precautions to break the chain of infection. A policy titled, Emergency Procedure - Pandemic Influenza/Coronavirus included that all staff will be trained on the facility Pandemic Influenza/Coronavirus Plan and related policies and procedures. Adherence to infection prevention and control policies is critical. Review of the facility's policy titled, Infection Control: Isolation Categories of Transmission-Based Precautions revealed that it is the policy of this facility that standard precautions shall be used when caring for residents at all times regardless of their suspected or confirmed infection status. During contact precautions, wear gloves when having any contact with the environment. After removing gloves and washing hands, do not touch potentially contaminated environmental surfaces. The policy included to place a sign at the doorway instructing visitors to report to the nurses' station before entering the room. A policy titled, Infection Control - Isolation - Initiating Transmission-Based Precautions included that Transmission-Based Precautions will be initiated, when there is a reason to believe that a resident has a communicable infectious disease. When Transmission-Based Precautions are implemented, the Infection Control Coordinator/Infection Preventionist (or designee) shall post the appropriate notice on the room entrance door so that all personnel will be aware of precautions, or be aware that they must first see a nurse to obtain additional information about the situation before entering the room. The Infection Preventionist will ensure that an appropriate linen barrel/hamper and waste container with appropriate liner are placed in or near the resident's room and that adequate supply of antiseptic soap and paper towels are maintained in the room during the isolation period. Review of a policy titled, Hand-Washing/Hand Hygiene revealed it is the policy of the facility to assure that staff practice recognized hand-washing/hand hygiene procedures, as a primary means to prevent the spread of infections among residents, personnel and visitors. All personnel shall be educated on hand-washing/hand hygiene procedures and shall follow such procedures. When hands are not visibly soiled, employees may use an alcohol-based hand rub (foam, gel, liquid) containing at least 60% alcohol in all of the following situations: before donning gloves, before and after putting on and upon removal of PPE and after removing gloves. 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</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>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. The recommendations included that facilities should ensure that hand hygiene supplies are readily available in every care location.</p>		