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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>035116</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                        | (X3) DATE SURVEY COMPLETED<br><b>05/23/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>THE REHABILITATION CENTER AT THE PALAZZO</b>  |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>6246 NORTH 19TH AVENUE<br/>PHOENIX, AZ 85015</b> |   |
| 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 0812<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Some             | <p><b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b></p> <p>Based on observation, interview, and record reviews, the facility failed to prepare and distribute food in accordance to food safety requirements as evidenced by a fly infestation in the kitchen. Flies were observed landing on baking sheets and dinnerware during plating service. This failure had the potential to contaminate the food and transmit diseases to all of the residents in the facility. Findings include: During a concurrent observation and interview on 05/21/20 at 11:10 AM, a large pile of empty cardboard boxes and other trash were observed on the floor at the front entrance of the kitchen. Head Chef stated, The Dietary Manager is not here at the moment because she is quarantining. I am covering for her for the time being. The garbage and boxes on the floor are not appropriate. I will have someone throw those out. I understand that the pile can attract more flies and other pests. During an observation on 05/21/20 at 11:13 AM, approximately more than 10 flies were seen in the kitchen near food prep tables and/or areas, food warming carts, and stove tops. During an interview on 05/21/20 at 11:23 AM, Kitchen1 stated, Those are flies around the food warmers. The flies started around construction of the kitchen 2 weeks ago. This is not acceptable to see flies around food preparation. I have told upper management about the pest problem but the flies are still here. We try to keep all the doors closed. During a concurrent observation and interview on 05/21/20 at 11:39 AM, large garbage bins were seen open without garbage lids on and flies flying above the garbage. Head Chef stated, The open garbage bins can attract the flies. I will put lids on the garbage bins. During a concurrent observation and interview on 05/21/20 at 12:02 PM, Kitchen2 was observed cutting vegetables on the food preparation table. Kitchen2 stated, The flies are not appropriate. I've seen them for the past few days. The bug zappers are supposed to take care of that but they haven't been working. During an interview on 05/21/20 at 12:10 PM, Head Chef stated, I could not find records of when Pest Control was here or what they did. I could only find the monthly charges or bill. During a concurrent observation and interview on 05/21/20 at 12:50 PM, about 3 flies were observed at the dining room/food serving station where food was being plated by Kitchen6. Kitchen6 stated, I have noticed some flies in the dining room and kitchen. I am not sure if management is aware of the fly problem or not. I think it is because of the construction in the kitchen. It is not appropriate to have flies around food service and near open food. During a concurrent observation and interview on 05/21/20 at 1:46 PM, flies were flying around food warming carts and near food preparation tables/areas where cucumbers and tomatoes were being cut. Flies were landing on metal bowls and on a metal baking sheet that were filled with banana bread dough and being prepared by Kitchen3. Kitchen3 stated, I was not aware that the flies had landed on the bowls. I'm not sure what management is doing about it. Open food items are more exposed to pests. It is not appropriate that flies are in the kitchen. During a concurrent observation and interview on 05/21/20 at 1:59 PM, approximately 10 flies were observed to be landing on clean dishes as staff were swatting flies away and covering the dishes with cloth napkins. Kitchen4 stated, I would not serve food on these plates. They were unused clean plates but the dishes should be washed again and wrapped up or covered. Normally, there is not that many flies but with the construction in the kitchen it has been a problem. During an interview on 05/21/20 at 2:02 PM, Kitchen 5 stated, I would not eat off these plates. The dishes should be washed again because there were a lot of flies on them. During an interview on 05/21/20 at 2:10 PM, the Director of Nursing (DON) stated, The expectation is to have no pests in the food service that may contaminate food and cause any illness to the residents. An interview with the head of maintenance was unable to be obtained. An interview with the administrator was unable to be obtained as the facility was actively looking to hire a replacement. No interim administrator was designated. Food safety and preparation policies were requested but not provided by the facility. Record review of the Pest Control Policy with unknown revision date reported, The purpose of this policy is to prevent and control entrance of pests and eradication of any potential infestations at the Community and to protect Residents health and safety. Community Associates are responsible for recording and reporting pest sightings to their supervisor/Director of Plant Services. The contracted Pest Control company: Coordinate with the Director of Plant their pest control activities. Maintain records on Community areas that have been treated with pesticides. The Community will routine evaluate various locations in the building to make certain that areas are free from clutter, unnecessary storage of equipment and trash to prevent the harborage of pests.</p> |   |   |
| F 0880<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Few              | <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 observation, interview and record review, the facility failed to maintain an infection control program designed to prevent the transmission of COVID-19 (COVID-19 is a new disease caused by a novel coronavirus that has not previously been seen in humans) when they did not implement and follow the CDC 's guidance to disinfect reusable Personal Protective Equipment (PPE) and appropriately doff PPE after entering a COVID+ room (R1 &amp; R2). This failure had the potential to cause the transmission of COVID-19 to other residents and staff of the facility. Findings include: During a concurrent observation and interview on 05/21/20 at 12:17 PM, CNA2 was seen exiting R1's room and doffing the face shield. CNA2 then took out a wipe from a plastic bag and wiped the face shield clean. R1's room is under isolation and droplet precautions due to being positive for COVID-19. CNA2 stated, I put disinfectant wipes in a plastic bag so that I may use it to clean my face shield. They have the wipes at the nurse's station. I brought it over myself. I have not seen wipes at the PPE cart. R1 and R2 are husband and wife. The wife (R1) is positive with COVID. The husband (R2) is not. The husband does not want to separate from her. I don't know if he has been tested . During an interview on 05/21/20 at 12:34 PM, Nurse3 stated, We were told to use soap and water to wash the face shields. Using bleach wipes leaves streaks on the shield. During an interview on 05/21/20 at 2:45 PM, Nurse3 stated, I did inform management about the wipes and they told us to wash the face shields with soap and water. I go to the sinks on either side of the hall and I take off and carry it to the sink. It is a risk of increasing exposure walking through the hallway. I didn't think about it until now. During an interview on 05/21/20 at 4:30 PM, Nurse5 stated, I was told to wash the face shields with soap and water. I use the sink in the resident's room before I leave the room. I think that is clean. During an interview on 05/21/20 at 4:30 PM, CNA6 stated, I wash the face shield with soap and water in the resident's room. This is what we were told to do. During an interview on 05/21/20 at 5:38 PM, DON stated, R1 and R2 are husband and wife. He did not want to separate from her. As far as I am concerned, he is considered positive with COVID. The face shields can be washed with soap and water. They need to come out and wash the face shield. I was told by medical doctors and people above me that washing face shields with soap and water was appropriate. I do not have the policy and procedure related to how to disinfect the face shields. During an interview on 05/21/20 at 5:38 PM, both the DON and Nurse Supervisor stated, We do not expect them to wash their face shields in the sinks used by the residents. They were told to use the sinks outside of the rooms because they are generally cleaner. I would never use a resident's sink because they are using and it and it is potentially contaminated, especially in a COVID+ room. Yes, using</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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| F 0880<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Few              | <p>(continued... from page 1)</p> <p>the resident's sink would increase the risk of exposure. Having the staff walk down the halls to the sinks carrying the face shields that are contaminated from entering a COVID-19 room, I can see how that is risky. Record review on 05/23/20 of R1's medical records reported, R1 is a [AGE] year old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution. Wipe the outside of face shield or goggles with clean water or alcohol to remove residue. Fully dry. Remove gloves and perform hand hygiene. Record review on 05/23/20 of the Maricopa County Department of Public Health reported, PPE-specific guidance: Develop a process for decontamination and reuse of PPE such as face shields and goggles. Disinfection and cleaning-specific guidance: Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high touch surfaces and shared resident care equipment. Refer to the Environment Protection Agency (EPA) list for EPA-registered disinfectants that have qualified under EPA's emerging [MEDICAL CONDITION] pathogens program for use against [DIAGNOSES REDACTED]-CoV-2.</p> |   |   |