

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2020
NAME OF PROVIDER OF SUPPLIER GRANITE CREEK HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1045 SCOTT DRIVE PRESCOTT, AZ 86301	
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 observation, interview and record review the facility failed to maintain an infection control program designed to prevent the spread of communicable disease. 1. Staff NP1 failed to wear appropriate Personal Protective Equipment (PPE) in a room under droplet precautions for COVID-19 (COVID-19 is an illness caused by [MEDICAL CONDITION] that can spread from person to person. [MEDICAL CONDITION] that causes COVID-19 is a new coronavirus that has spread throughout the world). 2. Staff LN2 failed to perform hand hygiene when exiting a room under droplet precautions for COVID-19. These failures had the potential to spread the communicable disease COVID-19 to other residents and staff in the facility. Findings: 1). During a tour of the 100 hallway with the DON on 06/04/2020 at 09:00 AM the DON explained that hallway 100 was where new admissions were placed during a 14 day quarantine period. New admissions were placed on droplet precautions for 14 days because their COVID-19 status was unknown and considered to be presumptive for COVID-19. He showed the surveyor room [ROOM NUMBER] which was being used as a staging area and held PPE. The DON explained that a gown, mask, eye protection and gloves were required when entering the rooms on this hallway. The specific transmission based precaution was designated by a color coded magnet attached to the door frame. Pink magnets on the door meant droplet precautions. Observed Nurse Practitioner (NP) 1 exit room on the 100 Hallway of a resident under droplet precautions for COVID-19 at 09:05 AM on 06/04/2020. NP1 was wearing a lab coat, glasses, and a face mask. Observed doorway was marked with a pink magnet. Surveyor asked the DON if NP1 had been wearing PPE in the room, he stated that gowns and goggles would be removed at the doorway. Upon request, the DON opened the door to the room and asked a staff member who was in the room to open the receptacle that a used gown would be placed in, it was empty. The DON stated, She was not wearing a gown and agreed NP1 should have been wearing the required PPE. During an interview with the DON on 6/4/2020 at 11:45 AM he stated that NP1 had been removed from the facility following the observation of not wearing PPE in a droplet precaution room. He informed the surveyor that NP1 would not be allowed back into the facility for 14 days. Facility policy titled Emerging Infectious Disease (EID): Coronavirus Disease 2019 (COVID-19) dated 05/04/2020 was reviewed on 06/05/2020. Section 2. Titled Adhere to Standard and Transmission-Based Precautions read Health Care Providers (HCP) who enter the room of a patient with known or suspected COVID-19 should adhere to Stand Precautions and use a respirator or face mask, gown, gloves, and eye protection. 2). Observed Licensed Nurse (LN) 2 don PPE and doff PPE on 6/4/2020 at 11:03 AM. LN2 was wearing a face shield for eye protection, and a mask, entered the room and proceeded to don a reusable gown. Before providing care, LN2 stated a needed supply was not in the room and needed to retrieve it from the medication cart. LN2 then doffed the reusable gown, hung it up, exited the room and immediately went to the medication cart, used keys to open the cart and retrieve a lancet at 11:05 AM. LN2 then re-entered the room and re-donnated the gown performed hand hygiene and donned gloves. LN2 completed the care procedure and then doffed the gloves, performed hand hygiene, removed gown, exited the room and again performed hand hygiene at 11:09 AM. During this observation, LN2 touched the gown to put it on, touched the gown to take it off, and then opened the medication cart and removed an item. LN2 did not perform hand hygiene between doffing the reusable gown and accessing the medication cart. During an interview with LN2 immediately following the observation, when asked if the gown could contaminate hands, LN2 stated it's dirty and I should have used the alcohol based hand rub. During an interview with the DON on 6/4/2020 at 11:45 AM, he indicated it was his expectation that staff washed their hands after removing PPE and before touching the medication cart. Facility policy titled Emerging Infectious Disease (EID): Coronavirus Disease 2019 (COVID-19) dated 05/04/2020 was reviewed on 06/05/2020. Section 2. Titled Adhere to Standard and transmission-Based Precautions subsection Hand Hygiene read HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.</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.