

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2020
NAME OF PROVIDER OF SUPPLIER HANDMAKER HOME FOR THE AGING		STREET ADDRESS, CITY, STATE, ZIP 2221 NORTH ROSEMONT BOULEVARD 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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews, facility policy, and Centers for Disease Control (CDC) recommendations, the facility failed to ensure that adequate Personal Protective Equipment (PPE) was used when caring for residents. The deficient practice could result in the spread of infection, including COVID-19. Findings include: Regarding eye protection in the COVID-19 observation unit: During an observation of the unit designated as the COVID-19 observation unit at 10:25 a.m. on May 20, 2020, signs were observed on the doors to the unit which stated that all residents in the unit were on isolation precautions. The signage included the residents were on universal, contact, and droplet precautions. A Certified Nursing Assistant (CNA/staff #102) in the unit was observed answering a resident's call light. Staff #102 stopped by the entrance to the resident's door and donned a gown and gloves. The CNA was already wearing a facemask. Staff #102 was wearing eyeglasses, but did not don a face shield or goggles. The CNA's eyeglasses did not cover the sides of the eyes. Staff #102 entered the room and assisted the resident. After assisting the resident, the CNA left the room, doffed gloves and gown and performed hand hygiene with soap and water. An interview was conducted with the CNA (staff #102) at 10:30 a.m. on May 20, 2020. Staff #102 stated all residents on the observation unit are on droplet precautions. The CNA said that before entering a resident's room on the observation unit, gown, gloves, and a face shield are donned before providing care to a resident. The CNA said staff already have masks on as they wear masks at all times while working on the unit. Staff #102 said the face shield that was assigned to staff #102 was far away when the resident's light came on and that staff #102 wanted to be sure to meet the resident's needs. The CNA said the eyeglasses should help provide protection, but that if a resident is coughing, a face shield would be needed. Regarding eye protection in the COVID-19 positive unit: An observation was conducted in the COVID-19 positive unit at 11:10 a.m. on May 21, 2020. A CNA (staff #25) was observed going in and out of three different resident rooms, wearing a gown, facemask, and eyeglasses that did not cover the sides of the face. Staff #25 donned gloves prior to providing resident care and doffed them after providing care. The CNA performed hand hygiene between each resident. During an interview conducted with a Licensed Practical Nurse (LPN/staff #83) at 11:30 a.m. on May 20, 2020, the LPN said that the staff are to wear masks, gowns, gloves, and eye protection while providing care for residents on the COVID-19 positive unit. The LPN said eye protection can include goggles, face shields, or safety glasses. The LPN said the eyeglasses worn by staff #25 were safety glasses and were considered adequate protection for the CNA. An interview was conducted with the CNA (staff #25) at 11:45 a.m. on May 20, 2020. The CNA stated appropriate PPE was worn when providing care to the residents. The CNA said the instruction from facility staff included the prescription eyeglasses were adequate protection for providing care to residents on the unit and that goggles or a face shield would not be required unless the residents were coughing or there was a high risk of droplet transfer. In an interview with the Infection Preventionist (IP/staff #24) at 12:00 p.m. on May 20, 2020, the IP said the residents on the observation unit are there because their COVID-19 status is unknown. Staff #24 said that all of the residents on this unit are on isolation precautions including universal, contact, and droplet precautions. The IP said this means staff are to wear a facemask, gown, gloves, and eye protection when entering a resident's room to provide care. The IP said that the same requirements exist for the COVID-19 positive unit except that since the entire unit is COVID-19 positive, the staff are to wear their gowns, face masks, and eye protection all the time. Staff #24 stated the staff on the COVID-19 positive unit are changing their gloves and performing hand hygiene between residents. The IP said prescription eyeglasses are acceptable eye protection as long as the lenses are big enough to cover the person's eyes and that staff would not be required to wear goggles or a face shield. The IP also stated that she had not heard eye protection needed to cover the sides of the face as well as the front of the face. Review of the facility's coronavirus prevention and response policy revealed that coronavirus disease 2019, also called COVID-19, is a novel (new) virus that is spread through person to person contact through respiratory droplets created when an infected person coughs or sneezes. The policy included that procedures when COVID-19 is suspected or confirmed include implementing standard, contact, and droplet precautions. This includes wearing gloves, gowns, goggles/face shields, and masks upon entering the resident's room and when caring for the resident. The procedure also included to follow current CDC guidelines. Review of the CDC infection prevention and control recommendations for patients with suspected or confirmed COVID-19 in healthcare settings, updated May 18, 2020, revealed that healthcare personnel who enter the room of a patient with known or suspected COVID-19 should adhere to standard precautions and use a respirator (or facemask), gown, gloves, and eye protection. The recommendations further include examples of eye protection such as goggles and face shields and noted that these cover the front and the sides of the face. The recommendations included that personal eyeglasses are not considered adequate eye protection.</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.