

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035096	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2020
NAME OF PROVIDER OF SUPPLIER HAVEN OF SANDPOINTE, LLC		STREET ADDRESS, CITY, STATE, ZIP 2222 SOUTH AVENUE A YUMA, AZ 85364	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</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 infection, including COVID-19 to residents and staff. Findings include: -Regarding donning of PPE (Personal Protective Equipment): An entrance conference was conducted with the administrator (staff #5) on May 22, 2020 at 4:50 p.m. Staff #5 stated the first resident was tested for COVID-19 on May 17, 2020 and that they received the positive results on May 21, 2020. He said that when they received the positive results for the first resident, they had all the other residents tested for COVID-19. He stated that over a third of the residents tested positive for COVID-19. The administrator stated the COVID-19 positive residents were moved to the 100 and 200 hallways for infection control and management. An observation was conducted of the 300, 400, and 500 (non-COVID-19) hallways on May 22, 2020 at approximately 5:15 p.m. with the Infection Preventionist (staff #17). Nursing staff were observed wearing N95 masks with either a cloth or surgical mask on top of the N95 masks. However, the nursing staff was not observed to be wearing full Personal Protective Equipment (PPE). On May 22, 2020 at 5:40 p.m., an interview was conducted with the Infection Preventionist (staff #17). She stated the facility had plenty of PPE. She stated she was not aware that nursing staff providing care to residents that are non-COVID-19 were required to don full PPE. She then directed all nursing staff on the non-COVID-19 hallways to immediately don full PPE. Review of the facility's policies regarding COVID-19 revealed it is the policy of the facility to protect the health and well-being of their residents and staff during infectious disease outbreaks. The policies also included the facility will continually monitor the CDC for new guidance and recommendations to be implemented as the Pandemic unfolds. The CDC guidance titled Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities revealed if COVID-19 is identified in the facility, restrict all residents to their rooms and have health care personnel (HCP) wear all recommended PPE for care of all residents (regardless of symptoms) on the affected unit (or facility-wide depending on the situation). This includes: an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown. The guidance stated this approach is recommended because of the high risk of unrecognized infection among residents. Recent experience suggests that a substantial proportion of residents could have COVID-19 without reporting symptoms or before symptoms develop. -Regarding wearing gloves and/or sanitizing hands: On May 22, 2020 at 6:45 p.m., an observation was conducted on the COVID-19 unit with the Infection Preventionist (staff #17). All resident room doors were observed opened. Two Certified Nursing Assistants (CNAs/staff #16 and staff #35) were seen walking in and out of multiple residents' rooms without donning and doffing gloves or sanitizing their hands as they left the residents' rooms. Staff #16 assisted a resident with the set-up of his meal. She was observed walking out of the resident's room carrying the plate cover from the resident's tray and place the plate cover on the handrail outside the resident's door. Staff #16 was not observed to sanitize her hands upon leaving the resident's room. The CNA was observed to assist two other residents without using gloves or sanitizing her hands between residents' rooms. Staff #35 was observed to come out of a resident's room without sanitizing her hands. The CNA walked approximately 6-8 feet into the hallway, removed a straw from off the medication cart, and took the straw back into the resident's room. When staff #35 came out of the room for a second time, she did not sanitize her hands prior to assisting another resident. A registered nurse (RN/staff #22) was observed standing in the hallway by the medication cart. A tray ladder containing dirty plates, cups, utensils, and partially eaten food was observed approximately 3 feet away from where the RN stood. Staff #22 was observed to walk over to the tray ladder, touch a food item on one of the dirty trays, and return to the medication cart without sanitizing her hands. She placed one hand on top of the medication cart and with the other hand she grabbed the cup of medications that had been left there. The RN was observed to resume her medication pass. Staff #17 intervened and instructed both CNAs and the RN that they needed to sanitize their hands between residents' rooms and after touching contaminated items. Staff #16, #35, and #22 all immediately sanitized their hands. On June 5, 2020 at 9:40 a.m., an interview was conducted with the CNA (staff #35). She stated that she has been instructed to change her gloves between every resident, and that she should also sanitize her hands between residents. She said that she is allowed to wear gloves in the hallway and that she wears them when she is touching any potentially contaminated items. The CNA stated that she did not remember not wearing gloves or sanitizing her hands on the evening of May 22, 2020. An interview was conducted on June 5, 2020 at 10:00 a.m. with the RN/staff #22. She stated that the evening of May 22, 2020 was the first time she had worked on the COVID-19 unit. She stated she had been instructed that she could wear gloves in the hallway, but she was very nervous that evening and did not know if she should wear gloves or not. The RN stated she touched the food cart, and then touched the medication cart, and that she forgot to sanitize her hands. The facility's policy titled Hand Hygiene stated that bacteria [MEDICAL CONDITION] can survive for days on resident equipment and other surfaces. Surfaces in the resident care environment (such as wheel chairs, door handles, bed controls, call bells, IV pumps, TV remotes, and even computer keyboards) are often contaminated with bacteria [MEDICAL CONDITION]. The policy also stated it is important to practice hand hygiene after you leave a resident room, even if you only touched resident care equipment or other surfaces. The policy included hand hygiene should be performed before entering a resident care environment, and when leaving, between residents, before and after assistance with meals, and before and after wearing gloves. The CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings stated standard precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting. Healthcare personnel (HCP) should perform hand hygiene before and after all resident contact, contact with potentially infectious material, and before putting on and 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. The guidance stated that HCP must receive training on and demonstrate an understanding of when to use PPE, what PPE is necessary, and how to don, use, and doff PPE in a manner to prevent self-contamination. Additionally, the guidance stated that HCP should put on clean, non-sterile gloves upon entry into the patient room or care area, change gloves if they become torn or heavily contaminated, and remove and discard gloves when leaving the resident room or care area, and immediately perform hand hygiene. -Regarding the doffing and disposal of contaminated PPE: On May 22, 2020 at 7:04 p.m., an observation was conducted of the COVID-19 unit with the Infection Preventionist (staff #17). Nursing staff were observed to implement extended wear of PPE i.e. masks, goggles, and gowns. However, at the conclusion of the observation, staff #17 directed the doffing of PPE to be conducted outside the double doors of the COVID-19 unit, in the main lobby of the facility. No trash receptacle was observed in which to place the contaminated PPE, nor was hand sanitizer available after doffing. An interview was conducted with at 7:42 p.m. with staff #17. She stated she had not noticed the break in infection control protocol and that she would correct it immediately. The CDC guidance titled Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings stated proper doffing of PPE including gloves and gowns includes removing and discarding into a dedicated container for</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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>waste before leaving the resident room or care area, and immediately performing hand hygiene. Review of the CDC guidance titled The Guidance for the Selection and Use of Personal Protective Equipment (PPE) in Healthcare Settings stated that when a gown or full PPE is worn, PPE should be removed at the doorway or in an anteroom, and discarded into a waste container. Hand hygiene should be performed after all PPE is removed.</p> <p>-Regarding the kitchen: Upon entrance to the facility on [DATE] at 4:45 p.m., a tray ladder was observed in the foyer area of the facility. The tray ladder contained trays with dirty dishes and food items. No covering was observed on the tray ladder. A kitchen observation was conducted at approximately 4:55 p.m. on 5/22/2020. All staff were observed wearing N-95 masks, covered by an additional mask. The staff were not observed to be donned in any other PPE. No PPE supply or PPE donning or doffing station was observed around the kitchen area. The cook (staff #18) was observed plating food, putting the dish on the tray and handing the tray to a staff member that stood inside the kitchen. The plate was covered with a lid but the drink was uncovered. The two staff members were not observed wearing gloves or PPE. A dietary aide (staff #23) was observed putting away clean plate lids without gloves or PPE. Another dietary aide (staff #21) was observed wearing gloves to sweep the floor. Following the kitchen observation, an observation was conducted of the COVID-19 unit. A tray ladder with no covering was observed in the hallway approximately 3 feet from the medication cart. The tray ladder contained trays, dirty dishware and food items. No plastic bags were observed on the trays. An interview was conducted with staff #18, staff #21, and staff #23 on 5/22/2020 at 5:25 p.m. Staff #18 stated their policy states they are to wash their hands when entering the kitchen and before they touch any food. Staff #18 stated PPE /gloves are not required to handle dishware or trays, plate food, or to serve trays. Staff #18 stated gloves are used if handling food directly. She also stated that the meal prep is the same regardless of COVID-19 status. Staff #18 stated all food is prepped and put on meal carts (tray ladders) for all residents and is delivered by staff. Staff #23 stated that when cleaning after meals, a little extra bleach is added to the COVID-19 dishware and that rubber gloves are used to clean all dishware which is their normal procedure. The staff did not reply as to how they identify which dishes or tray ladder are from the COVID-19 unit. Staff #18, staff #21 and staff #23 all stated the dietary protocol had not changed since COVID-19 has been in the facility with the exception that the residents now eat in their rooms. Staff #23 and staff #21 stated that the only education they received regarding COVID-19 is that they should be careful and not touch their face. An interview was conducted with the Dietary Manager (staff #15) on 5/22/2020 at 5:40 p.m. She stated that she has worked at the facility for over [AGE] years and nothing has changed in the dietary department since the COVID-19 pandemic, with the exception that the residents are eating in their rooms and there is no communal dining. She said the dishware, carts, and utensils are the same items as previously used throughout the facility. Staff #15 stated they do not use disposable dishware for residents that are on the COVID-19 positive unit or for residents that have [MEDICAL CONDITIONS]. Staff #15 stated that the dietary staff in the near future will no longer be able to enter resident rooms to take meal orders. She said the staff have been instructed to add an additional capful of bleach to clean the dishware from the COVID-19 unit. Staff #15 stated the normal procedure for meal service is continued and that there is no additional use of PPE or gloves and no dedicated items such as carts or dishware for the COVID-19 unit. The facility's policy Strategies for Control of Potential Coronavirus (COVID-19) revealed the Directors of Food and Nutrition Services/Dining Services and registered dietitians should help in controlling the spread of COVID-19 by enforcing enhanced sanitation procedures in Dining Services. The policy included that for potentially contaminated meal trays and associated dishware follow these procedures: -Nursing staff to deliver potentially contaminated meal trays and associated dishware, wrapped and fully contained in a plastic bag. -Wash the resident's non-contaminated dishware first and then wash the contaminated dishware. -Prior to washing the contaminated dishware make sure disposable aprons, gloves, masks, and hand sanitizer are available in the dishroom area in order to protect staff and minimize disease transmission. -Begin dishwashing procedure on the contaminated dishware by first putting on your PPE: apron, gloves and mask. -Open bagged tray and place tray covering in the trash container. Place all plastic items in the trash container. -Scrape leftover food residue into trash container and place dishware in sink filled with pot and pan detergent. -Begin placing dishware and silverware in dishracks and run all racks for 2 full wash cycles, then let air dry. -Once all contaminated dishes are washed, remove PPE, place in the trash container, and wash hands with soap and water. All disposable items should be placed in the trash container. Seal trash bag and place in dumpster. Upon returning to the department, wash hands thoroughly with soap and water. The policy also included using single service items where needed, i.e. ketchup, salt and pepper packets, using single use gloves when rolling silverware, and verifying that there is enough disposable supplies for 14 days. Review of the POS [REDACTED]. Review of the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings updated May 18, 2020 revealed healthcare personnel (HCP) include persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the healthcare setting e.g. dietary personnel. HCP should have received job-specific training on PPE and demonstrated competency with selection and proper use. The Long-Term Care Facility Guidance from the Centers for Medicare and Medicaid Services (CMS) dated April 2, 2020 stated that if COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 [DIAGNOSES REDACTED].</p>		