

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER PARK AVENUE HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2001 NORTH PARK AVENUE TUCSON, AZ 85719	
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, facility documentation, 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 maintained. The deficient practice could result in the spread of infection, including COVID-19. Findings include: -Upon entry to the facility on [DATE] at 8:15 a.m., the receptionist (staff #28) conducted COVID-19 screening and instructed the surveyor to wear a mask while in the facility. The process did not include anything regarding hand hygiene. Hand sanitizer was observed to the left of the reception desk. The Administrator (staff #109) was present during the screening process and did not instruct the surveyor to use hand sanitizer. Towards the end of the screening process, the Director of Nursing (DON/ staff #101) brought the surveyor a N95 mask and instructed the surveyor to wear the mask while in the facility. The DON did not instruct the surveyor to use hand sanitizer. An interview was conducted on May 27, 2020 at 9:20 a.m. with staff #28, who stated that she had received training on the screening process and that it included instructing everyone entering the facility to use hand sanitizer. Staff #28 said that she does not know if a person has sanitized his or her hands prior to entering the facility or what they may have touched prior to entering the facility. She stated that because of this unknown, there is an increased risk of spreading [MEDICAL CONDITION] if people entering the facility do not perform hand hygiene. She said she does her best, but sometimes when it is busy, she is not able to ensure everyone entering the facility has performed hand hygiene. During an interview conducted with the Infection Preventionist (staff #150) on May 27, 2020 at 11:15 a.m. with the Administrator and the DON present, staff #150 stated her expectation is that everyone entering the facility use hand sanitizer. Review of the facility's letter notifying residents and family members about COVID-19 present in the facility included that in order to prevent the spread of COVID-19 use the provided alcohol-based hand sanitizer upon entry and exit of the facility. -On May 27, 2020 at 10:00 a.m., a laundry employee (staff #143) was observed exiting the COVID-19 isolated unit through the zipper wall. She was carrying two large trash bags and one smaller plastic bag. She put the two larger plastic trash bags on the floor outside of the COVID-19 unit, while she closed the zipper wall. She then picked up the two larger trash bags and took them to the utility room. She was then observed leaving the utility room with the smaller plastic bag. Staff #143 stated that cleaning rags she had used to clean bathrooms on the COVID-19 unit was in the bag and that she was taking them to the laundry room. She was observed in the laundry room putting the small plastic bag into a second bag and tying it into a knot. She then placed the bag into an unmarked yellow bin on top of other cleaning rags that were not bagged. The unmarked yellow bin was located in the right corner of the room as you enter the dirty side of the laundry room. The bin did not have a lid. She said that this is where she always put the cleaning rags after she has used them to clean the COVID-19 unit. Staff #143 stated that she did not know why the other cleaning rags were not bagged or what the rags had use been for. Staff #143 then washed her hands. An interview was conducted on May 27, 2020 at 10:12 a.m. with a laundry employee (staff #61), who stated that everything coming from the COVID-19 unit to the laundry room must be put into a yellow hazard bag. She stated that facility policy and training requires the use of a yellow bag to prevent the spread of COVID-19. She stated the yellow hazard bag is put into a laundry bin and that the laundry bin must be covered. Staff #61 stated that housekeeping is supposed to put cleaning rags from the COVID-19 unit into a yellow bag and put the bag into the same bin with the linens from the COVID-19 unit. Staff #61 said that the plastic bag containing cleaning rags from the COVID-19 unit are to be washed separately from the other cleaning rags. She said that the unmarked yellow bin in the corner was not to be used for items that came from the COVID-19 unit. She also said that she had no way of knowing the cleaning rags in that bag were from the COVID-19 unit and she would have washed everything in the bin together. An interview was conducted on May 27, 2020 at 10:25 a.m. with the Environmental Services Manager (staff #90), who stated that staff #143 works on the COVID-19 unit. She said that there are two bags on the COVID-19 unit, one for trash and one for laundry. She said the laundry goes into a yellow hazard bag or a dissolvable bag, and that when the bags are full, staff on the COVID-19 unit calls staff on the other side of the zipper wall to pick up the trash and laundry. Staff #90 stated the staff on the other side of the COVID-19 unit wall brings bins with lids into the area between the two zipper walls outside of the COVID-19 unit and the trash and laundry bags are put into the bins. She said the lids are closed to the bins before they leave that area. She said the purpose of using bins with lids to transport trash and laundry is to reduce the risk of spreading the COVID-19. Staff #90 stated that if she had seen staff #143 leave the COVID-19 unit with trash and laundry that was not in bins with lids, she would have had staff #143 go back and use the bins. In an interview conducted on May 27 at 1:02 p.m. with the Administrator (staff #109), the Administrator stated he had trained staff specifically on how to enter and exit the zipper walls. He said the training included how trash and laundry was to be transported in and out of the zipper walls, and included the use of bins with lids was required. The Administrator stated that since staff #143 had put the trash bags on the floor outside of the COVID-19 unit, the floor should have been disinfected. The list provided by the Administration containing staff that had been trained revealed staff #143 did not receive training. Review of the facility's policy Isolation - Housekeeping and Laundry on Designated COVID Unit revealed the spread of infections will be prevented by handling isolation trash and laundry separately. Place soiled linen in the identifiable yellow hazardous plastic bag or a red biohazardous bag if the linen contains biohazardous waste. Carry the linen in the bag away from the body to the plastic partition. A second staff member must bring the designated linen plastic container to the other side of the partition. Place the bag through the plastic barrier into the plastic container and the second staff member will seal the container with a plastic lid. The second staff member will secure the container for proper transport to the laundry. The laundry staff member will receive the container and transfer the linen directly into the machine to wash the designated COVID unit washables separately from the rest of the laundry. 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 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.</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.