

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER HAVASU REGIONAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP 1811 MESQUITE AVE LAKE HAVASU CITY, AZ 86403	
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	Provide and implement an infection prevention and control program. Based on observations, staff interviews, review of the Center for Disease Control (CDC) recommendations, the Center for Medicare/Medicaid Services and policies and procedures, the facility failed to ensure that infection control recommendations were followed in order to prevent the spread of COVID-19, by failing to ensure that residents maintained a distance of six feet apart during meal time. The deficient practice could result in the spread of infections, including COVID-19 to residents and staff. Findings include: A meal observation was conducted on May 27, 2020 at 12:20 p.m. in the activity room. A CNA (Certified Nursing Assistant/staff #4) was observed assisting three resident's who were in wheelchairs to the same table, which was located in the center of the room. The CNA then served the resident's their lunch. Two of the resident's were seated on the same side of the table and were approximately three feet apart, and the third resident was seated on the other side of the table and was six feet apart from the other two residents. During an interview conducted on May 27, 2020 at 12:25 p.m., staff #4 stated that the three resident's had been cleared to be out of their rooms and to eat their meals in the activity room. Staff #4 said the resident's were supposed to be seated at separate corners of the table to maintain social distancing, and were not to be next to each other at the table. Staff #4 stated that the two residents were seated too close to each other and she would move them further apart. During an interview conducted on May 27, 2020 at 12:45 p.m. with the Infection Preventionist (staff #12), he stated that resident's are supposed to be six feet apart during activities, and when they are in the activity room during meals. An interview was conducted on May 27, 2020 at 2:30 p.m., with the DON (Director of Nursing/staff #6). The DON stated that their policy was for residents to be spaced six feet apart for activities, including eating in the activity room. The DON said they use the CDC recommendations for resident social distancing. Review of a policy and procedure titled SNU: Coronavirus Disease-Admission of Resident with Suspected/diagnosed COVID-19, revealed that the organization will develop and implement a strategy to minimize the possibility of a COVID-19 outbreak, and that guidance will be offered on how to protect residents and healthcare workers to prevent and/or minimize the spread of COVID-19. The policy included that the organization will coordinate efforts and follow current guidance offered by the Centers for Disease Control, State and local health departments, as well as the Centers for Medicare/Medicaid Services. A CDC memorandum dated April 25, 2020 titled COVID-19 Guidance for Shared or Congregate Housing, included to arrange seating of chairs and tables to be at least 6 feet apart during shared meals or other events, and to restrict the number of people allowed in the dining room at one time, so that everyone can stay at least 6 feet apart from one another.		
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.