

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035295	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2020
NAME OF PROVIDER OF SUPPLIER THE CENTER AT TUCSON		STREET ADDRESS, CITY, STATE, ZIP 5020 EAST GLENN STREET 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain an infection control program designed to prevent the transmission of COVID-19 when they did not implement and follow the CDC's guidance to use all COVID-19 Personal Protective Equipment (PPE) for newly admitted residents during the fourteen day observation period. This failure had the potential to cause the transmission of COVID-19 to other residents and staff of the facility. During the entrance conference on 05/13/2020 at 02:15 PM the Director of Nursing (DON) reported the facility had no COVID-19 positive residents or staff. Observations of the resident rooms on the second floor of the facility made on 5/13/2020 between 02:30 PM and 03:30 PM revealed multiple rooms with a 14 day quarantine sign posted on the door. In Zone B2 observed a clear plastic rolling cart with PPE inside of it outside of room [ROOM NUMBER]. The door to room [ROOM NUMBER] was closed, a 14 day quarantine sign posted read Day 1 through Day 14 in print, with a space under each Day for hand written dates. In the upper left corner of the sign, Droplet was hand written. Observed a 14 day quarantine sign posted on the door of room [ROOM NUMBER] had the words Mask Only hand written along the top boarder. The door was open. Interviewed Certified Nursing Assistant (CNA) 5 on 05/13/2020 at 3:00 PM about the quarantine signs, and precautions required in these rooms. CNA5 indicated that new admissions to the facility were placed on quarantine for 14 days, and the signs were used to count down the days. When asked what Mask meant when it was written on the form, CNA5 stated that meant you don't have to discard your mask when you go in the room. Concurrently observed the PPE cart and quarantine sign outside of room [ROOM NUMBER] which read Droplet on it. When asked what Droplet meant, CNA5 stated that means one should wears full PPE in the room, and discard all of it upon exiting the room. Observations of the resident rooms in Zone C1 on the first floor of the facility made on 5/13/2020 between 03:30 PM and 04:00 PM revealed multiple rooms with a 14 day quarantine sign posted on the door. Observed the quarantine signs posted on rooms, 133, 135, 144, 145, 146 and 147. Interviewed CNA3 and Licensed Nurse (LN) 10 about the quarantine precautions. Surveyor asked if any PPE beyond the mask was needed in these rooms. CNA3 stated No. Just the mask. LN 10 confirmed what CNA3 stated. Observations of quarantine signs throughout the facility made on 05/14/2020 between 01:00 PM and 02:00 OM. All six Zones B1, C1, D1, B2, C2, and D2 had three to eight resident rooms each with the 14 day quarantine signs posted on them for a total of 32 signs. Interviewed CNA2 at 1:20PM about each of the quarantine rooms in Zone C1. CNA2 stated that each of the residents were new admissions, or re-admissions. When asked what PPE should worn in the rooms, CNA2 stated only a mask. Interviewed CNA1 on 05/14/2020 at 1:40 PM regarding quarantine precautions for rooms [ROOM NUMBERS] located in Zone D1. CNA1 stated that room [ROOM NUMBER] was a new admit which required quarantine for 14 days. When asked what PPE was needed in this quarantine room, CNA1 stated a mask only. CNA1 stated room [ROOM NUMBER] was on quarantine because they were both a new admit, and went to [MEDICAL TREATMENT], and further explained residents on [MEDICAL TREATMENT] need to be on quarantine throughout their stay. The PPE required when entering room [ROOM NUMBER] was described as gloves, gown, mask and eye protection. Interviewed CNA7 on 5/14/2020 at 1:42 PM regarding quarantine procedures for Zone B2 resident rooms. When asked why there was a PPE cart outside of room [ROOM NUMBER], CNA7 stated that resident was admitted from home, and there had not been any COVID-19 testing so they were required to wear full PPE, including goggles. When asked about the other newly admitted residents, CNA7 stated that they came from the hospital, where they were tested two times before they are discharged. CNA7 explained that was why those residents were quarantined and only a mask was the required PPE. Interviewed LN12 on 5/14/2020 at 1:50 PM regarding quarantine procedures for room [ROOM NUMBER] in Zone D2. LN12 stated that resident went to [MEDICAL TREATMENT] and required continuous quarantine due to their potential exposure to COVID 19 at the [MEDICAL TREATMENT] treatment center. PPE required in the resident room included gown, gloves, goggles and mask. LN 12 explained the disinfecting procedures for the reuse of the blue gowns. When asked if the same PPE was required for new admits that did not go to [MEDICAL TREATMENT], LN12 stated that only a mask was needed then. When asked why only a mask was needed, LN12 started to answer, then paused in thought for a few seconds, and stated I'll have to find out. Interviewed CNA 4 in Zone C2 on 5/14/2020 at 1:55 PM. CNA 4 confirmed residents in that hallway on quarantine were all new admits, and the only PPE required in those rooms was a mask. Facility policies and procedures related to the COVID-19 public health emergency were provided and reviewed on 05/13/2020. The COVID-19 Emergency Preparedness Policy dated 04/24/2020 read under heading New Admissions Follow the directive of the CDC. The facility's Quarantine Protocol During the COVID-19 PHE dated 04/08/2020 read in the first bullet point under Protocol All new admissions will be placed on quarantine in room for 14 days. The protocol did not include direction for staff regarding the use of PPE during care in the quarantine period. Record review of the CDC guidance dated 4/30/2020 to long term care facilities posted at, https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html was completed on 5/05/13/2020 was reviewed. Under the heading Considerations for new admissions or readmissions to the facility guidance read for residents whose COVID-19 status was unknown, All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown and a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. During an interview with the Director of Nursing (DON) and the Infection Preventionist (IP) on 05/14/2020 at 2:30 PM surveyor asked if they had considered cohorting the newly admitted residents in one area. The DON described that with the resident turnover rate and the average length of stay of 28 days, they had not been able to identify a way to do that yet. He stated they have been talking about it. Discussed the risks having residents spread throughout the facility poses. The IP stated It's something we need to try. During the same interview, the surveyor asked what PPE the facility instructed staff to wear in rooms for newly admitted residents. The DON stated If they come from the hospital (staff) just need to wear a mask. If they come from home (staff) need to use droplet precautions. After the surveyor shared the CDC guidance, the facility administrator joined the interview. He explained they had interpreted that with a review of the medical history and hospital stay, residents without COVID-19 symptoms during that period only needed to be quarantined. Initially hospitals were only discharging patients to long term care when they tested negative, and the protocol had not been reevaluated since that change. When asked how they could determine a person's risk of exposure while at the hospital through their medical history and hospital stay review, they were not able to state how that could be done.</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.