

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BELLA VITA HEALTH AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5125 NORTH 58TH AVENUE GLENDALE, AZ 85301</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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 followed in order to prevent the spread of COVID-19. The deficient practice could result in the spread of infection, including COVID-19 to residents and staff. Findings include: -Regarding communal dining on the secured dementia unit: On May 29, 2020 at 8:55 a.m., an observation of the secured dementia unit was conducted with the Infection Preventionist (staff #40) and the Assistant Director of Nursing (ADON/staff #20). Staff #40 stated there was a total of 19 residents that were housed on the unit. Staff #40 stated that one resident on the unit was on droplet/isolation precautions, because he had been symptomatic (for COVID-19). Upon entry to the secured unit, the dining room was on the left and opened into the main hallway. Nine residents were observed to be sitting in the dining room and were not eating. None of the residents were wearing face masks. Further observations revealed there were three residents who were seated at a round table and were approximately 2-3 feet from each other. An interview was conducted on May 29, 2020 at 9 a.m., with one of the residents in the dining room. She stated that she and other residents eat their meals in the dining room every day. Following this, another interview was conducted with the Infection Preventionist (staff #40). She stated the residents currently use the dining room for their meals. She said that typically, 2 residents sit at each round table. At 9:10 a.m., an interview was conducted with maintenance staff (staff #5). At this time, he measured the round tables and stated that they were 48 inches across. As a result, the round tables were not large enough to ensure residents could be separated at least six feet apart (six feet equals 72 inches). -Regarding communal dining on the 600 hallway: On May 29, 2020 at 9:15 a.m., an observation was conducted on the secured behavioral unit (600 hallway) with the Infection Preventionist (staff #40) and the ADON (staff #20). Staff #40 stated that a total of 19 residents were housed on this unit. Staff #40 stated that one resident was on droplet/isolation precautions because he had been symptomatic (for COVID-19). Upon entry to the unit, the dining room was on the left side of the hallway. A total of seven residents were observed to be in the area. None of these residents were observed to be wearing masks. Further observations revealed that two residents were seated next to each other at one of the tables and were approximately two feet apart. Another resident was seated at a separate table, and there was a resident who was sitting in a geri-chair and was placed approximately three feet away from the resident at the table. On May 29, 2020 at 9:30 a.m., an interview was conducted with a Certified Nursing Assistant (CNA/staff #73). He stated that he and another CNA sit at a table with four residents, one at each end of the table to assist with meals. According to a seating chart for this dining room, there were three residents assigned to one rectangular table and four residents and 1-2 CNA's were assigned to another rectangle table. An interview was conducted on May 29, 2020 with maintenance staff (staff #5). He stated that each of the rectangular tables measured 95.5 inches long by 47.5 inches wide. Based on the seating chart and the measurements of the rectangular tables, the residents were not being spaced 6 feet apart. Another interview was conducted on May 29, 2020 with staff #40, who stated that residents are requested to wear masks when they are out of their rooms. On May 29, 2020 at 12:45 p.m., an interview was conducted with the Director of Nursing (DON/staff #37). She stated her expectation is that staff will try their best to have the residents eat in their rooms, but the residents are not always compliant. Review of the Infection Control and Prevention policy revealed the procedure would include ensuring that facility policies and practices are in place to minimize exposures to respiratory pathogens including [DIAGNOSES REDACTED]-CoV-2, [MEDICAL CONDITION] that causes COVID-19. The policy stated that it was particularly important to protect individuals at increased risk for adverse outcomes from COVID-19, which included canceling all group activities and communal dining. The policy further included that if residents leave their room, residents should wear a facemask if available or cover their mouth with Kleenex etc., limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others). The CDC guideline titled, Preparing for COVID-19 in Nursing Homes stated that given the congregate nature and resident population served, nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19, and other pathogens including multi-drug resistant organisms. As demonstrated by the COVID-19 pandemic, a strong infection prevention and control program is critical to protect both residents and healthcare personnel. The guidance stated that implementation of social distancing measures should include aggressive social distancing measures (remaining at least 6 feet apart from others), canceling communal dining and group activities, and remind residents to wear a cloth face covering (if tolerated). According to the CDC guidelines for Memory Care Units in Long Term Care Facilities, infection prevention strategies to prevent the spread of COVID-19 are challenging to implement in memory care units where residents with cognitive impairment reside. The guidelines included to keep their environment and routines as consistent as possible, while still reminding and assisting with frequent social distancing and the use of cloth face coverings (if tolerated). -Regarding staff sharing the same gowns for resident care: On May 29, 2020 at 8:50 a.m., an observation was conducted on the 300 hallway (new admissions/isolation unit), with the Infection Preventionist (staff #40) and the ADON (staff #20). At approximately 8:52, a physical therapy staff member (staff #45) was observed entering a resident isolation room. There was a droplet precaution sign on the outside of the door. Staff #45 walked into the resident's room and took one of the personal protective equipment (PPE) gowns from a hook located inside the resident's room. Staff #45 then donned the gown and proceeded to provide therapy services to one of the residents in the room. An interview was conducted with the ADON at approximately 8:55 a.m. She stated that new admissions are housed on the 300 hallway for observation and that those residents are on droplet precautions/isolation. She stated that as part of the extended wear of PPE, gowns are located inside residents' rooms and that any staff member that enters a resident's room must don one. She stated that the gowns were not designated for a specific staff member. She said that upon exiting the resident's room, the staff member would doff the gown and replace it on one of the available hooks. The ADON stated that currently there was no shortage of PPE in the facility. Review of the facility policy titled, Infection Control and Prevention revealed that the CDC's optimization strategies for PPE, offer strategies when PPE supplies are stressed, running low or absent. Contingency strategies can help stretch PPE supplies when shortages are anticipated, for example if facilities have sufficient supplies now but are likely to run out soon. Crisis strategies can be considered during severe PPE shortages and should be used with the contingency options to help stretch available supplies for the most critical needs. The policy included that as PPE availability returns to normal, healthcare facilities should promptly resume standard practices. Contingency capacity strategy/practice for reusable disposable/cloth isolation gowns can be made to extend the use of isolation gowns, by wearing a gown by the same healthcare personnel when interacting with more than one resident known to be infected with the same infectious disease, when these residents are housed in the same location (i.e., COVID-19 residents residing in an isolation cohort). The policy stated that the gown will be donned prior to entering the resident's room and removed and placed on the designated hook upon leaving. The CDC guidelines titled, Strategies for Optimizing the Supply of Isolation Gowns stated the purpose was to offer a series of strategies or options to optimize supplies of isolation gowns in healthcare settings, when there is limited supply. Crisis capacity strategies include</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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>extended use of isolation gowns. The guidelines included that consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same healthcare personnel, when interacting with more than one resident known to be infected with the same infectious disease when these residents are housed in the same location (i.e., COVID-19 residents residing in an isolation cohort).</p> <p>-Regarding the donning of PPE: An observation on the isolation/new admit unit/300 hallway) was conducted on May 29, 2020 at approximately 8:50 a.m., with the ADON (staff #20) and the Infection Preventionist (staff #40). At this time, a physical therapy staff member (staff #45) was observed entering the room of a resident who was a new admit and was on isolation precautions (on observation for COVID-19) until June 1, 2020. Once inside the room, staff #45 removed a gown that was hanging on the wall and donned the gown. However, staff #45 did not tie the gown in the back. As a result, during patient care, the gown fell forward on to the resident while the staff member was attempting to assist the resident to stand. Staff #45 adjusted and pulled up the gown repeatedly. During the observation staff #45 also reached under the gown to remove a gait belt. The gown fell completely forward leaving the staff member uncovered, as he leaned down to place the gait belt around the resident. Once the gait belt was on, the resident had both hands on the walker in front of her. The walker was positioned between the resident and staff #45. During this observation, the resident was not wearing any type of face covering. An interview was conducted at the time of the observation with the ADON, who stated that she was unsure why staff #45 had not tied the gown, which is the appropriate practice. The ADON then directed staff #45 to tie the gown. Regarding their policy for residents in isolation and the requirement for face coverings, the ADON said their policy stated that all residents should have a face covering while staff members are providing care, or when staff is in a resident room. An interview was conducted with staff #40 at approximately 12:45 p.m. She stated that if a resident is on isolation/droplet precautions, they should cover their nose and mouth with a tissue while staff is in the room. She said that both hands are required when using a walker, so a mask would then be provided by the facility. She further stated that all staff were expected to attend in-services. She said that she worked with the human resource department to ensure attendance to in-services. She said that she was unaware of any employee missing in-services. Review of the facility's In-service documentation revealed there was no evidence that staff #45 attended the in-service regarding the appropriate donning and doffing of PPE. Review of the facility's Infection Control and Prevention policy dated March 9, 2020 revealed that employers are to train employees on what PPE to use, when PPE is necessary, proper donning and doffing and disposal of PPE. Employees are to demonstrate an understanding of these topics. The facility's policy for New Admissions revised on 5/1/2020 included that all new admissions are required to wear a tissue/washcloth/disposable mask, while receiving care. Review of the facility's policy regarding [MEDICAL CONDITION] Respiratory Precautions, Procedure for Isolation revealed the patient is to wear a face mask prior to staff entering the room and while staff is in with the patient. The CDC guidelines regarding the Use of Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19 dated March 30, 2020, included that PPE is to be donned correctly before entering the patient room, it must remain in place, be worn correctly and should not be adjusted while in a potentially contaminated area. The guidelines stated that once a gown is put on, all ties are to be tied. The guidelines further included that health care professionals must receive comprehensive training on PPE, as well as demonstrate competency in appropriate infection control practices and procedures. Review of the CDC COVID-19 Long Term Care Facility Guidance dated April 2, 2020, revealed that when possible, all long term care residents whether they have COVID -19 symptoms or not, should cover their noses and mouths when staff are in the room. Tissues or cloth masks may be used or a medical mask should be used with those residents that are COVID -19 positive or assumed to be positive. -Regarding the cohorting of residents: Review of the resident list provided by the DON revealed there were 30 residents who resided on the Isolation/New Admit unit (300 hallway), who were on isolation/droplet precautions. Seven of the 30 residents were housed in a room alone, 22 were sharing a room with another isolation resident, and 1 resident shared a room with a non-isolated resident. In addition, there was one resident on the 500 hall, one resident on the 600 hall and one resident on the 700 hall, who were also housed with a non-isolated resident. An interview with the DON (staff #37) and the Infection Preventionist (staff #40) was conducted on May 29, 2020 at approximately 12:40 p.m. Regarding the rationale as to why residents on 14 day isolation/droplet precautions are roomed with residents that are not on isolation, the DON stated that she was unsure of the reason why this was being done, other than if there was a concern for space. The DON and staff #40 stated that it was not the best policy. Both agreed that separation of newly admitted residents who were on isolation from non-isolation residents would be beneficial for the residents. Review of their Infection Control and Prevention policy dated 3/9/2020, revealed that one of the practices listed was to identify and separate designated areas of the building for diagnosed COVID-19 positive residents or suspected (symptomatic) residents and for suspected COVID-19 positive residents (post exposure) pending test results. The policy included that the same applies to new admissions to the building for 14 days (on observation). The policy stated that the facility should place a suspected resident in their own room with their own bathroom and door closed if possible. They may share a room with another COVID positive or suspected resident. The policy further included that a cohorting plan should be created. If the suspected resident had a roommate, the suspected resident should be moved to a dedicated area or isolation. The roommate should be monitored, and avoid putting a non unexposed resident with the roommate. A policy on New Admissions revised 5/1/2020 stated that all new admissions are admitted in a specific area of the building, put on strict droplet precautions and have designated staff when possible. New residents remain in that area for 14 days to ensure they are free of signs and symptoms of COVID-19. The facility's policy on Isolation included the following steps: put resident in a private room or contact DON if private room is not available. Patient is to wear a face mask prior to staff entering the room and while staff is in with patient. A policy regarding [MEDICAL CONDITION] Respiratory Precautions, Procedure for Isolation included that patients are to be housed in a private room. Review of the CMS guidelines for Long Term Care dated 4/2/2020 revealed that long term care facilities should separate patients and residents with known or suspected COVID-19 from those that are negative. Review of the CDC guidelines on Responding to Coronavirus (COVID-19) in Nursing Homes revealed that those residents with an unknown COVID-19 status, such as new admissions or readmissions should be placed in a separate area or room and monitored closely. All recommended PPE should be worn for the care of these residents. This protocol should remain in effect for 14 days. After the 14 day period, the resident may be transferred to a regular room if they remain without symptoms and no new exposures occur. Testing at the end of the 14 days may be considered to increase certainty.</p>		