DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICA MEDIC

CAID	CERTIFICATION AND TRANSM	AL

ID: 9VH212

Facility ID: LTC005	7
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	IAMII-	TO BE COMPL	LETED BY T	HE STAT	TE SURVEY AGENCY	F	Facility ID: LTC0057
MEDICARE/MEDICAID PROVIDER (L1) 035131	NO.	3. NAME AND AD (L3) GRANITE C			HABILITATION CENTER	4. TYPE OF ACTION	
2.STATE VENDOR OR MEDICAID NO.		(L4) 1045 SCOTT	T DRIVE			1. Initial 3. Termination	2. Recertification 4. CHOW
(L2) 041070		(L5) PRESCOTT, AZ (L6) 86301				5. Validation	6. Complaint
5. EFFECTIVE DATE CHANGE OF OW	NERSHIP	7. PROVIDER/SU	PPLIER CATEG	ORY	<u>02</u> (L7)	7. On-Site Visit 8. Full Survey After	9. Other
(L9)		01 Hospital	05 HHA	09 ESRD	13 PTIP 22 CLIA	o. Tun burvey Arter	Complaint
6. DATE OF SURVEY	(L34)	02 SNF/NF/Dual	06 PRTF	10 NF	14 CORF	FISCAL YEAR ENDIN	NG DATE: (L35)
ACCREDITATION STATUS: Unaccredited 1 TJC	— ^(L10)	03 SNF/NF/Distinct	07 X-Ray	11 ICF/IID	15 ASC	12/31	(===)
0 Unaccredited 1 TJC 2 AOA 3 Other		04 SNF	08 OPT/SP	12 RHC	16 HOSPICE	12/31	
11. LTC PERIOD OF CERTIFICATION		10.THE FACILITY	IS CERTIFIED	AS:			
From (a):		X A. In Complian			And/Or Approved Waivers Of		
To (b):		Program Re Compliance			2. Technical Personnel	_ 6. Scope of Ser	rvices Limit
					3. 24 Hour RN	7. Medical Dire	
12. Total Facility Beds	(L18)	<u>X</u> 1. Ac	cceptable POC		4. 7-Day RN (Rural S)		1 Size
13. Total Certified Beds	(L17)	B. Not in Com	pliance with Prog	ram	5. Life Safety Code	9. Beds/Room	
		Requirements	and/or Applied V	Vaivers:	* Code: A1*	(L12)	
14. LTC CERTIFIED BED BREAKDOWN	1				15. FACILITY MEETS		
18 SNF 18/19 SNF	19 SNF	ICF	IID		1861 (e) (1) or 1861 (j) (1):	YES (L15)	
(L37) (L38)	(L39)	(L42)	(L43)				
16. STATE SURVEY AGENCY REMARK							
Granite Creek Health and Rehab Ce Granite Creek Health and Rehab Ce							
of compliance. An onsite revisit sur				is based on	an anegation of compliance a	and acceptable plan of co	offection with evidence
17. SURVEYOR SIGNATURE	nr	Date :			18. STATE SURVEY AGENCY	APPROVAL	Date:
1 01 11.	PA-					li di	
	0					1	
Los Johnna High	Survey	07 11 09	9/17/2020	(110)	Sendy Farm	run	09/17/2020
for Johnna High		ST		(L19)	Sendy Farm	THAT A CENCY	09/17/2020 (L20)
for Jenning High PART		ST			Sandy Firm OFFICE OR SINGLE S	STATE AGENCY	
PART 19. DETERMINATION OF ELIGIBILITY	II - TO BE	COMPLETED B	BY HCFA RE	GIONAL	21. 1. Statement of Fina	ncial Solvency (HCFA-2572	(L20)
	II - ТО ВЕ (COMPLETED B	BY HCFA RE	GIONAL	21. 1. Statement of Fina	ncial Solvency (HCFA-2572 ol Interest Disclosure Stmt (l	(L20)
19. DETERMINATION OF ELIGIBILITY	II - TO BE O	COMPLETED B	BY HCFA RE	GIONAL	21. 1. Statement of Fina 2. Ownership/Contro	ncial Solvency (HCFA-2572 ol Interest Disclosure Stmt (l	(L20)
DETERMINATION OF ELIGIBILITY 1. Facility is Eligible to Particular	II - ТО ВЕ (COMPLETED B	BY HCFA RE	GIONAL	21. 1. Statement of Fina 2. Ownership/Contro	ncial Solvency (HCFA-2572 ol Interest Disclosure Stmt (l	(L20)
DETERMINATION OF ELIGIBILITY	II - TO BE O	COMPLETED B 20. COM RIGH	BY HCFA RE	GIONAL	21. 1. Statement of Fina 2. Ownership/Contro	ncial Solvency (HCFA-2572 ol Interest Disclosure Stmt (l e :	(L20)
DETERMINATION OF ELIGIBILITY	II - TO BE (COMPLETED B 20. COM RIGH MENT 24	BY HCFA RE PLIANCE WITH	GIONAL	1. Statement of Fina 2. Ownership/Contr 3. Both of the Above	ncial Solvency (HCFA-2572 ol Interest Disclosure Stmt (l e:	(L20) P) HCFA-1513)
DETERMINATION OF ELIGIBILITY 1. Facility is Eligible to Particular 2. Facility is not Eligible 22. ORIGINAL DATE 2	II - TO BE (cipate (L21) 3. LTC AGREEN	COMPLETED B 20. COM RIGH MENT 24	BY HCFA RE PLIANCE WITH ITS ACT:	GIONAL I CIVIL	21. 1. Statement of Fina 2. Ownership/Contr 3. Both of the Above	ncial Solvency (HCFA-2572 ol Interest Disclosure Stmt (le e:	(L20) P) HCFA-1513)
DETERMINATION OF ELIGIBILITY 1. Facility is Eligible to Particular 2. Facility is not Eligible 22. ORIGINAL DATE 2	II - TO BE (cipate (L21) 3. LTC AGREEN	COMPLETED B 20. COM RIGH MENT 24	BY HCFA RE PLIANCE WITH ITS ACT:	GIONAL I CIVIL	21. 1. Statement of Fina 2. Ownership/Contr. 3. Both of the Above 26. TERMINATION ACTION VOLUNTARY 06	ncial Solvency (HCFA-2572 of Interest Disclosure Strnt () e: (I) INVOLUN 05-Fail to M	(L20) P) HCFA-1513) L30)
19. DETERMINATION OF ELIGIBILITY 1. Facility is Eligible to Partic 2. Facility is not Eligible 22. ORIGINAL DATE OF PARTICIPATION (L24)	II - TO BE ((L21) 3. LTC AGREEN BEGINNING (L41)	COMPLETED B 20. COM RIGH MENT 24	BY HCFA RE PLIANCE WITH ITS ACT: LTC AGREEM ENDING DAT	GIONAL CIVIL	21. 1. Statement of Fina 2. Ownership/Contre 3. Both of the Above 26. TERMINATION ACTION VOLUNTARY 01-Merger, Closure 02-Dissatisfaction W/ Reimburs 03-Risk of Involuntary Termination	ncial Solvency (HCFA-2572 ol Interest Disclosure Stmt (le e: (I NVOLUN 05-Fail to Mement 06-Fail to Mement	(L20) P) HCFA-1513) L30) TARY Meet Health/Safety
19. DETERMINATION OF ELIGIBILITY 1. Facility is Eligible to Partic 2. Facility is not Eligible 22. ORIGINAL DATE OF PARTICIPATION (L24)	II - TO BE ((L21) 3. LTC AGREEN BEGINNING (L41) 7. ALTERNATIV	20. COMPLETED B 20. COMPRIGH RIGH MENT 24 DATE	BY HCFA RE PLIANCE WITH ITS ACT: LTC AGREEM ENDING DAT	GIONAL CIVIL	21. 1. Statement of Fina 2. Ownership/Control 3. Both of the Above 26. TERMINATION ACTION VOLUNTARY 01-Merger, Closure 02-Dissatisfaction W/ Reimburs	ncial Solvency (HCFA-2572 ol Interest Disclosure Stmt (le e: (I) INVOLUN 05-Fail to M on OTHER	(L20) P) HCFA-1513) L30) TARY Meet Health/Safety
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September 17, 2020

Receipt Of This Notice Is Presumed To Be 09/17/2020 Important Notice - Please Read Carefully

Sean Hill, Administrator Granite Creek Health & Rehabilitation Center 1045 Scott Drive Prescott, AZ 86301

Dear Mr. Hill:

On September 16, 2020, an onsite revisit was conducted for your facility by the Arizona Department of Public Health, Licensing, and Certification Bureau, to determine if your facility was in compliance with federal requirements at the time of the focused infection control survey #9VH212.

The enclosed Center for Medicare and Medicaid Services (CMS) form, entitled "Statement of Deficiencies and Plan of Correction" (CMS 2567), documents that no deficiencies of participation requirements were identified during this revisit. The plan of correction was accepted for the Federal citations.

Enclosed is the **Federal Post-Certification Revisit Report**, please retain a copy for your files. If we can be of further assistance, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

Sandy Farmer

LTC Customer Service Representative IV

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Enclosure

PRINTED	: 09/17	7/2020
FORM	APPR	OVED
OMD NO	ひしつり	0204

		I I I I I I I I I I I I I I I I I I I					0000 0001
				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		035131	B. WING			l	-C 16/2020
	PROVIDER OR SUPPLIER CREEK HEALTH & I	REHABILITATION CENTER		10	REET ADDRESS, CITY, STATE, ZIP CODE 145 SCOTT DRIVE RESCOTT, AZ 86301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
{F 000}	An onsite follow up	visit to the complaint Survey acted September 15 through	{F 0	00}			
·							
ABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE		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.

PRINTED: 08/14/2020 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	8 9		CONSTRUCTION		(X3) DATE COMP	SURVEY
							(С
		035131	B. WING				07/	02/2020
NAME OF P	ROVIDER OR SUPPLIER			N-85	TREET ADDRESS, CITY, STATE, ZIP CODE 045 SCOTT DRIVE			
GRANITE	CREEK HEALTH & REHA	ABILITATION CENTER		Р	PRESCOTT, AZ 86301 ARIZO	NA DE	PARTMENT	OF HEALTH
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	1,000	PROVIDER'S PLAN OF CORR			
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	X	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	EICENSING	COMPLETION DATE
F 000	INITIAL COMMENTS		F	000		LONG	S TERM C	ARE
							18TH AVE	
	The investigation of (Complaint #AZ00165552					NIX, AZ 8	
		June 30, 2020 through July			2			
		deficiency was cited:			This plan of correction is the facility's	credi	ible	
F 880	Infection Prevention 8		F	880	allegation of compliance.			
SS=K	CFR(s): 483.80(a)(1)(500 mm 1 m	, ,		
	(/ (/ / / / / / / / / / / / / / / / /	N N N			Preparation and/or execution of this p constitute admission or agreement by			
	§483.80 Infection Cor	ntrol			of the truth of facts alleged or conclus			
	The facility must estal	olish and maintain an			forth in the statement of deficiencies.			
	infection prevention a				of correction is prepared and/or execu	ted so	olely	
	designed to provide a				because it is required by the provision	s of		
		ent and to help prevent the			Federal law.			1 ,
		smission of communicable						8/17/
	diseases and infection	ns.						0111/20
	§483.80(a) Infection p	revention and control			4. 4			
	program.				ML_			
	The state of the s	olish an infection prevention			(Initials)			
		IPCP) that must include, at						
	a minimum, the follow	ring elements:						
	0.400.007.1741.4				F 880			
		m for preventing, identifying,						
		g, and controlling infections			Corrective action for residents found			
		seases for all residents, ors, and other individuals			have been affected by this deficiency	<u>:</u>		
	providing services und	your succession continue of the second			No specific residents identified- not ap	nlica	ble	
		pon the facility assessment			a require popular true in Oi Hea	prica	0.0	
		to §483.70(e) and following			Division of Public Healt'			
	accepted national star				Charles as a second			
					ALIC TO COOK			
		standards, policies, and			AUG 1 9 2020			
	EV	ogram, which must include,						
	but are not limited to:				150 At 40th A 150			
		lance designed to identify			150 N. 18th Ave #40			
	possible communicab				Phoenix A7 95007			
	infections before they persons in the facility;							
		n possible incidents of						
	(ii) TYTICH and to WHOH	possible illolderits of						
ABORATORY I	DIRECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATURE	1		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

FORM CMS-2567(02-99) Previous Versions Obsolete

program participation.

Event ID: 9VH211

Facility ID: LTC0057

ADMINISTRATOR

08/10/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		035131	B. WING			C 07/02/2020	
	ROVIDER OR SUPPLIER	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1045 SCOTT DRIVE PRESCOTT, AZ 86301	· · · · · · · · · · · · · · · · · · ·		
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 880	reported; (iii) Standard and to be followed to pour (iv) When and how resident; including (A) The type and of depending upon the involved, and (B) A requirement least restrictive pocircumstances. (v) The circumstant must prohibit emploisease or infected contact with reside contact with reside contact will transmove (vi) The hand hygie by staff involved in §483.80(a)(4) A syidentified under the corrective actions (§483.80(e) Linens. Personnel must has transport linens so infection. §483.80(f) Annual The facility will contact in REQUIREME by: Based on observation documentation, revice Control (CDC) guid procedures, the facility side facility will control (CDC) guid procedures, the facility side facility will control (CDC) guid procedures, the facility side facility will control (CDC) guid procedures, the facility will control (CDC) guid procedures.	transmission-based precautions revent spread of infections; isolation should be used for a but not limited to: duration of the isolation, ne infectious agent or organism that the isolation should be the ssible for the resident under the discussible for the resident under the discussions from direct ents or their food, if direct ents or their food, if direct ents or their food on direct resident contact. Testem for recording incidents are facility's IPCP and the taken by the facility.	F 880	Corrective action for residents that affected by the deficiency: All residents may be affected. The faimmediately changed the entrance for to enter into the front entrance only. facility implemented that a screener that the front desk to let staff members facility (all doors locked), and to immiscreen each staff member coming interesting process, along with the and symptoms of Covid-19. An excel log for symptoms of chronic condition implemented and exceptions for a change condition symptom allowing for work only be approved by the IP or DNS. Immediate Jeopardy removal plan was submitted and approved by ADHS or 2020. A separate Covid-19 unit entrance we established, and the nurse on-duty with any employee coming in to work for symptoms.	acility r all staff The pe present into the mediately o the rviced on signs eption on was ronic k can An as n July 2, as ill screen	8/17/20	

■ * · · · · · · · · · · · · · · · · · ·		IDENTIFICATION NUMBER.		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					С
		035131	B. WING	·	07/02/2020
	(EACH DEFICIENC	ABILITATION CENTER ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	1	PRESCOTT, AZ 86301 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	SE COMPLETION
F 880	multiple staff who were positive for COVID-19 COVID-19 and provide result, the Condition of was identified. Findings include: On July 1, 2020 at 1:3 Immediate Jeopardy (Administrator (staff #4 facility's failure to imperocedures, as multip #9, #73 and #70) who (coughing, sore throat or who were positive to symptomatic, and were non COVID and	re either symptomatic and or exhibited symptoms of led care to residents. As a of Immediate Jeopardy (IJ) 30 p.m., the Condition of (IJ) was identified. The lement infection control le staff (#12, #15, #17, #21, owere either symptomatic t, muscle pain, headache) for COVID-19 and re permitted to work with ID positive residents. sented a plan of correction 9 p.m. At 3:46 p.m., the ormed that the plan of address additional or correct the identified ection was presented on .m. and was accepted at correction included for egarding being sent home ported signs or symptoms of nning of their shift, or if they at any time during their receive in-service the up-dated screening ed having a designated of screen staff at the start of	F 880	Measures that will be put into place to ensure that this deficiency does not recur. All staff were re-inserviced on signs and symptoms of Covid-19 and inserviced on the new staff entrance and screening process, a prohibition of working with any symptoms Covid-19. Staff were in-serviced on the Counit entrance and screening process. A new Staffing Coordinator has been hired and starts 8-10-2020. A new Director of Nursing has been hired starts 8-17-2020. The RN ADON is serving acting DNS. Agency staff through contracts are currentl working at the facility. Current staff are be Covid recovered and facility continues to actively recruit and hire. Any Covid positive staff member working with Covid positive residents only, will have to sign an attestation of no symptoms. Any Covid positive staff member will have have written documentation and signed by Infection Preventionist or the DNS on a Correcovered form, before being scheduled to work. A Directed Inservice by an approved ADH contractor for all staff on Covid-19 and infection control measures was held on 8-6-2020.	he and of ovid and g as y ing ve

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		1, ,	E SURVEY
			A. BUILDING			c
		035131	B. WING		0:	7/02/2020
	ROVIDER OR SUPPLIER CREEK HEALTH & RE	HABILITATION CENTER	-	STREET ADDRESS, CITY, STATE, ZIP CODE 1045 SCOTT DRIVE PRESCOTT, AZ 86301		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 880	daily, and that the in mitigation strategies address any staffing. On July 1, 2020 bet staff were interview been provided perta symptomatic staff with residents and with residents and with residents and with e staff interviewed to the screening profinformed that the faimplementing their pinservice's were init. On July 2, 2020 bet additional interviews staff regarding their correction. Staff reproducted on hand doffing Personal Profing Personal Profine Personal	ng results on a line listing implementation of staffing is would be put into place to g shortages. Inween 6:20-6:45 p.m., multiple ed regarding if education had aining to whether or not were permitted to work in the ated staff screening process. If members understood that would not be allowed to work would be sent home. None of the were aware of any changes occess. The Administrator was cility was not compliant with the plan of correction and	F 880	All staff were in- serviced on the updat process for making changes to the scre logs. Only answer yes or no. If the scre makes a mistake, the screener is to mare line through it, initial it and mark the cook, before the employee or visitor sig screening log. No staff member is to or alter any screening log. If a staff member answers yes to a symptom they will be home immediately, unless it is related to chronic condition and the exception log completed. The Infection Preventionis only staff member allowed to approve exception. The screening logs are audi monitored on a daily basis by the Infect Preventionist and Administrator. The signed by the IP and Administrator on exception report attached to the front demployee and visitor logs showing the have been audited, and on the actual er screening logs for the Covid Unit. The maintains possession of all screening logs.	ening ener rk one orrect ns the therwise er sent to a g is st is the an ited and etion ogs are the lesk logs mployee e IP	8/17/2

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		035131	B. WING			ł	C /02/2020
1	PROVIDER OR SUPPLIER E CREEK HEALTH &	REHABILITATION CENTER		10	TREET ADDRESS, CITY, STATE, ZIP CODE 045 SCOTT DRIVE PRESCOTT, AZ 86301	<u> </u>	02/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	was notified that the specifically address following: staff who sent home and wou process for asymptereturn to work, and strategies were in p in the facility. The pi to include specific d would be designated week and on weeke members would reviscreening results for presence of sympto. A revised plan of conjuly 2, 2020 at 1:35. Administrator was in correction needed to the correction was preservisions were requeresponsible for review collected on the screefollowing up to ensure were sent home and residents, and if symptomic symptomic work and if symptomic symptomic work and if symptomic w	12:45 p.m., the Administrator e plan of correction needed to a staff education to include the owere symptomatic were to be ald not care for residents; the omatic COVID positive staff to that staffing mitigation lace and being implemented lan of correction also needed etails of which staff members of to screen staff during the ends/holidays, and which staff iew and follow up on the restaff who documented the ms. Trection was presented on p.m. At 3:26 p.m., The address additional areas. 148 p.m., a revised plan of ented. At 4:26 p.m., additional ested to include who would be evening the employee data enings each shift and re that symptomatic staff removed from caring for aptoms were consistent with eline, documentation would be elected information before the permitted to work. This ain to all staff, whether through the front door or COVID unit. A revised plan esented on July 2, 2020 at	F.	380	Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that the deficiency has been corrected and will necur: Daily audits of staff screening logs for potential Covid-19 symptomatic staff work will be done by the Infection Preventionist and Administrator signing the Covid unit I and the exception report attached to the general staff screening logs indicating the were audited. Audits will be done daily for two months, then weekly for two months, then weekly for two months, then weekly for two months to assure continue compliance. Findings and analysis will be reported to the facility's QAA Committee monthly. Responsible: Infection Preventionist and Administrator	is oot	8/11/10

DEPARTMENT OF HEALTH AND HUMAN TYPICES
CENTEDS FOR MEDICARE & MEDICARD SERVICES

NAME OF PROVIDER OR SUPPLIER GRANITE CREEK HEALTH & REHABILITATION CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		ATE SURVEY OMPLETED
STREET ADDRESS. CITY, STATE, ZIP CODE (MA) ID (MA) ID (MA) ID (REQUIATORY OR LSC IDENTIFYING REPRICED BY PILL REGULATORY OR LSC IDENTIFYING REPRESS OTT, AZ 86301 DEFICIENCY TAG Continued From page 5 Multiple observations were conducted in the afternoon on July 2, 2020, of the facility implementing their plan of correction. Staff in-services were being completed and staff interviewed were knowledgeable of infection control procedures, including that symptomatic staff would not be permitted to work with residents on any unit. In addition, a designated staff member conducted the screenings, as staff arrived for their shifts. As the facility was implementing their plan of correction and staff were knowledgeable about the new processes that had been put into place, and there were no additional concerns identified, the Condition of immediate Jeopardy was abated at 5:15 p.m. on July 2, 2020. Regarding staff who were symptomatic and/or were symptomatic and had tested positive for COVID-19, and provided care to non-COVID and COVID-19 and provided care to non-C			035131	B. WING _			C 07/02/2020
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 880 Continued From page 5 Multiple observations were conducted in the afternoon on July 2, 2020, of the facility implementing their plan of corrections, and their residents on any unit. In addition, a designated staff member conducted the screenings, as staff arrived for their shifts. As the facility was implementing their plan of correction and their every on additional concerns identified, the Condition of Immediate Jeopardy was abated at 5:15 p.m. on July 2, 2020. Regarding staff who were symptomatic and had tested positive for COVID-19, and provided care to non-COVID and COVID residents: -An entrance conference was conducted on June 30, 2020 at 9:10 a.m., with the Administrator and the Director of Nursing (DONIstaff #1). The DON stated that the current census was 68. The DON also stated there had been a staffing shortage and they were currently in emergency mode for staffing. During the survey, an interview was conducted with direct care staff (staff #12), who stated they had received prior in-services regarding					1045 SCOTT DRIVE	•	0110212020
Multiple observations were conducted in the afternoon on July 2, 2020, of the facility implementing their plan of correction. Staff in-services were being completed and staff interviewed were knowledgeable of infection control procedures, including that symptomatic staff would not be permitted to work with residents on any unit. In addition, a designated staff member conducted the screenings, as staff arrived for their shifts. As the facility was implementing their plan of correction and staff were knowledgeable about the new processes that had been put into place, and there were no additional concerns identified, the Condition of Immediate Jeopardy was abated at 5:15 p.m. on July 2, 2020. Regarding staff who were symptomatic and/or were symptomatic and had tested positive for COVID-19, and provided care to non-COVID and COVID residents: -An entrance conference was conducted on June 30, 2020 at 9:10 a.m., with the Administrator and the Director of Nursing (DON/staff #1). The DON stated that the current census was 68. The DON also stated there had been a staffing shortage and they were currently in emergency mode for staffing. During the survey, an interview was conducted with direct care staff (staff #12), who stated they had received prior in-services regarding	PREFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETION DATE
and symptoms of illness. Staff #12 stated they were told that if they had three or more symptoms they would be sent home. Staff #12 stated that symptoms began on June2020, which included	F 880	Multiple observation afternoon on July 2 implementing their in-services were be interviewed were knot control procedures, staff would not be presidents on any ur staff member conductorived for their shift. As the facility was in correction and staff the new processes and there were noted that the condition of limit at 5:15 p.m. on July Regarding staff who were symptomatic at COVID-19, and procedure symptomatic at COVID-19, and procedure symptomatic at the Director of Nursistated that the current also stated there has and they were current staffing. During the survey, a with direct care staff had received prior in COVID-19 about be and symptoms of ill were told that if they would be sent.	ns were conducted in the 2, 2020, of the facility plan of correction. Staff sing completed and staff nowledgeable of infection including that symptomatic permitted to work with nit. In addition, a designated factor the screenings, as staff sts. Implementing their plan of the were knowledgeable about that had been put into place, additional concerns identified, mediate Jeopardy was abated of 2, 2020. In were symptomatic and/or and had tested positive for wided care to non-COVID and the Administrator and sing (DON/staff #1). The DON and been a staffing shortage ently in emergency mode for the interview was conducted for signs screened daily for signs ness. Staff #12 stated they were home. Staff #12 stated that	F 8	80		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		035131	B. WING _			C 07/02/2020	
	ROVIDER OR SUPPLIER	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 1045 SCOTT DRIVE PRESCOTT, AZ 86301	DDE		
(X4) ID PREFIX TAG	(EACH DEFIC	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 880	headache, and the COVID-19. He/shi (staff #23) was tol was having sympt headache and sor work. Staff #12 sta was on the schedi work. Staff #12 sta day and was screethat staff #23 com the log. Staff #12 that his/her sympt headache and sor work on a non-CC said that after the the exit screening he/she looked at that day) and there symptom of cough had been written rescribbled out and checked instead, at the "yes" answer to make scribbled out and checked instead, at the "yes" answer for staff #12 for the interview revealed had been written rescribed had been decircle	gh, muscle aches, fatigue and a at he/she was tested for e said the staffing coordinator d on June2020 that he/she oms (cough, muscle pain, re throat) and asked not to ated that staff #23 said he/she ule and needed to come to ated that he/she worked that ened by staff #23. Staff #12 said pleted the documentation on said that he/she told staff #23 oms were cough, muscle pain, re throat, but was sent out to oVID unit that day. Staff #12 shift was over, he/she went for but no one there to screen, so he screening log (from earlier e was a circle around the and a small question mark next to it. Staff #12 stated the uscle pain had also been the "no" answer had been and there was a circle around	F 84	80			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 07	102/2020	
GRANITE	CREEK HEALTH & R	EHABILITATION CENTER		1045 SCOTT DRIVE PRESCOTT, AZ 86301			
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F 880	Continued From p	age 7	F 8	880			
	,	ch detail record for that date #12 worked a full shift.					
	the next day while reported symptom muscle pain, head sent to work on a #12 stated that on to the nurse about called the Assistar (ADON/staff #33). coordinator (staff #stay and work the	nterview staff #12 stated that being screened, he/she s which included a cough, ache and sore throat, but was non-COVID unit again. Staff ce on the unit, he/she reported feeling sick, so the nurse at Director of Nursing Staff #12 stated the staffing #23) texted back and said to shift, and text her every two /her symptoms, which he/she					
		staff screening log for staff answers for cough, muscle d sore throat.					
	-	ch detail record for this same staff #12 worked a full shift.					
	(June2020) he/s vomiting and called day, a text was red that he/she was or afternoon/evening texted staff #23 sa staff #23 texted he rest, because he/s #12 stated that he/afternoon/evening said that during the episode of diarrhed	tated that the following day the also developed diarrhea and d off sick. He/she said the next seived from staff #23 saying the schedule to work that Staff #12 stated that he/she ying he/she still felt sick and to back and said to get some the needed to be there. Staff she worked that on a COVID unit. Staff #12 the shift, he/she had another a and reported it to staff #23 via to home, but staff #23 said no					



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		035131	B. WING				C 07/02/2020	
	ROVIDER OR SUPPLIER CREEK HEALTH & REH	ABILITATION CENTER	,	STREET ADDRES 1045 SCOTT DRI PRESCOTT, AZ		•		
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F 880	as there was no one Review of the staff so that day revealed tha marked for cough, me and that sore throat we diarrhea and vomiting signature screener so her name. The punch detail reportant for the interview, staff day (June2020) he to urgent care. They because the results for back yet. He/she said urgent care told her to Staff #12 stated that next day on June20 had no taste or smell self-quarantine. Staff emailed the doctor's of Human Resource reporting #12 said that same do Administrator said he COVID. Staff #12 said he/she was symptom had been for a while. Administrator said that positive staff could we unit. Staff #12 stated they could make an existed they could make an existed with the staff #23 and to tested positive for CO	to work the hall. creening log for staff #12 on the both "yes" and "no" were uscle pain and headache was marked "no" and grass marked "yes." In the ection, staff #23 had signed out for this date revealed that a full shift. #12 further stated the next she called off sick and went did another COVID test from the facility were not the physician from the togo home and quarantine. The she texted staff #23 the togo and told her that he/she and that urgent care said to #12 also stated that he/she note from urgent care to the presentative (staff #11). Staff and on June2020, the she had tested positive for did the Administrator asked if attic and responded yes, and	F	880				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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		035131	B. WING			07	7/02/2020
NAME OF P	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		
CPANITE	CREEK HEALTH & REH	ARII ITATION CENTER		104	5 SCOTT DRIVE		
GIVANITE	ONLEN HEALIN & NEH	ABILITATION CENTER		PRE	ESCOTT, AZ 86301		
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F 880	Continued From page	e 9	F	880			
	, ,	ed to come in. Staff #12 said					
		#23 that he/she was still					
	symptomatic and wa						
!		•					
		an interview was conducted					
İ		(staff #17). Staff #17 stated					
		matic/COVID positive staff					•
		is/herself have worked with					
	non COVID residents	3.					
	A follow-up interview	was conducted with staff					
	1	I that on June2020, he/she					
,		D-19, along with other staff.					
		days later, he/she developed					
	a fever of 100.2 degr	ees F, congestion, sore					
	throat, body aches ar	- .					
	1	at day. Staff #17 said that					
	i .	offing coordinator (staff #23)					
		she did not feel good and she					
		eone else to cover his/her I that he/she did not hear		!			
		t into work that day. Staff #17					
		he was screened that day,					
		e staffing coordinator (staff					
	•	staff #1) about being sick.					
	Staff #17 stated that	despite his/her symptoms,					
		N told him/her to work the					
		d that he/she was sweating					
	_	shift and texted the staffing		-			
		he felt terrible and asked for					
	a replacement. Staff	#17 said the starring sponded back and he/she					
	worked over an 8 hou						
	non-COVID unit.	in Sime that day on a					
		ponding staff screening log					
		/she worked over an 8 hour					
		aff #17 had a fever of 100.2					
ì	degrees F, a cough, i	muscle pain and a		i			



STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		035131	B. WING				C (02/2020
	ROVIDER OR SUPPLIER CREEK HEALTH & REH	ABILITATION CENTER		1045 SCOT	DRESS, CITY, STATE, ZIP CODE IT DRIVE IT, AZ 86301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 880	headache. The log al temperature greater to degrees F was considerange. Review of the punch date revealed that stall in the interview, staff he/she was sick for a results came back ne he/she was still interned a cough, and had #17 stated that today non-COVID unit. -During the survey, and with a direct care staff #15 stated he/she stated the/she stated the/she stated the/she returned to wood June2020 and since work with a cough, so fever. Staff #15 stated tested for COVID-19. A follow-up interview #15, who stated that I cough, congestion and that yesterday, he/she registry staff arrived, and covided the staff so through July 2, 2020 reported various symple which included the follow-up included the	so included that a han or equal to 100.0 dered out of the acceptable detail record for this same aff #17 worked over 8 hours. #17 further stated after that few days and that the test gative. Staff #17 said that nittently symptomatic and if not been retested. Staff he/she worked on a ninterview was conducted frember (staff #15). Staff arted having a cough, sore 1 degrees F a couple of work. Staff #15 said that ork a couple of days later on the thought and intermittent if that he/she has not been was conducted with staff ne/she continues to have a difference as sked to stay until and worked on both the	F	380			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		035131	B. WING _			C 07/02/2020
	ROVIDER OR SUPPLIER CREEK HEALTH & REH	ABILITATION CENTER		STREET ADDRESS, CITY 1045 SCOTT DRIVE PRESCOTT, AZ 8630		0110212020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH COR	ER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BI RENCED TO THE APPROPRIA DEFICIENCY)	
F 880	Continued From page	e 11	F 8	80		
	reported shortness of headache, and the or was illegible, as it had replaced with "99."	y in June, staff #15 had f breath, cough and a riginal screening temperature d been scribbled out and esponding punch detail				
	reports, staff #15 wor and July when exhibi	ked on those days in June ting symptoms.				
	with direct care staff on June2020 he/sh body aches, sore throstated that he/she tex (staff #23), the Admin report his/her sympto back. The next day, sfever of 100.3 degree pains, sore throat, ch said he/she was told still expected to work then worked on the Corresport hat day when he/other symptoms, revereported muscle pain	conding staff screening log she had a fever of 100.3 and caled that staff #21 had , headache, sore throat and				
	couple of days later h	view, staff #21 said that a e/she worked on a non sent home early, because of				
	for that day revealed	oonding staff screening log that staff #21 had reported r, muscle pain, headache,				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER CREEK HEALTH & F	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, Z 1045 SCOTT DRIVE PRESCOTT, AZ 86301	IP CODE		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN X (EACH CORRECTIVE A CROSS-REFERENCED T DEFICI	ACTION SHOULD BE TO THE APPROPRIA		
F 880	Continued From p	age 12	F	880			
		record for that date revealed worked a short time that day.					
	the next day June	ew, staff #21 further stated that2020, he/she worked on a nd still wasn't feeling well.					
	Review of the corresponding staff screening log for that day revealed that staff #21 reported symptoms which included cough, fever, muscle pain, headache and sore throat. The punch detail record for that same day included that staff #21 worked a full shift.						
	few days later on a non-COVID unit and didn't feel wel said he/she was to he/she had tested #21 stated that pe DON and the Adm staff still needed to was the facility's p working, he/she te (staff #23), the DO he/she was short saturation level was staff #23 said they	Interview staff #21 stated that a June2020, he/she worked on again and was short of breath I. Later that afternoon, staff #21 old by the Administrator that positive for COVID-19. Staff or the staffing coordinator, the staffing coordinator, all COVID positive or report to work, because that colicy. Later that same day while exted the staffing coordinator DN and the Administrator that of breath and his/her oxygen as 88% (normal oxygen 95-100%). Staff #21 stated that or did not have anyone to replace ee/she was still on the schedule une2020.					
	for the day that he test results for CO	responding staff screening log /she was notified of the positive VID, revealed that staff #21 cle pain, a sore throat, and for					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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NAME OF B	SOVIDED OD CLIDDLIED	033131	B. WING	OTOS	ET ADDESC OFFI OTATE TO CODE	07/	02/2020
	ROVIDER OR SUPPLIER CREEK HEALTH & REH	ABILITATION CENTER		1045	EET ADDRESS, CITY, STATE, ZIP CODE SCOTT DRIVE SCOTT, AZ 86301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 880	In the interview, staff day he/she had a phy to immediately go to #21 said he/she texte the DON and the Adr what the physician sat the doctor's note. Sta a text from staff #23 him/her to show up for stated that he/she we the next shift could be that he/she told them someone to take over #21 stated that around texted the staffing con Administrator and as him/her, because it he stated the Administrator were trying to get son Staff #21 stated they and he/she ended up non-COVID unit. Review of the corresponded there was not staff #21 for that the staff #22 for the staff #21 for that the staff #22 for the staff #23 for the staff #23 for the staff #23 for the staff #24 for the staff #24 for the staff #25 for	orth "yes" and "no." ord for that same day 1 worked a full shift. #21 also stated that the next ysician visit who told him/her the emergency room. Staff ed the staffing coordinator, ministrator and told them aid and sent them a copy of aff #21 said he/she received stating that he/she needed or work that day. Staff #21 ent to work as scheduled, so that they needed to find or in a couple of hours. Staff ad noon that day, he/she ordinator, the DON and the ked for someone to relieve turt to breathe. Staff #21 tor texted back saying they meone in to relieve him/her. The never called him/her back to working a 12 hour shift on a conding staff screening logs to screening documentation	F	880			
	On June 30, 2020 at conducted with the D	11:25 a.m., an interview was ON (staff #1). He stated that					

PRINTED: 08/14/2020

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILDI			С
		035131	B. WING			07/02/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE,	ZIP CODE	
GRANITE	CREEK HEALTH & REI	HABILITATION CENTER		1045 SCOTT DRIVE		
Oloanie	ONEEN TIENETT O NEI	HADIEHAHON GENTER		PRESCOTT, AZ 86301		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVI CROSS-REFERENCED	AN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIA CIENCY)	
F 880		=	F	380		
	unit. He said if staff asked to leave. How he had to he would a and fever to work or when staff have ask for coming to work we them to the Human	y may work on the COVID are symptomatic they are vever, he further stated that if allow someone with a cough in the COVID unit. He said ed him what their policy was vith symptoms, he referred Resources representative she was more familiar with				
	1:37 p.m., with the I- representative (staff understanding of the included that if a sta symptoms, they wou DON and the Admin She said she believe two 12 hour shifts to	nducted on July 1, 2020 at Human Resource #11). She stated that her e facility screening process ff member triggered 2-3 ald need to consult with the istrator for further screening. ed that staff were switched to prevent a staffing shortage.				
	have a staffing short knows what the CDC said her understand exposed to COVID—they would be scree they wore a face ma PPE. She stated if a were referred to her guidelines which sta would need to be tes results are received to ask about the faci working, she would on DON. She stated that aren't forcing anyone stated that COVID p work as long as they	tage. She stated that she C has recommended. She ing is if staff have been 19 but have no symptoms, ned, and allowed to work if isk and all the appropriate is symptomatic staff member is, she would review the CDC intes that the staff member isted and to isolate, until the is She said if staff came to her illity's policy regarding direct them to speak to the interest as far as she knows, they with symptoms to work. She isositive staff are allowed to it is a said in one has been in the control of the said no one has been in the staff are she with symptomatic, and only she said no one has been in the staff are she with she said no one has been in the staff are she with she said no one has been in the staff are she with she said no one has been in the staff are she with she said no one has been in the staff are she with she				

PRINTED: 08/14/2020 FORM APPROVED

OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		035131	B. WING _		C 07/02/2020		
_	ROVIDER OR SUPPLIER	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 1045 SCOTT DRIVE PRESCOTT, AZ 86301			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION		
F 880	referred to her with positive symptomat She stated that she that symptomatic st Regarding changes -Review of the staff revealed multiple al scribbling over, mar and/or crossing out been provided by faincluded the following June 2 and 3: changes received the screening June 4: changes may be succeeded to the screening June 8: changes may be succeeded to the screening June 9 and 10: changes may be succeeded to the screening June 9 and 10: changes may be succeeded to the screening scre	any questions about COVID ic staff continuing to work. has not been made aware aff are working in the facility. to the staff screening logs: screening logs for June 2020 terations in the form of king through, writing on top of of the screening data that had icility employees which	F8	80			
	June 12: changes is screenings June 16: changes is June 17: changes in June 18 and 19: changes in June 20: changes is June 21, 22 and 23: screenings June 24: changes in June 25: changes in screenings June 26: changes in screenings	made to four staff's made to one staff's screening hade to two staff's screenings anges made to three staff's made to one staff's screening hade to two staff's made to six staff's screenings made to eight staff's					

NAME OF PROVIDER OR SUPPLIER GRANITE CREEK HEALTH & REHABILITATION CENTER CA 10			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
RANNE OF PROVIDER OR SUPPLIER GRANITE CREEK HEALTH & REHABILITATION CENTER X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE COMPETING TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE OF TAG F 880 Continued From page 16 June 28: changes made to three staff's screenings June 29: changes made to four staff's screenings June 20: changes made to four staff's screenings June 20: changes made to seven staff's screenings July 1: changes made to seven staff's screenings July 2: changes made to seven staff's screenings July 2: changes made to seven staff's screenings July 1: changes made to seven staff's screenings July 2: changes made to seven staff's screenings July 1: changes made to seven staff's screenings July 1: changes made to seven staff's screenings July 2: changes made to seven staff's screenings July 1: changes made to seven staff's screenings July 1: changes made to four staff's screenings July 2: changes made to seven staff's screenings July 3: changes made to seven staff's screenings July 4: changes made to four staff's screenings July 6: changes made to seven staff's screenings July 1: changes made to four staff's screenings July 1: changes made to four staff's screenings July 2: changes made to four staff's screenings July 2: changes made to four staff's screenings July 3: changes made to four staff's screenings July 4: changes made to four staff's screenings July 2: changes made to four staff's screenings July 2: changes made to four staff's screenings July 2: changes made to four staff's screenings July 3: changes made to four staff's screenings July 2: changes made to four staff's screenings July 2: changes made to four staff's screenings July 3: changes made to four staff's screenings			035131	B. WING _			- 1		
F 880 Continued From page 16 June 28: changes made to three staff's screenings June 30: changes made to four staff's screenings June 30: changes made to four staff's screenings July 1: changes made to seven staff's screenings July 2: changes made to seven staff's screenings Hereix to the staffing coordinator (staff #23), She stated that she does all the staffing for the nurses and the CNAs. She stated that she keeps the staff screening logs with her. She stated if an employee screens in with a temperature of 100.4 degrees F or higher or has more than 2-3 symptoms, she screens them further to see if the symptoms are normal for them. She stated that she has never altered the screening documents to make it seem like staff have no symptoms. She stated that staff are screened at the back entrance and that anyone in the facility can be a screener. Another interview was conducted on June 30, 2020 at 2:20 p.m. with staff #23, who stated that she had no idea who may have altered the screening sheets. Staff #23 stated that screeners			ABILITATION CENTER		1045 S	COTT DRIVE		0110212020	
June 28: changes made to three staff's screenings June 29: changes made to four staff's screenings June 30: changes made to six staff's screenings July 1: changes made to four staff's screenings July 2: changes made to seven staff's screenings An interview was conducted on June 30, 2020 at 2:19 p.m., with the staffing coordinator (staff #23). She stated that she does all the staffing for the nurses and the CNAs. She stated that she keeps the staff screening logs with her. She stated if an employee screens in with a temperature of 100.4 degrees F or higher or has more than 2-3 symptoms, she screens them further to see if the symptoms are normal for them. She stated that she has never altered the screening documents to make it seem like staff have no symptoms. She stated that staff are screened at the back entrance and that anyone in the facility can be a screener. Another interview was conducted on June 30, 2020 at 2:20 p.m. with staff #23, who stated that she had no idea who may have altered the screening sheets. Staff #23 stated that screeners	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	c	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES	D BE	COMPLETION	
Regarding the facility declaration of a staffing emergency: -On June 30, 2020 at 11:25 a.m., an interview was conducted with the DON (staff #1). He said the facility had not reached "critical" staffing levels until 2 or 3 days ago (June 27 or June 28, 2020). He said the facility was looking into CNA waivers.	F 880	June 28: changes m screenings June 29: changes m screenings June 30: changes m July 1: changes mad July 2: changes mad the CNAs the stated that she of nurses and the CNAs the staff screening love mployee screens in degrees F or higher of symptoms, she screes symptoms are normal she has never altered to make it seem like so She stated that staff are entrance and that any screener. Another interview was 2020 at 2:20 p.m. with she had no idea who screening sheets. Stamust initial the logs we screening. Regarding the facility emergency: -On June 30, 2020 at was conducted with the facility had not required to 3 days ago	ade to three staff's ade to four staff's ade to six staff's screenings be to four staff's screenings be to seven staff's screenings ducted on June 30, 2020 at affing coordinator (staff #23). Itoes all the staffing for the s. She stated that she keeps gs with her. She stated if an with a temperature of 100.4 or has more than 2-3 ens them further to see if the staff have no symptoms. are screened at the back eyone in the facility can be a s conducted on June 30, th staff #23, who stated that may have altered the aff #23 stated that screeners when completing the declaration of a staffing at 11:25 a.m., an interview the DON (staff #1). He said ached "critical" staffing levels (June 27 or June 28, 2020).	F	380				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		035131	B. WING			C 07/02/2020	
NAME OF P	PROVIDER OR SUPPLIER	000101		STREET ADDRESS, CITY, STATE, 2	ZIP CODE	07/02/2020	
GRANITE	CREEK HEALTH & REH	1ABILITATION CENTER		1045 SCOTT DRIVE PRESCOTT, AZ 86301			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECTIVE CROSS-REFERENCED			
F 880	An interview was cor 2:20 p.m. with staff # emergency began or caused the facility to nurses and CNAs. S crisis is when the fact their building. She sat helpful and pitched in and working extra he grateful for their jobs that they had 2 nurse their health and the honormal of the Administrator sat the county himself for but stated that the Dostaff member at the county office to regive facility updates. p.m., the DON stated	nducted on June 30, 2020 at #23, who stated that a staffing in June 29, 2020, which implement 12 hour shifts for staff #23 stated that a staffing cility is using 100% registry in aid the core staff have been in, by taking additional shifts ours. She stated the staff are is and the hours. She stated es resign, due to concerns for health of their family. pproximately 12:20 p.m., an eted with the Administrator. aid that he had not contacted or information or assistance, ON was in contact with a	F8	380			
	waiver for CNAs. He mentioned possibly resome point, but ackn follow up to that convaround June 23 or June 2020 at 4:01 p.m., with e and the Administrations about	needing staffing assistance at nowledged that there was no versation which occurred une 25, 2020. was conducted on July 1, ith the DON. He stated that					

<u> </u>	TO TOTA MEDIONIAL C	MEDIONID CERTICES				OINID IA	0.000 -0001
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			INSTRUCTION	' '	E SURVEY IPLETED
							С
		035131	B. WING			07	7/02/2020
	ROVIDER OR SUPPLIER CREEK HEALTH & REH	IABILITATION CENTER	1	1045	ET ADDRESS, CITY, STATE, ZIP CODE SCOTT DRIVE SCOTT, AZ 86301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	,	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 880	event of a staffing she week, he asked the Astrategies that they were still still considering their he asked the Administial considering their he asked the Administial, what were they suggested that they was transferring residents said on June 25, he as and briefly discussed mentioned the potent assistance. The DON was more concerned be reaching out to other eaching out to other eaching out to other crisis staffing place 2020, staff began call spoke with the Clinical discuss options and a out to other facilities, facilities to get more that on the evening of the results of the CO' had taken place on J staff had tested positievening, they were stalled out to agency requesting hazard particular and the staff particular place of the collections.	what they would do in the nortage. He said during that Administrator about would use if things went bad. In June 23 and June 24, not in "crisis mode" and were options. He said on June 25, strator that if things went going to do? He said he needed to consider so out to another facility. He also spoke with the county of the CNA waiver and tial need for staffing and wondered if they should her facilities. He stated they do that day and they were not DON said he had another and Administrator regarding an. He said on June 27, lling out sick. He said he all Resource Liaison to about transferring residents and to reach out to other staff. The DON further stated of June 27, 2020, he received VID testing for staff which une 22, and that multiple ive. He said the staffing, but found they were by of 1.5 times the normal	F	880	DEFICIENCY)		
	Administrator hesitate that factor. He said a came in, and he also cover the other two p	O more per hour. He said the ed to hire them based on staff from another facility called upon existing staff to ositions. The DON said that rative staff decided to					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	TIPLE CONSTRUCTION	C	X3) DATE SURVEY COMPLETED
			A. BOILDI	NG		•
		035131	B. WING			C
NAME OF D	POVIDER OR SURDIUER	033131	13: *******	CTREET ADORESC CITY CTATE TO		07/02/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE	
GRANITE	CREEK HEALTH & R	REHABILITATION CENTER		1045 SCOTT DRIVE		
				PRESCOTT, AZ 86301	· · · · · · · · · · · · · · · · · · ·	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATI	(X5) COMPLETION DATE
F 880	Continued From p	age 19	F	880		
	1	emergency staffing plan" and				
	1 .	f work two 12 hour shifts the				
		said they called their staff that				
	!	m know. He said the facility				;
		emergency status on June 29,				;
		or to the survey team entering				
		hat they implemented their				
		g plan. He stated he would				
		ation of the efforts that had				
	been made to aba	te the staffing issues.				
	A list of actions tal	ken to abate the staffing crisis				į
	ĺ	the Clinical Director (staff #57)				
		3:20 p.m. Beginning June 15,				
	2020, the docume	ntation included the need for				
	additional nurses I	had been discussed during a				
	conference call. A	conference call dated June 22,				
	2020, included the	need to hire 5 nurses and 5				
	CNAs. Another ph	one conversation with				· !
	corporate was don	ne on June 22, 2020, which				
		g staffing and registry. On June				
		a facilities were contacted				
		lity to house additional				
		her of the facilities had room.				
		during a corporate call with the				
i		s and Resources, the				
		ferring residents out of the				
		discussed. Another call on June				
	•	porate included discussing				
		and the transfer of residents.				
		ation, a call was made to a				
		ervice on June 29, 2020, but ses available. On June 30,				
		roup was contacted and a ed regarding procurement of				
		On July 1, 2020 (the day of the				
		facilities were contacted				
		lity to house additional				
		her facility had room. Also on				
	,		1	1		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	G	X3) DATE SURVEY COMPLETED
		035131	B. WING _			C 07/02/2020
	ROVIDER OR SUPPLIER	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1045 SCOTT DRIVE PRESCOTT, AZ 86301	<u>. </u>	01102/2020
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 880	Continued From polyuly 1, 2020, the docontact was made an attempt to procovaiting for response. According to the dovarious discussion however, no action increase staff until staffing agencies withere was no evide reached out to the staffing concerns a July 2, 2020. Review of the Faci Facility Assessment revealed if the faci Emergency Operate back to work additions trained to he assessment include the employed through those staff with mill work with COVID-the assessment, the housed in a separate so that staff are not waiting to proceed the staff are not was made and the staff are not waiting to proceed the staff are not waiting to	age 20 ocumentation indicated that with three nursing registries in ure staff and that they were	F8	DEFICIENCY)		
	-During the survey with direct care stathat symptoms con on June2020. Standshe told the state and the DON of the sore throat, but was					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		ENSTRUCTION		E SURVEY PLETED
		035131	B. WING			1	C / 02/2020
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE	1 01	10212020
CRANITE	CREEK HEALTH & REH	ADII ITATIONI OFNITED		1045	SCOTT DRIVE		
GRANITE	CREEK HEALIN & KEN	ABILITATION CENTER		PRE	SCOTT, AZ 86301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETION DATE
F 880	Continued From page	21	F	380			
	sore throat. Staff #9 s	vered "yes" to cough and aid that he/she was eping staff (staff #91) that					
	day was discussed. T had signed the log for Further review of the cough and sore throa	the screening log for that The log showed that staff #91 rescreening staff #9 that day. log revealed the answers to twere marked "no." Staff #9 g staff (staff #91) must have					
Ir	In an interview with st screening staff #9 on	aff #91, she did not recall that day.					
	few days later when so June2020, he/she as screening questions in headache, sore throat smell. Staff #9 said the saying they were have but no one was making #9 said that another so that they were experied they did not want any this same day, the Adhis/her test result was was reassigned to work.	egarding new onset for t and loss of taste and ere were several employees ing new onset of symptoms, ag a big deal about it. Staff staff member told him/her encing many sick staff, so call offs. Staff #9 stated on ministrator reported that a positive for COVID-19, and rk on the COVID hall.					
	and smell a "yes" and -During the survey, ar with direct care staff (that he/she was symp	nd sore throat, and for taste a "no" was marked. In interview was conducted staff #73). Staff #73 said stomatic (today) but was no staff. Staff #73 said					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		035131	B. WING _			C 07/02/2020	
	ROVIDER OR SUPPLIER CREEK HEALTH & R	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP C 1045 SCOTT DRIVE PRESCOTT, AZ 86301	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIAT		
F 880	hall that day, but we Review of the screethat staff #73 answere breath and "yes" to outside of the facil having or diagnose. A follow up interview #73. Staff #73 said today due to answere screening. Staff #76 experiencing shorthand muscle achess symptoms that help the screening log "yes" answers for pain, headache and contact outside of suspected of having COVID-19. Also or document "yes" or Screening (DON/I0" yes" to shortness two of the remaining marked "yes." Staff #73 further standard the standard that his/hample 101.5 degrees F as shortness of breatter According to the proof work that day.	ally assigned to a non COVID was moved to a COVID hall. beening log for that day revealed wered "yes" to shortness of the have you had any contact ity with someone suspected of ed with COVID-19. been was conducted with staff that he/she was sent home ering "yes" to symptoms at ray as aid that he/she was mess of breath, a headache and that these are the same rand that these are the same rand that these are the last month. for staff #73 today revealed shortness of breath, muscle and "yes" to have you had any the facility with someone rang or diagnosed with the log was a section to "no" for Recommend Advance CP/designee). If answered of breath or cough or to any rang symptoms. This section was rated that a few days ago, done which was negative. Staff er temperature that day was rand had a headache and	F	380			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION G		ATE SURVEY MPLETED
		035131	B. WING _			C 07/ 02/2020
	ROVIDER OR SUPPLIER CREEK HEALTH & REH	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1045 SCOTT DRIVE PRESCOTT, AZ 86301	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)		(X5) COMPLETION DATE
F 880	Continued From page	⊋ 23	F8	80		
		3 answered "yes" to the ss of breath, cough and				
	Per the punch detail iday.	report, staff #73 worked that				
	revealed that staff #7 shortness of breath, i	neadache and having had e outside of the facility with				
	The punch detail repoworked a full shift that	ort included that staff #73 t day.				
	conducted during the on June2020, he/sh and was experiencing Staff #70 said that he quarantine for 14 day	s. Staff #70 said a few days staff #23 said he/she was				
	The punch detail repoworked a full shift tha	ort included that staff #73 t day.				
	days later while worki	#70 further stated that a few ing, he/she reported to the very sick. Staff #70 stated would work on it.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		035131	B. WING _			C 07/02/2020	
NAME OF PR	ROVIDER OR SUPPLIER	<u>. I</u>		STREET ADDRESS, CITY, STATE, ZIP CODI	<u>'</u> E	07/02/2020	
GRANITE	CREEK HEALTH & REH	HABILITATION CENTER		1045 SCOTT DRIVE PRESCOTT, AZ 86301			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 880	Continued From pag	ye 24	F8	80			
		ning log for that day revealed red "yes" to shortness of eadache.					
	same day, the DON	t the end of the shift that said he/she had tested 19, but still needed her to ay.					
	Per the punch detail shift the following da	report, staff #70 worked a full y.					
	Regarding the facility	y screening logs:					
	month of June 2020, with "yes" marked by	staff screening logs for the there were multiple entries y one or more of the COVID-19 as follows:					
	answers Cough: approximate New loss of taste or Repeated shaking w Muscle pain: approxim Headache: approxim Sore throat: approxir Chills: 11 yes answe G.I. symptoms (diarr approximately 30 yes	smell: 4 yes answers ith chills: 1 yes answer imately 77 yes answers nately 99 yes answers mately 68 yes answers rs hea, vomiting, nausea):					
	outside the facility wi COVID-19 there wer Regarding having tra						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
						С
		035131	B. WING			07/02/2020
	CREEK HEALTH & R	EHABILITATION CENTER		STREET ADDRESS, CITY. STATE, ZIP C 1045 SCOTT DRIVE PRESCOTT, AZ 86301	ODE	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIA	
F 880	designee if yes to any two of the rem 34 yes answers. The screening log that was done for symptoms. An interview was a coordinator (staff ap.m. Staff #23 staffing for the nur that staff have beef ew days and they to pick up extra sh hours to help with have started to us nursing coverage. registry staff starter registry staff have limited basis for a said that things ha	age 25 se screening by the DON, IP or shortness of breath, cough or naining symptoms there were as did not include any follow up staff who reported having staff who sees all of the sees and CNAs. Staff #23 said on getting sicker over the last have asked some of the staff ifts or stay longer to put in extra coverage. She stated they be registry as well, especially for She said the regular use of dabout a week ago, but been in the building on a couple of months. Staff #23 ve really fallen apart in the last aff #23 said that staff who have	F	880	·Y)	
	signs or symptoms staff member has of the other signs of the other signs of the other signs of the other and symptoms on the sadvised. She said the staff member a symptoms are new "baseline" for that she will also ask the stated that if she is Infection Prevention Administrator or the staff member as symptoms are new "baseline" for that she will also ask the stated that if she is Infection Prevention Administrator or the staff member as symptoms are new "baseline" for that she will also ask the stated that if she is Infection Prevention Administrator or the staff member has sometiment of the staff member has sometiment or signs of the staff member and staff mem	s are sent home. She said if a a temperature of 100.4 or two or symptoms on the screening be sent home. She said if a vers "yes" to any of the screening sheet, she is to be that she will then speak with and question them to see if the v or if they are normal or staff member. She said that tem if they have been sick. She is not available, the DON, the whist (staff #72), the e Assistant Director of Nursing the contacted by the staff		·		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, , ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		035131	B. WING		C 07/02/2020		
NAME OF P	ROVIDER OR SUPPLIER		' 	STREET ADDRESS, CITY, STATE, ZIP CO		0170272020	
GRANITE	CREEK HEALTH & R	EHABILITATION CENTER		1045 SCOTT DRIVE PRESCOTT, AZ 86301			
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F 880	member will be dir remain on site or be staff #23 also state out sick, they are to signs or symptoms said if the symptom contact the DON a situation and direct eligibility to work. So reached, the DON the staff member staff are out twice daily to repossive ening question. Staff #23 further stouilding, staff member if the check the appropriate mperature and to both the screener and screened in, must any staff member of is not one dedicate secondary screening answering yes to 2 elevated temperature and levated temperature and leva	eener. She said the staff ected as to their eligibility to be sent home. ed that if a staff member calls to contact her and explain what to they are experiencing. She has are of new onset, she will had they will discuss the to the staff member as to their to the staff member as to their to the stated that if she cannot be may be contacted directly by Staff #23 stated she does not be "have to work." She said that sick, they are required to call in to symptoms and answer has. atted that upon arrival to the habers screen one another has said they ask the oncoming by have any new symptoms, hate boxes, take their had it on the sheet. She said that hand the individual being has sign the sheet. She stated that had the individual being has screen someone, as there had screener. She stated that a had will be done for anyone had or more symptoms or an hare. Staff #23 stated that she	F 880				
	staff member chec symptoms on the s	king yes to 2 or more screening sheet or a					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 880	negative tests 24 hou hours, without the us medications. She sta from sick leave they covID-19 unit, unless DON. She stated that but COVID-19 positive unit only. She stated decision if staff can work. Review of the facility' Infectious Disease En (COVID-2019) dated the section for staffing the Administer or the declare the facility is due to COVID-19. The all departments and coreport for duty immediate future shifts. All staff halftime or overtime sto work on their days staff are ill, have a fer compromise or have with a contagious propresent to the facility duty, unless it is in recoutbreak involving the COVID-19. In that case confirmed cases of Confirmed or suspected mild-moderate symptowork with only COVID segregated from othe separate entrance will	turn to work if they have two ars apart or no fever for 72 e of fever reducing ted that when staff return will be assigned to the as otherwise specified by the at staff who are asymptomatic re, may work on the COVID that the DON makes the rork, but no one is forced to s policy titled, Emerging mergency Plan Coronavirus March 2020, revealed under g that during an emergency, Director of Nursing may experiencing an emergency is includes calling staff from directing them to either liately or be scheduled for may be assigned to full, shifts and may be scheduled off. The policy stated that if over, a cough or respiratory other symptoms consistent cess, they should not for regular or emergency sponse to a pandemic e facility itself, such as se, if the facility has OVID-19 and staff that have	F	880			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		NSTRUCTION	(X3) DATE SURVEY COMPLETED	
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COVID-19 in Nursing 2020, revealed the fact healthcare personnel of their shift for fever and Actively take their term absence of symptoms. The facility should rem when they are ill. If HC (temperature of 100.0 symptoms consistent work, they should infor leave the workplace. If keep their cloth face of and leave the workplate that a fever is either a greater than 100.0 deg Note that fever may be present in some individual are elderly, immunosu medications such as felderly, immunosu medications such as felderly with suspected of prioritized for testing. Included to implement non-punitive, flexible a health policies that sufficient when ill. In addition, the guideline leave policies and rem work when ill. In addition, the guideline leave policies and rem work when ill. In addition, the guideline should have a plan in respond to HCP with C while ill (e.g., identifyin assessment for expose co-workers). The guidal develop (or review existence of symptoms and the symptoms are should be seen as the fact of the symptoms.	uidance titled, Preparing for Homes updated June 25, cility should screen all (HCP) at the beginning of d symptoms of COVID-19. In the consistent with COVID-19. In the Preparature and document consistent with COVID-19. In the HCP to stay home CP develops a fever degrees F) or other with COVID-19 while at rm their supervisor and f they are ill, staff should overing or facemask on ce. The guidance stated measured temperature grees F or subjective fever. In the intermittent or may not be duals, such as those who appressed, or taking certain ever reducing medications. COVID-19 should be The CDC guidelines further sick leave policies that are and consistent with public poport HCP to stay home as stated to reinforce sick alind HCP not to report to the covidence of th	F	880			

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	1	guidance regarding Criteria					
		or Healthcare Personnel with					
		med COVID-19 dated May 5,					
		ollowing: Symptomatic HCP					
		onfirmed COVID-19 should be					
		for at least 3 days (72 hours)	İ	ļ			
		ecovery defined as resolution					
		use of medication to reduce					
		ent in respiratory symptoms					
		ess of breath); and at least 10					
	days have passed si	• •					
		ance stated that if using a test					
		r must resolve without the					İ
	1	g medication, respiratory					
		ough and shortness of					!
	i	e and 2 negative test results					
		art must be documented.					
		r Strategies to Mitigate HCP					
	Staffing Shortages, i						
		occur due to HCP exposures,	ĺ				
		re for family members at					
		t be prepared for potential					
		nd have plans and processes					
	in place to mitigate the	nem.					
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August 14, 2020

Receipt Of This Notice Is Presumed To Be 08/14/2020 Important Notice - Please Read Carefully

Mr. Larry Michael Rasmussen, Administrator Granite Creek Health & Rehabilitation Center 1045 Scott Drive Prescott, AZ 86301

Dear Mr. Rasmussen:

Enclosed please find the Statement of Deficiencies and Plan of Correction for the Complaint Investigation #9VH211 conducted on July 2, 2020 which was submitted to the Bureau of Long Term Care on August 10, 2020.

The Plan of Correction is unacceptable for the following reasons:

-For F880/Y2205:

- -Part of the deficient practice was that there were multiple changes noted to the screening logs in the form of answers being crossed out or both a yes and a no being checked when the form asked if the employee was having a certain symptom of COVID. Include how the process has been updated for how/when changes are made to the log including that staff have been in-serviced on this change and how it will be audited/monitored.
- -Provide evidence that staff have been in-serviced on this updated process for making changes to the log.
- -Provide evidence showing that this change has been audited/monitored.
- -Regarding the current procedure for auditing the screening logs, please clarify the audit process on the 2567. Some of the logs themselves have signatures on them, while others do not. The exception log is always signed. How are these logs being audited and how/what is signed off?
- -You may need to adjust the completion date to complete the changes above.



The requested documents are required to be returned to this office no later than August 20, 2020, please retaining a copy for your files. If the requested documents for the Plan of Correction are not received by this office on or before August 20, 2020, licensure action and/or civil penalties may be assessed.

Thank you for your cooperation. If you have any questions, please call the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

Diane Eckles Bureau Chief

DE\MC:mm



July 29, 2020

Receipt Of This Notice Is Presumed To Be 07/29/2020 Important Notice - Please Read Carefully

Larry Michael Rasmussen, Administrator Granite Creek Health & Rehabilitation Center 1045 Scott Drive Prescott, Arizona 86301

Dear Mr Rasmussen:

Included in this letter are instructions for your Directed Inservice training, must be aproved and completed by August 12, 2020. This inservice training must be done on the following areas of noncompliance which were identified at the time of the complaint survey conducted on July 2, 2020:

- F-880 Infection Prevention and Control
- Y2205 Infection Control

The inservice training must be a program developed by sources with an in-depth knowledge of the area(s) which require specific training. Facilities may choose to select:

- 1. Any training program developed by an established center of geriatric health services education, such as schools in the health sciences, including, but not limited to, medicine, nursing, pharmacy, social work, recreational therapy, occupational therapy, speech pathology, physical therapy, dietetics, and environmental health.
- 2. A training program provider who has demonstrated expertise in the relevant area, such as through a school in the health sciences, and has developed a training program that meets the criteria for continuing education from the appropriate accrediting body, e.g., the Arizona Nurses Association.
- 3. A training program provided by an area health education center which has established programs in geriatrics and geriatric psychiatry, centers for aging such as the Area Agency on Aging, or the Ombudsman program, for training in appropriate areas.

Granite Creek Health & Rehabilitation Center July 29, 2020 Page Two

Documentation of the completion of the directed inservice training must be submitted to the Long Term Care Bureau Chief or designee by the effective date identified above.

Payment for the directed inservice training is the responsibility of the facility.

<u>Action Following Training</u>: After the staff has received inservice training, if the facility has not achieved substantial compliance, the State may impose one or more other remedies specified in CFR 488.406.

If you have any questions concerning this letter, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

Diane Eckles Bureau Chief

DE\sf

Enclosure

cc: CMS /AHCCCS



07/29/2020 (Revised 8-17-2020)

Receipt of Notice Presumed 07/29/2020 via email Important Notice - Please Read

Larry Michael Rasmussen, Administrator Granite Creek Health & Rehabilitation Center 1045 Scott Drive Prescott, AZ 86301

Dear Mr. Rasmussen:

On **July 2, 2020** a complaint survey was conducted at your facility by the Department of Health Services, Office of Long Term Care to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs.

This survey found that your facility was not in substantial compliance with the participation requirements, and the conditions in your facility constituted **Immediate Jeopardy** to resident health or safety.

On July 1, 2020/1:30 p.m., immediate jeopardy to resident health and safety was identified. The immediate jeopardy to resident health and safety was removed on July 2, 2020/5:15 p.m.

Plan of Correction (POC)

A Plan of Correction (PoC) for the deficiencies must be submitted by 08/10/2020. You must include all pages of the Statement of Deficiencies when submitting your PoC. Failure to submit an acceptable PoC by may result in the imposition of remedies. Plans of correction sent by fax will not be accepted.

Your POC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the
 deficient practice, on both a temporary and permanent basis, including the date the correction will be
 accomplished;
- How the facility will identify other residents having the potential to be affected by the same deficient
 practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur;
- How the facility plans to monitor its performance to make sure that solutions are sustained. The
 facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be
 implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the
 quality assurance system; and

Page 2

- Include dates when corrective actions will be completed. The corrective action completion dates must be acceptable to the State Agency.
- The signature and date you approve the Plan of Correction on the first page.

Allegation of Compliance

Your properly signed Plan of Correction constitutes your credible allegation of compliance. If upon the subsequent revisit, your facility has not achieved substantial compliance, a civil money penalty may be imposed by the CMS Regional Office or State Medicaid Agency beginning on **08/16/20** and continuing until substantial compliance is achieved. The CMS Regional Office or State Medicaid Agency may also impose additional remedies or revise remedies at that time if appropriate.

Recommended Remedies

The remedies which will be recommended for imposition are the following:

- Civil money penalty per (day/instance), effective 08/16/20 (§488.430).
- Directed In-Service Training for tag F880 Infection Prevention and Control.
- · Recommending to CMS Denial of Payment for New Admissions.

We are also recommending to the CMS Regional Office that your provider agreement be terminated on 12/29/20, if substantial compliance is not achieved by that time.

If the Regional Office or the State Medicaid Agency decides to impose the recommended civil money penalty, a notice of imposition will be sent to you. The penalty will continue to accrue until the deficiencies are corrected and your facility is found to be in substantial compliance, or your provider agreement is terminated.

Termination effective 12/29/20 (§488.456).

Notice for Statutory Denial of Payment for New Admissions (DPNA)

Based on deficiencies cited during this survey and as authorized by CMS San Francisco Regional Office, we are giving formal notice of imposition of statutory Denial of Payment for New Admissions effective 9/30/20. This remedy will be effectuated on the stated date unless you demonstrate substantial compliance with an acceptable plan of correction and subsequent revisit. This notice in no way limits the prerogative of CMS to impose discretionary DPNA at any appropriate time.

CMS Regional Office will notify your intermediary and the Medicaid Agency. If effectuated, denial of payment will continue until your facility achieves substantial compliance or your provider agreement is terminated. Facilities are prohibited from billing those Medicare/Medicaid residents or their responsible parties during the denial period for services normally billed to Medicare or Medicaid. The Medicare and Medicaid programs will make no payment for residents whose plans of care begin on or after the DPNA effective date **09/30/20**.

Loss of Nurse Aide Program

Please note that Federal law, as specified in the Social Security Act at sections 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by or in a facility which within the previous two years has operated under a §1819(b)(4)(C)(ii)(II) or §1919(b)(4)(C)(ii) waiver; has been subject to an extended or partial extended survey; has been assessed a civil money penalty of not less than \$5,000.00; or, has been subject to a denial of payment, the appointment of a temporary manager, termination, or, in the case of an emergency, been closed and/or had its residents transferred to other facilities. As a result of , this provision is applicable to your facility and you will receive further notification from the state.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, along with supporting information that shows the facility was in compliance at the time of the survey. Send this documentation to Diane Eckles, Bureau Chief, Bureau of Long Term Care, 150 North 18th Avenue, Suite 440, Phoenix, Arizona 85007. This request must be sent by August 7, 2020 the same time you have for submitting a POC for the cited deficiencies. An informal dispute resolution process will not delay the effective date of any enforcement action. Please note: Effective July 1, 2007, facilities requesting an Informal Dispute Resolution must submit separate requests, one for State deficiencies cited and one for Federal deficiencies cited, if applicable.

Filing an Appeal

If you disagree with the determination of noncompliance (and/or substandard quality of care resulting in the loss of your Nurse Aide Training and Competency Evaluation Program (NATCEP), if applicable), you or your legal representative may request a hearing before an administrative law judge of the U.S. Department of Health and Human Services, Departmental Appeals Board. Procedures governing this process are set out in 42 CFR §498.40, et. seq. You may appeal the finding of noncompliance that led to an enforcement action, but not

the enforcement action or remedy itself. A request for a hearing should identify the specific issues, and the findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. You may have counsel represent you at a hearing (at your own expense). Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted unless you do not have access to a computer or internet service. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than 60 days from the date of receipt of this letter.

When using DAB E-File for the first time, you will need to create an account by a) clicking Register on the DAB E-File home page; b) entering the requested information on the Register New Account form; and c) clicking Register Account at the bottom of the form. Each representative authorized to represent you must register separately to use the DAB E-File on your behalf.

The e-mail address and password given during registration must be entered on the login screen at: https://dab.efile.hhs.gov/user_sessions/new to access DAB E-File. A registered user's access to DAB E-File is restricted to the appeals for which he/she is a party or an authorized representative. You can file a new appeal

by a) clicking the *File New Appeal* link on the Manage Existing Appeals screen; then b) clicking *Civil Remedies Division* on the File New Appeal screen; and c) entering and uploading the requested information and documents on the File New Appeal-Civil Remedies Division form.

The Civil Remedies Division (CRD) requires all hearing requests to be signed and accompanied by the notice letter from CMS that addresses the action taken and your appeal rights. All submitted documents must be in Portable Document Format (PDF). Documents uploaded to DAB E-File on any day on or before 11:59p.m. ET will be considered to have been received on that day. You will be expected to accept electronic service of any appeal-related documents filed by CMS or that the CRD issues on behalf of the Administrative Law Judge (ALJ) via DAB E-File. Further instructions are located at: https://dab.efile.hhs.gov/appeals/to_crd_instructions. Please contact the Civil Remedies Division at (202) 565-9462 if you have questions regarding the DAB E-Filing System. If you experience technical issues with the DAB E-Filing System, please contact E-File System Support at OSDABImmediateOffice@hhs.gov or call (202) 565-0146 before 4:00p.m. ET.

If you do not have access to a computer or internet service, you may call the Civil Remedies Division at (202) 565-9462 to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201

In addition, please email a copy of your request to Western Division of Survey and Certification-San Francisco at ROSFEnforcements@cms.hhs.gov.

A change in the seriousness of the deficiencies to non-immediate jeopardy may result in a change in the remedy selected. When this occurs, you will be advised of any change in remedy.

If you have any questions concerning the instructions contained in this letter, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely.

Diane Eckles, Bureau Chief

DE:sf Enclosure

cc: CMS Regional Office + SOD State Medicaid Agency + SOD

PRINTED: 07/28/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUC A. BUILDING

(X3) DATE SURVEY COMPLETED

C

07/02/2020

035131 NAME OF PROVIDER OR SUPPLIER

GRANITE CREEK HEALTH & REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1045 SCOTT DRIVE

		PR	RESCOTT, AZ 86301	
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F 000	INITIAL COMMENTS	F 000		

B WING

The investigation of Complaint #AZ00165552 was conducted from June 30, 2020 through July 2, 2020. The following deficiency was cited:

F 880 Infection Prevention & Control SS=K CFR(s): 483.80(a)(1)(2)(4)(e)(f)

§483.80 Infection Control

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

§483.80(a) Infection prevention and control

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents. staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include. but are not limited to:

- (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
- (ii) When and to whom possible incidents of

This plan of correction is the facility's credible allegation of compliance.

F 880 Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal law.

(Initials)

F 880

Corrective action for residents found to have been affected by this deficiency:

No specific residents identified- not applicable

Arizona Department of Healt Division of Public Health

AUG 1 0 2020

150 N. 18th Ave #400 Phoeniv A7 85007

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

8/1/2010

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 880	communicable discreported; (iii) Standard and to be followed to pour live when and how resident; including (A) The type and depending upon the involved, and (B) A requirement least restrictive posticumstances. (v) The circumstant must prohibit emplorates are or infected contact with reside contact with reside contact will transmously transmously transmously transmously transmously transmously transmously transmously transmously transmously transmously transmously transmously transmously transmously transport linens so infection. §483.80(e) Linens. Personnel must have transport linens so infection. §483.80(f) Annual The facility will contact update to the facility will	ransmission-based precautions revent spread of infections; isolation should be used for a but not limited to: luration of the isolation, ie infectious agent or organism that the isolation should be the ssible for the resident under the aces under which the facility oyees with a communicable diskin lesions from direct ents or their food, if direct it the disease; and in eprocedures to be followed direct resident contact. Stem for recording incidents are facility's IPCP and the taken by the facility.	F 88	Corrective action for residents that may affected by the deficiency: All residents may be affected. The facility immediately changed the entrance for all sto enter into the front entrance only. The facility implemented that a screener be proposed to enter into the front entrance only. The facility (all doors locked), and to immediate screen each staff member coming into the facility, and the screeners were in-service the screening process, along with the sign and symptoms of Covid-19. An exception log for symptoms of chronic condition was implemented and exceptions for a chronic condition symptom allowing for work can only be approved by the IP or DNS. An Immediate Jeopardy removal plan was submitted and approved by ADHS on July 2020. A separate Covid-19 unit entrance was established, and the nurse on-duty will scrany employee coming in to work for Covisymptoms.	d on s n s	Hroco	

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F 880	multiple staff who is positive for COVID COVID-19 and proresult, the Condition was identified. Findings include: On July 1, 2020 at Immediate Jeopard Administrator (staffacility's failure to it procedures, as multiprocedures, as multiprocedures, as multiprocedures, and #70) vicoughing, sore throor who were positively symptomatic, and control on July 1, 2020 at Administrator was correction needed processes, in orde concerns. A revised plan of concerns. A revised plan of concerns. A revised plan of concerns. A revised plan of concerns. A revised plan of concerns. A revised plan of concerns. A revised plan of concerns. A revised plan of concerns. A revised plan of concerns. A revised plan of concerns. A revised plan of concerns. A revised plan of concerns. A revised plan of concerns. A revised plan of concerns. A revised plan of concerns. A revised plan of concerns. A revised plan of concerns. A revised plan of concerns. A revised plan of concerns.	were either symptomatic and -19 or exhibited symptoms of vided care to residents. As a n of Immediate Jeopardy (IJ) 1:30 p.m., the Condition of dy (IJ) was identified. The fet #42) was informed of the mplement infection control ltiple staff (#12, #15, #17, #21, who were either symptomatic oat, muscle pain, headache) we for COVID-19 and were permitted to work with DVID positive residents. Presented a plan of correction 3:29 p.m. At 3:46 p.m., the informed that the plan of to address additional recorrect the identified Percetion was presented on p.m. and was accepted at of correction included for ff regarding being sent home reported signs or symptoms of reginning of their shift, or if they ms at any time during their so receive in-service go the up-dated screening uded having a designated of to screen staff at the start of further included that the start of further included that the start of the furt	F8	All staff were re-inserviced on signs and symptoms of Covid-19 and inserviced on the new staff entrance and screening process, as prohibition of working with any symptoms and Covid-19. Staff were in-serviced on the Covid-19. Staff were in-serviced on the Covid-19. Staff were in-serviced on the Covid-19. Staff were in-serviced on the Covid-19. A new Staffing Coordinator has been hired and starts 8-10-2020. A new Director of Nursing has been hired a starts 8-17-2020. The RN ADON is serving acting DNS. Agency staff through contracts are currently working at the facility. Current staff are being Covid recovered and facility continues to actively recruit and hire. Any Covid positive staff member working with Covid positive residents only, will have to sign an attestation of no symptoms. Any Covid positive staff member will have have written documentation and signed by Infection Preventionist or the DNS on a Cornecovered form, before being scheduled to work. A Directed Inservice by an approved ADHS contractor for all staff on Covid-19 and infection control measures was held on 8-6-2020.	e nd of vid nd as / ng	8/Vrozi

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		REHABILITATION CENTER TEMENT OF DEFICIENCIES		STREET ADDRESS, CITY, STATE, ZIP CODE 1045 SCOTT DRIVE PRESCOTT, AZ 86301 PROVIDER'S PLAN OF CORRECTIO			
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F 880	symptoms and testidaily, and that the ir mitigation strategies address any staffing. On July 1, 2020 bet staff were interview been provided pertasymptomatic staff were interviewed to the staff interviewed to the screening provided that the faimplementing their pinservice's were init. On July 2, 2020 bet additional interviewes staff regarding the incorrection. Staff repconducted on hands doffing Personal Provided the staff interviewes staff regarding the incorrection. Staff repconducted on hands doffing Personal Provided in the revised screening have an understand home if they were so In addition, review of July 2, 2020 revended documented the had been permitted staff members with home. In interviews 2, 2020, multiple staff designated individual designated indi	ing results on a line listing implementation of staffing is would be put into place to g shortages. ween 6:20-6:45 p.m., multiple and regarding if education had aining to whether or not were permitted to work in the lated staff screening process. If members understood that would not be allowed to work would be sent home. None of a were aware of any changes licess. The Administrator was cility was not compliant with bolan of correction and	F 880	Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur: Daily audits of staff screening logs for potential Covid-19 symptomatic staff working will be done by the Infection Preventionist and Administrator for two months, then weekly for two months, then monthly for two months to assure continued compliance. Findings and analysis will be reported to the facility's QAA Committee monthly. Responsible: Infection Preventionist and Administrator	ng o	8/1/2020	

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F 880	was notified that the specifically address following: staff where sent home and work process for asympreturn to work, and strategies were in in the facility. The to include specific would be designat week and on week members would rescreening results presence of sympostal and strategies were and on week and on week members would rescreening results presence of sympostal and strategies were and on week and on we	t 12:45 p.m., the Administrator ne plan of correction needed to as staff education to include the no were symptomatic were to be ould not care for residents; the otomatic COVID positive staff to d that staffing mitigation place and being implemented plan of correction also needed details of which staff members and to screen staff during the kends/holidays, and which staff eview and follow up on the for staff who documented the toms. Sorrection was presented on a presented on the form of the staff eview and follow up on the form of the staff eview and follow up on the form of the staff eview and follow up on the form that the plan of the staff eview and follow up on the form that the plan of the staff eview and follow up on the form that the plan of the staff eview and follow up on the form that the plan of the staff eview and follow up on the form that the plan of the staff eview and follow up on the form that the plan of the staff eview and follow up on the form that symptomatic staff eview and follow up on the form caring for the premitted to work. This entain to all staff, whether the general that symptom or the covid unit. A revised plan or the covid unit. A revised plan or the covid unit. A revised plan or the covid unit. A revised plan or the covid unit. A revised plan or the covid unit. A revised plan or the covid unit. A revised plan or the covid unit. A revised plan or the covid unit. A revised plan or the covid unit. A revised plan or the covid unit. A revised plan or the covid unit. A revised plan or the covid unit. A revised plan or the covid unit. A revised plan or the covid unit. A revised plan or the covid unit. A revised plan or the covid unit. A revised plan or the covid unit. A revised plan or the covid unit.	F8	80			

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F 880	afternoon on July 2 implementing their in-services were be interviewed were knoontrol procedures, staff would not be presidents on any unstaff member conductorived for their shift. As the facility was in correction and staff the new processes and there were noted that the Condition of Impat 5:15 p.m. on July Regarding staff who were symptomatic a COVID-19, and procedure in COVID residents: -An entrance confersion, 2020 at 9:10 a.r. the Director of Nursistated that the currents also stated there has and they were currents staffing. During the survey, a with direct care staff had received prior in COVID-19 about be and symptoms of ill were told that if they they would be sent.	ns were conducted in the , 2020, of the facility plan of correction. Staff ing completed and staff nowledgeable of infection including that symptomatic ermitted to work with it. In addition, a designated acted the screenings, as staff ts. In plementing their plan of were knowledgeable about that had been put into place, additional concerns identified, mediate Jeopardy was abated	F8	380			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
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GRANITI	E CREEK HEALTH &	REHABILITATION CENTER			SCOTT, AZ 86301		
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F 880	Continued From pa	age 7	F8	80			
		ch detail record for that date #12 worked a full shift.					
	the next day while reported symptoms muscle pain, heads sent to work on a n #12 stated that one to the nurse about called the Assistant (ADON/staff #33). coordinator (staff # stay and work the shours to report his/did.	terview staff #12 stated that being screened, he/she s which included a cough, ache and sore throat, but was ion-COVID unit again. Staff the on the unit, he/she reported feeling sick, so the nurse to Director of Nursing Staff #12 stated the staffing 23) texted back and said to shift, and text her every two her symptoms, which he/she					
		staff screening log for staff answers for cough, muscle d sore throat.					
		th detail record for this same taff #12 worked a full shift.					
	(June2020) he/sh vomiting and called day, a text was received that he/she was on afternoon/evening. texted staff #23 say staff #23 texted her rest, because he/sh #12 stated that he/s afternoon/evening caid that during the episode of diarrhea	ated that the following day ne also developed diarrhea and I off sick. He/she said the next elived from staff #23 saying the schedule to work that Staff #12 stated that he/she ying he/she still felt sick and back and said to get some ne needed to be there. Staff she worked that on a COVID unit. Staff #12 shift, he/she had another and reported it to staff #23 via o home, but staff #23 said no.					

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F 880	that day revealed in marked for cough, and that sore throad diarrhea and vomi signature screenes her name. The punch detail restaff #12 had work In the interview, st day (June2020) to urgent care. The because the result back yet. He/she surgent care told he Staff #12 stated th next day on June had no taste or sm self-quarantine. Stemailed the doctor Human Resource #12 said that same Administrator said COVID. Staff #12 he/she was symptehad been for a which Administrator said positive staff could unit. Staff #12 state they could make a keep them informed #12 said the next of texted staff #23 and tested positive for	ne to work the hall. f screening log for staff #12 on that both "yes" and "no" were muscle pain and headache at was marked "no" and ting was marked "yes." In the r section, staff #23 had signed eport for this date revealed that		380				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
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F 880	Continued From pa	age 9	F 8	80			
	that he/she told sta	sted to come in. Staff #12 said ff #23 that he/she was still as not working sick.					
	with direct care sta that multiple sympt	an interview was conducted ff (staff #17). Staff #17 stated omatic/COVID positive staff his/herself have worked with hts.					
	#17. Staff #17 state was tested for CON Staff #17 said a few a fever of 100.2 de throat, body aches scheduled to work he/she texted the sand told her that he would try to find so shift. Staff #17 state back, so he/she we stated that after he he/she spoke with #23) and the DON Staff #17 stated that staff #23 and the D floor. Staff #17 state and weak during the coordinator that he a replacement. State coordinator never in the staff #24 staff #25 and the Don staff #17 stated that staff #25 and the D floor. Staff #17 stated that staff #26 and weak during the coordinator that he a replacement. State coordinator never in the staff #26 and weak during the coordinator never in the staff #26 and weak during the coordinator never in the staff #26 and weak during the coordinator never in the staff #26 and weak during the coordinator never in the staff #26 and weak during the coordinator never in the staff #26 and weak during the coordinator never in the staff #27 and weak during the coordinator never in the staff #27 and weak during the coordinator never in the staff #27 and weak during the coordinator never in the staff #27 and weak during the coordinator never in the staff #27 and weak during the coordinator never in the staff #28 and weak during the coordinator never in the staff #28 and weak during the coordinator never in the staff #28 and weak during #28 and weak during #28 and weak during #28 and weak during #28 and weak during #28 and weak during #28 and	w was conducted with staff ed that on June2020, he/she /ID-19, along with other staff. v days later, he/she developed grees F, congestion, sore and a cough, and was that day. Staff #17 said that taffing coordinator (staff #23) e/she did not feel good and she meone else to cover his/her ed that he/she did not hear ent into work that day. Staff #17 /she was screened that day, the staffing coordinator (staff (staff #1) about being sick. at despite his/her symptoms, ON told him/her to work the ed that he/she was sweating e shift and texted the staffing /she felt terrible and asked for ff #17 said the staffing esponded back and he/she our shift that day on a					
	for that day when h shift, revealed that	esponding staff screening log e/she worked over an 8 hour staff #17 had a fever of 100.2 n, muscle pain and a					

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F 880	headache. The log temperature greate degrees F was conrange. Review of the punc date revealed that so In the interview, state he/she was sick for results came back the/she was still interview, state had a cough, and he/she was still interview, and the stated that toda non-COVID unit. -During the survey, with a direct care state the/she stated he/she stated he/she stated he/she returned to youne2020 and sin work with a cough, fever. Staff #15 state tested for COVID-1. A follow-up interview #15, who stated that cough, congestion at that yesterday, he/s registry staff arrived COVID and non-COVID also included that a r than or equal to 100.0 sidered out of the acceptable that a record for this same staff #17 worked over 8 hours. If #17 further stated after that a few days and that the test negative. Staff #17 said that rmittently symptomatic and ad not been retested. Staff ay he/she worked on a an interview was conducted aff member (staff #15). Staff started having a cough, sore 101 degrees F a couple of a't work. Staff #15 said that work a couple of days later on ce then, has continued to sore throat and intermittent the ded that he/she has not been 9. If we was conducted with staff the/she continues to have a sand headaches. Staff #15 said he was asked to stay until 1, and worked on both the	F8	80				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 880	of breath. On one or reported shortness headache, and the was illegible, as it is replaced with "99." According to the coreports, staff #15 w and July when exh. -During the survey with direct care stated on June2020 he/body aches, sore the stated that he/she (staff #23), the Admireport his/her symploack. The next day fever of 100.3 degripains, sore throat, said he/she was to still expected to wothen worked on the Review of the correfor that day when he other symptoms, rereported muscle pachills, when she recovil continued in the incouple of days late. COVID unit, but wanot feeling well. Review of the correfor that day revealed t	day in June, staff #15 had of breath, cough and a original screening temperature had been scribbled out and been scribbled out and been scribbled out and borresponding punch detail worked on those days in June ibiting symptoms. In an interview was conducted ff (staff #21), who stated that she began having a headache, hroat and chills. Staff #21 texted the staffing coordinator ministrator and the DON to botoms, but no one responded of staff #21 said he/she had a rees F, a headache, muscle chills and a cough. Staff #21 lid by staff #23 that he/she was work his/her shift that day and except that staff #21 had ain, headache, sore throat and ported to work that day. Iterview, staff #21 said that a rehe/she worked on a non as sent home early, because of exponding staff screening log and that staff #21 had reported over, muscle pain, headache,	F	380			

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F 880	Continued From pa	age 12	F	380			
		ecord for that date revealed vorked a short time that day.					1
	the next day June	w, staff #21 further stated that .2020, he/she worked on a d still wasn't feeling well.					
	for that day revealed	esponding staff screening log ed that staff #21 reported cluded cough, fever, muscle d sore throat.					
		ecord for that same day \$21 worked a full shift.					
	few days later on J a non-COVID unit a and didn't feel well. said he/she was tol he/she had tested p#21 stated that per DON and the Admi staff still needed to was the facility's poworking, he/she text (staff #23), the DOI he/she was short o saturation level was saturation level is 9 staff #23 said they	terview staff #21 stated that a une2020, he/she worked on again and was short of breath Later that afternoon, staff #21 d by the Administrator that positive for COVID-19. Staff the staffing coordinator, the nistrator, all COVID positive report to work, because that slicy. Later that same day while sted the staffing coordinator N and the Administrator that f breath and his/her oxygen is 88% (normal oxygen is 88% (normal oxygen is 5-100%). Staff #21 stated that did not have anyone to replace elshe was still on the schedule ine2020.					
	for the day that he/s test results for CO\	esponding staff screening log she was notified of the positive /ID, revealed that staff #21 le pain, a sore throat, and for					

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F 880	The punch detail reincluded that staff # In the interview, staday he/she had a p to immediately go t #21 said he/she text the DON and the A what the physician the doctor's note. Sa text from staff #22 him/her to show up stated that he/she told the someone to take ov #21 stated that aroutexted the staffing of Administrator and a him/her, because it stated the Administrator and a him/her, because it stated the Administrator were trying to get so Staff #21 stated the and he/she ended to non-COVID unit. Review of the correrevealed there was for staff #21 for that Review of the punc day revealed that sid 12 hours. On June 30, 2020 a conducted with the	d both "yes" and "no." cord for that same day 21 worked a full shift. aff #21 also stated that the next hysician visit who told him/her o the emergency room. Staff kted the staffing coordinator, dministrator and told them said and sent them a copy of staff #21 said he/she received 3 stating that he/she needed for work that day. Staff #21 went to work as scheduled, so be relieved. Staff #21 stated m that they needed to find wer in a couple of hours. Staff and noon that day, he/she coordinator, the DON and the asked for someone to relieve hurt to breathe. Staff #21 rator texted back saying they omeone in to relieve him/her. Ey never called him/her back up working a 12 hour shift on a	F	380			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER				(X3) DATE SURVEY COMPLETED	
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F 880	unit. He said if staf asked to leave. Ho he had to he would and fever to work of when staff have as for coming to work them to the Human (staff #11), because that policy. An interview was continuous that policy. An interview was continuous that policy. An interview was continuous that policy. An interview was continuous that policy. An interview was continuous that policy. An interview was continuous that policy. An interview was continuous that policy. An interview was continuous that policy. An interview was continuous that policy. She standing of the included that if a since said she belief two 12 hour shifts. She stated she won have a staffing sho knows what the Continuous that the continuous that the continuous that the said her understand exposed to COVID they would be screetly wore a face of PPE. She stated if were referred to he guidelines which since would need to be to results are received to ask about the face working, she would DON. She stated that COVID work as long as the	ey may work on the COVID of are symptomatic they are swever, he further stated that if allow someone with a cough on the COVID unit. He said sked him what their policy was with symptoms, he referred in Resources representative e she was more familiar with conducted on July 1, 2020 at	F 88	30			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 880	referred to her with positive symptomatic she stated that she that symptomatic sit Regarding changes. Review of the staff revealed multiple al scribbling over, mai and/or crossing out been provided by faincluded the following. June 2 and 3: changes may be succeed to the screening. June 4: changes may be succeed to the screening. June 4: changes may be succeed to the screening. June 10: changes may be succeed to the screening. June 11: changes may be succeed to the screening. June 12: changes may be succeed to the screening. June 13: changes may be succeed to the screening. June 16: changes may be screening. June 27: changes may be screening. June 28: changes may be screening. June 26: changes may be screening. June 26: changes may be screening. June 26: changes may be screening.	any questions about COVID ic staff continuing to work. I has not been made aware saff are working in the facility. It to the staff screening logs: I screening logs for June 2020 terations in the form of riking through, writing on top of of the screening data that had acility employees which are: I see made to one staff's adde to three staff's screenings ges made to one staff's adde to three staff's screenings made to four staff's screenings made to four staff's screenings made to two staff's screenings and to three staff's screenings and to the staff's screenings and to one staff's screenings and to the staff's screenings and to two staff's screenings and to one staff's screenings and to one staff's screenings and to six staff's screenings made to six staff's screenings made to six staff's screenings and to eight staff's	F8	80			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				COMPLETED	
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	PROVIDER OR SUPPLIER	REHABILITATION CENTER		104	REET ADDRESS, CITY, STATE, ZIP CODE 45 SCOTT DRIVE RESCOTT, AZ 86301		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 880	June 28: changes screenings June 29: changes screenings June 30: changes July 1: changes made July 2: changes made	made to three staff's made to four staff's made to six staff's screenings ade to four staff's screenings ade to seven staff's screenings onducted on June 30, 2020 at staffing coordinator (staff #23). It does all the staffing for the As. She stated that she keeps logs with her. She stated if an in with a temperature of 100.4 If or has more than 2-3 eens them further to see if the hal for them. She stated that ed the screening documents the staff have no symptoms. If are screened at the back myone in the facility can be a was conducted on June 30, with staff #23, who stated that to may have altered the staff #23 stated that screeners when completing the ty declaration of a staffing at 11:25 a.m., an interview the DON (staff #1). He said the eached "critical" staffing levels to (June 27 or June 28, 2020). The said leached into CNA waivers.	F	380			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		035131	B. WING				C 02/2020
	PROVIDER OR SUPPLIER	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1045 SCOTT DRIVE PRESCOTT, AZ 86301	CODE	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD E APPROPI	BE	(X5) COMPLETION DATE
F 880	An interview was of 2:20 p.m. with staff emergency began caused the facility nurses and CNAscrisis is when their building. She helpful and pitched and working extragrateful for their jothat they had 2 nurtheir health and the On July 1, 2020 at interview was com The Administrator the county himself but stated that the staff member at the Another interview on July 1, 2020 at that he had been in the county office to give facility update p.m., the DON star county regarding the equipment (PPE), waiver for CNAs. I mentioned possibly some point, but acfollow up to that coaround June 23 or A follow up intervies 2020 at 4:01 p.m., he and the Administ conversations about the county safe p.m., he and the Administ conversations about the facility of the county of the county of the county regarding the equipment (PPE), waiver for CNAs. I mentioned possibly some point, but acfollow up to that coaround June 23 or A follow up intervies 2020 at 4:01 p.m., he and the Administ conversations about the county intervies 2020 at 4:01 p.m., he and the Administ conversations about the county intervies 2020 at 4:01 p.m., he and the Administ conversations about the county intervies 2020 at 4:01 p.m., he and the Administ conversations about the county interview 2020 at 4:01 p.m., he and the Administ conversations about the county interview 2020 at 4:01 p.m., he and the Administ conversations about the county interview 2020 at 4:01 p.m., he and the Administ conversations about the county interview 2020 at 4:01 p.m., he and the Administ 2020 at 4:01 p.m., he and the Administ 2020 at 4:01 p.m., he and the Administ 2020 at 4:01 p.m., he and the Administ 2020 at 4:01 p.m., he and the Administ 2020 at 4:01 p.m., he and the Administ 2020 at 4:01 p.m., he and the Administ 2020 at 4:01 p.m., he and the Administ 2020 at 4:01 p.m., he and the Administ 2020 at 4:01 p.m., he and the Administ 2020 at 4:01 p.m., he and the Administ 2020 at 4:01 p.m., he and the Administ 2020 at 4:01 p.m., he and the Administ 2020 at 4:01 p.m.	conducted on June 30, 2020 at ff #23, who stated that a staffing on June 29, 2020, which to implement 12 hour shifts for Staff #23 stated that a staffing facility is using 100% registry in said the core staff have been do in, by taking additional shifts hours. She stated the staff are been and the hours. She stated reses resign, due to concerns for the health of their family. If approximately 12:20 p.m., an appleted with the Administrator, said that he had not contacted for information or assistance, DON was in contact with a term county. Was conducted with the DON 12:30 p.m. The DON stated in contact with Epidemiology at the report any new cases and to be so in a later interview at 3:56 the that he also talked to the the need for personal protective and had briefly discussed a de said that he briefly y needing staffing assistance at knowledged that there was no onversation which occurred	F 8	80			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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		REHABILITATION CENTER		1045 SCOTT DRIVE PRESCOTT, AZ 86301			
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F 880	event of a staffing week, he asked the strategies that the The DON said that 2020, they were setill considering the he asked the Administrator hesistrategies that the transferring resides said on June 25, he and briefly discuss mentioned the pot assistance. The Description was more concern to the reaching out to were not short-stain crisis mode. The conversation with their crisis staffing 2020, staff began spoke with the Clindiscuss options are out to other facilities to get mouthat on the evening they were called out to agency called out to agency and the staff had tested pot evening, they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening they were called out to agency and the staff had tested pot evening the staff had tested pot evening the staff had tested pot evening the staff had tested pot ev	red what they would do in the generating. He said during that the Administrator about by would use if things went bad. It at on June 23 and June 24, will not in "crisis mode" and were their options. He said on June 25, ministrator that if things went they going to do? He said he they needed to consider the sout to another facility. He the also spoke with the county sed the CNA waiver and tential need for staffing DON said that on June 26, he med and wondered if they should to other facilities. He stated they affed that day and they were not the DON said he had another the Administrator regarding a plan. He said on June 27, calling out sick. He said he nical Resource Liaison to and about transferring residents the said to reach out to other the staff. The DON further stated they are staff. The DON further stated they are staff. The DON further stated they are staff. The said that multiple the staff which in June 22, and that multiple to staffing, but found they were a pay of 1.5 times the normal 0.00 more per hour. He said the stated to hire them based on	F8	880			
	came in, and he a cover the other two	d a staff from another facility lso called upon existing staff to o positions. The DON said that histrative staff decided to					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
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		035131	B. WING	_		07/	02/2020
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GRANIII	CREEN HEALIN &	REHABILITATION CENTER		F	PRESCOTT, AZ 86301		
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F 880	began having staff following day. He sevening to let them reached crisis or er 2020 (one day prior the building) and the emergency staffing provide documentate been made to abate A list of actions take was presented by ton July 2, 2020 at 3 2020, the document	nergency staffing plan" and work two 12 hour shifts the aid they called their staff that know. He said the facility mergency status on June 29, or to the survey team entering at they implemented their plan. He stated he would atton of the efforts that had be the staffing issues. The content of the staffing crisis the Clinical Director (staff #57) 3:20 p.m. Beginning June 15, attation included the need for and been discussed during a	F	380			
	conference call. A c 2020, included the CNAs. Another pho corporate was done included discussing 28, 2020, two area regarding their abili residents, but neith On June 29, 2020 of Executive Directors possibility of transfe facility was again d 29, 2020 with corpor staffing, registry, ar Per the documenta	conference call dated June 22, need to hire 5 nurses and 5 one conversation with e on June 22, 2020, which is staffing and registry. On June facilities were contacted ty to house additional er of the facilities had room. during a corporate call with the stand Resources, the erring residents out of the iscussed. Another call on June orate included discussing and the transfer of residents. Ition, a call was made to a vice on June 29, 2020, but					
	there were no nurse 2020, a medical gro contract was signed CNAs and nurses. IJ), two other area regarding their abili	es available. On June 30, oup was contacted and a diregarding procurement of On July 1, 2020 (the day of the facilities were contacted ty to house additional er facility had room. Also on					

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		035131	B. WING		0	C 7/02/2020	
	PROVIDER OR SUPPLIER E CREEK HEALTH &	REHABILITATION CENTER	J	STREET ADDRESS, CITY, S 1045 SCOTT DRIVE PRESCOTT, AZ 86301	STATE, ZIP CODE		
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F 880	July 1, 2020, the do contact was made an attempt to procure waiting for response. According to the do various discussions however, no action increase staff until staffing agencies withere was no evide reached out to the staffing concerns a July 2, 2020. Review of the Facil Facility Assessment revealed if the facil Emergency Operate back to work additions trained to hel assessment include the employed through those staff with mile work with COVID-1 the assessment, the	ocumentation indicated that with three nursing registries in are staff and that they were es. ocumentation, the facility had a regarding staffing issues, was taken in an attempt to June 29 and June 30, when are contacted. In addition, note that the facility had county for assistance with nytime from June 25 through ity Health and Rehabilitation the updated on March 27, 2020, ity needs to activate its ions Plan, staff may be called onal shifts and staff may be positive residents only. Per ed that agency personnel will ghe contractual agreements and desymptoms will be assigned to 9 positive residents only. Per ecovid-19 residents will be te wing with dedicated staff,	F	380 DE	FICIENCY)		
	-During the survey, with direct care star that symptoms con on June2020. Sta he/she told the staf and the DON of the sore throat, but was	an interview was conducted ff (staff #9). Staff #9 stated sistent with COVID-19 began off #9 stated that on that day, fing coordinator (staff # 23) a new onset of cough and a still assigned to work on a aff #9 said when screened					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
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GRANITI	E CREEK HEALTH &	REHABILITATION CENTER		PRESCOTT DRIVE			
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F 880	Continued From pa	ge 21	F 88	30			
	sore throat. Staff #9	swered "yes" to cough and 9 said that he/she was keeping staff (staff #91) that					
	day was discussed had signed the log Further review of the cough and sore three	v, the screening log for that The log showed that staff #91 for screening staff #9 that day, le log revealed the answers to pat were marked "no." Staff #9 ping staff (staff #91) must have					
	In an interview with screening staff #9 of	staff #91, she did not recall on that day.					
	few days later wher June2020, he/she screening questions headache, sore through smell. Staff #9 said saying they were habut no one was ma #9 said that anothe that they were expetitely did not want at this same day, the whis/her test result was reassigned to was	terview, staff #9 stated that a in screened for a shift on a answered "yes" to the se regarding new onset for the pat and loss of taste and there were several employees awing new onset of symptoms, king a big deal about it. Staff in staff member told him/her eriencing many sick staff, so my call offs. Staff #9 stated on Administrator reported that has positive for COVID-19, and work on the COVID hall.					
	"yes" for headache and smell a "yes" a -During the survey, with direct care staf	ening log for that day revealed and sore throat, and for taste and a "no" was marked. an interview was conducted f (staff #73). Staff #73 said aptomatic (today) but was					
		d no staff. Staff #73 said					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED		
		035131	B. WING			ľ	02/2020	
	PROVIDER OR SUPPLIER	REHABILITATION CENTER		10	REET ADDRESS, CITY, STATE, ZIP CODE 45 SCOTT DRIVE RESCOTT, AZ 86301			
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F 880	he/she was original hall that day, but was Review of the screethat staff #73 answebreath and "yes" to outside of the facilithaving or diagnose. A follow up interview #73. Staff #73 said today due to answe screening. Staff #73 experiencing shortrand muscle aches a symptoms that he/s. The screening log f "yes" answers for spain, headache and contact outside of the suspected of having COVID-19. Also on document "yes" or 'Screening (DON/IC "yes" to shortness of two of the remaining marked "yes." Staff #73 further state/she had a test de #73 said that his/he 101.5 degrees F an shortness of breath According to the puwork that day.	ly assigned to a non COVID as moved to a COVID hall. ening log for that day revealed ered "yes" to shortness of have you had any contact y with someone suspected of d with COVID-19. If was conducted with staff that he/she was sent home ring "yes" to symptoms at a said that he/she was less of breath, a headache and that these are the same she has had for the last month. For staff #73 today revealed thortness of breath, muscle I "yes" to have you had any the facility with someone g or diagnosed with the log was a section to no" for Recommend Advance P/designee). If answered of breath or cough or to any g symptoms. This section was negative. Staff r temperature that day was d had a headache and	F8	380				

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	PROVIDER OR SUPPLIER	REHABILITATION CENTER		STREET ADDRESS. CITY, STATE, ZI 1045 SCOTT DRIVE PRESCOTT, AZ 86301	P CODE		V
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ION SHOULD HE APPROPI) BE	(X5) COMPLETION DATE
F 880	revealed that staff is symptoms of shorth headache. Per the punch detaiday. The screening log is revealed that staff is shortness of breath contact with some of suspected of having COVID-19. The punch detail reworked a full shift the conducted during the con	#73 answered "yes" to the ness of breath, cough and all report, staff #73 worked that for the next day on June2020 #73 answered "yes" to n, headache and having had one outside of the facility with g or diagnosed with eport included that staff #73 hat day. direct care staff (staff #70) was he survey. Staff #70 stated that /she reported not feeling well ing symptoms of COVID-19. he/she was advised to ays. Staff #70 said a few days 0, staff #23 said he/she was ymptoms. ening log for that day revealed ad "yes" to the symptoms of and cough and had a 1.9 degrees F.	F 8	B80	Υ)		
	In the interview, sta days later while wor	off #70 further stated that a few rking, he/she reported to the as very sick. Staff #70 stated					

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		035131	B. WING			C 07/02/2020		
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F 880	Review of the screethat staff #70 answ breath, cough and Staff #70 also said same day, the DO positive for COVID work the following. Per the punch deta shift the following of the shift the following of the shift the following of the shift the following of the shift the following of the shift the following of the symptoms related symptoms related symptoms related Shortness of breathanswers Cough: approximal New loss of taste of Repeated shaking Muscle pain: approximately approximately approximately approximately 30 your screening logs. Regarding having the screening logs. Regarding having the service of the screening logs.	eening log for that day revealed vered "yes" to shortness of headache. I at the end of the shift that N said he/she had tested 0-19, but still needed her to day. all report, staff #70 worked a full day. lity screening logs: e staff screening logs for the 20, there were multiple entries by one or more of the to COVID-19 as follows: th: approximately 74 yes tely 162 yes answers or smell: 4 yes answers with chills: 1 yes answers with chills: 1 yes answers imately 99 yes answers imately 99 yes answers ximately 68 yes answers yers arrhea, vomiting, nausea):	F	380				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER GRANITE CREEK HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1045 SCOTT DRIVE PRESCOTT, AZ 86301					
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F 880	Continued From pa	nge 25	F 8	80				
	Regarding advance designee if yes to s any two of the rema 34 yes answers.	e screening by the DON, IP or shortness of breath, cough or aining symptoms there were						
		did not include any follow up taff who reported having						
	coordinator (staff #.p.m. Staff #23 state staffing for the nurs	onducted with the staffing 23) on June 30, 2020 at 2:20 ad that she does all of the ses and CNAs. Staff #23 said						
	few days and they l to pick up extra shi	n getting sicker over the last nave asked some of the staff fts or stay longer to put in extra						
	have started to use nursing coverage. S registry staff started	registry as well, especially for She said the regular use of about a week ago, but been in the building on a						
	limited basis for a c said that things hav couple of days. Sta	ouple of months. Staff #23 re really fallen apart in the last ff #23 said that staff who have						
	staff member has a of the other signs o sheet, they are to b	are sent home. She said if a temperature of 100.4 or two r symptoms on the screening e sent home. She said if a						
	symptoms on the se advised. She said to	ers "yes" to any of the creening sheet, she is to be hat she will then speak with nd question them to see if the						
	symptoms are new "baseline" for that s she will also ask the	or if they are normal or taff member. She said that em if they have been sick. She						
	Infection Prevention Administrator or the	not available, the DON, the hist (staff #72), the Assistant Director of Nursing e contacted by the staff						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER GRANITE CREEK HEALTH & REHABILITATION CENTER			I	1	STREET ADDRESS, CITY, STATE, ZIP CODE 1045 SCOTT DRIVE PRESCOTT, AZ 86301	1 01	OLILULU	
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F 880	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 8	380	DEFICIENCY)	NATE .		
	In a follow up intervi 2020 at 2:02 p.m., s that a second scree staff member check symptoms on the so	eening sheets. lew with staff #23 on July 2, whe said her expectation is ning would be done for any ing yes to 2 or more						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCT	` COMPLE		E SURVEY IPLETED
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GRANITE CREEK HEALTH & REHABILITATION CENTER				1045 SCOTT DI PRESCOTT,	RIVE		
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	(EACH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
said negathour med from COV DON but Cover in the Adecia due to all de report future halftito wo staff composition with a prese duty, outbroording confin mild-work segre sepa	ative tests 24 has, without the use cations. She still sick leave they ID-19 unit, unleaded to VID-19 positions. She stated the COVID-19 positions of the facilitations Disease Identifications Diseas	ge 27 return to work if they have two ours apart or no fever for 72 use of fever reducing tated that when staff return y will be assigned to the eas otherwise specified by the at staff who are asymptomatic tive, may work on the COVID of that the DON makes the work, but no one is forced to y's policy titled, Emerging Emergency Plan Coronavirus of March 2020, revealed undering that during an emergency, e Director of Nursing may sexperiencing an emergency his includes calling staff from a directing them to either ediately or be scheduled for finay be assigned to full, e shifts and may be scheduled as off. The policy stated that if ever, a cough or respiratory to eother symptoms consistent rocess, they should not y for regular or emergency response to a pandemic the facility itself, such as ase, if the facility has COVID-19 and staff that have coted COVID-19 with otoms, will report to duty to ID positive residents, who are ner residents and staff. A will be made and separate of for those staff members.	F	80			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED C 07/02/2020	
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NAME OF PROVIDER OR SUPPLIER GRANITE CREEK HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP 1045 SCOTT DRIVE PRESCOTT, AZ 86301	, CODE	UIIVELEVE	
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F 880	Review of the CDC COVID-19 in Nursii 2020, revealed the healthcare personntheir shift for fever actively take their trabsence of sympto The facility should a when they are ill. If (temperature of 100 symptoms consisted work, they should in leave the workplace keep their cloth fact and leave the workplace keep their cloth fact and leave the workplace keep their cloth fact and leave the workplace keep their cloth fact and leave the workplace keep their cloth fact and leave the workplace keep their cloth fact and leave the workplace keep their cloth fact and leave the workplace that a fever is either greater than 100.0 Note that fever may present in some included to implement are elderly, immunous medications such a HCP with suspected prioritized for testing included to implement and ill. The guidel leave policies and respond to HCP with while ill (e.g., identifications), identifications, the guides should have a plan respond to HCP with while ill (e.g., identifications). The guidevelop (or review elevelop (or review elevelop)	is guidance titled, Preparing for ing Homes updated June 25, facility should screen allinel (HCP) at the beginning of and symptoms of COVID-19, emperature and document ims consistent with COVID-19, remind HCP to stay home HCP develops a fever 0.0 degrees F) or other ent with COVID-19 while at inform their supervisor and it. If they are ill, staff should it is covering or facemask on place. The guidance stated in a measured temperature degrees F or subjective fever. If be intermittent or may not be dividuals, such as those who is suppressed, or taking certain in sever reducing medications. If they are ill, staff should be good to be good to be intermittent or may not be dividuals, such as those who is suppressed, or taking certain in sever reducing medications. If they are ill should be good to be good t	F8	380			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C 07/02/2020	
		035131	B. WING		0.		
NAME OF PROVIDER OR SUPPLIER GRANITE CREEK HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP C 1045 SCOTT DRIVE PRESCOTT, AZ 86301			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF COI X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 880	Review of the CDC for Return to Work Suspected or Confi 2020 revealed the family with suspected or cexcluded from work have passed since of fever without the fever and improven (e.g., cough, shortn days have passed sappeared. The guid based strategy, fever use of fever reducir symptoms such as breath must improve at least 24 hours and Under the section for Staffing Shortages, shortages will likely illness or need to ca home. Facilities mu	guidance regarding Criteria for Healthcare Personnel with rmed COVID-19 dated May 5, following: Symptomatic HCP confirmed COVID-19 should be a for at least 3 days (72 hours) recovery defined as resolution use of medication to reduce ment in respiratory symptoms less of breath); and at least 10 since symptoms first lance stated that if using a test er must resolve without the mag medication, respiratory cough and shortness of the early and shortness of the early and shortness of the early and shortness of the early and shortness of the early and shortness of the early and shortness of the early and shortness of the early that the staffing occur due to HCP exposures, are for family members at still be prepared for potential and have plans and processes	F8	80			



September 17, 2020

Important Notice - Please Read Carefully

Sean Hill, Administrator Granite Creek Health & Rehabilitation Center 1045 Scott Drive Prescott, AZ 86301

Re:

Complaint Intake #AZ00165550 & AZ00165552

Investigation # 9VH211

Dear Mr. Hill:

Surveyors of the Arizona Department of Health Services (Department) have thoroughly investigated the above referenced complaint. Prior to being investigated, this complaint was broken down into allegations that correspond to the Department's rules for the facility.

The overall finding of this investigation is that at least one of the allegations was found to be substantiated.

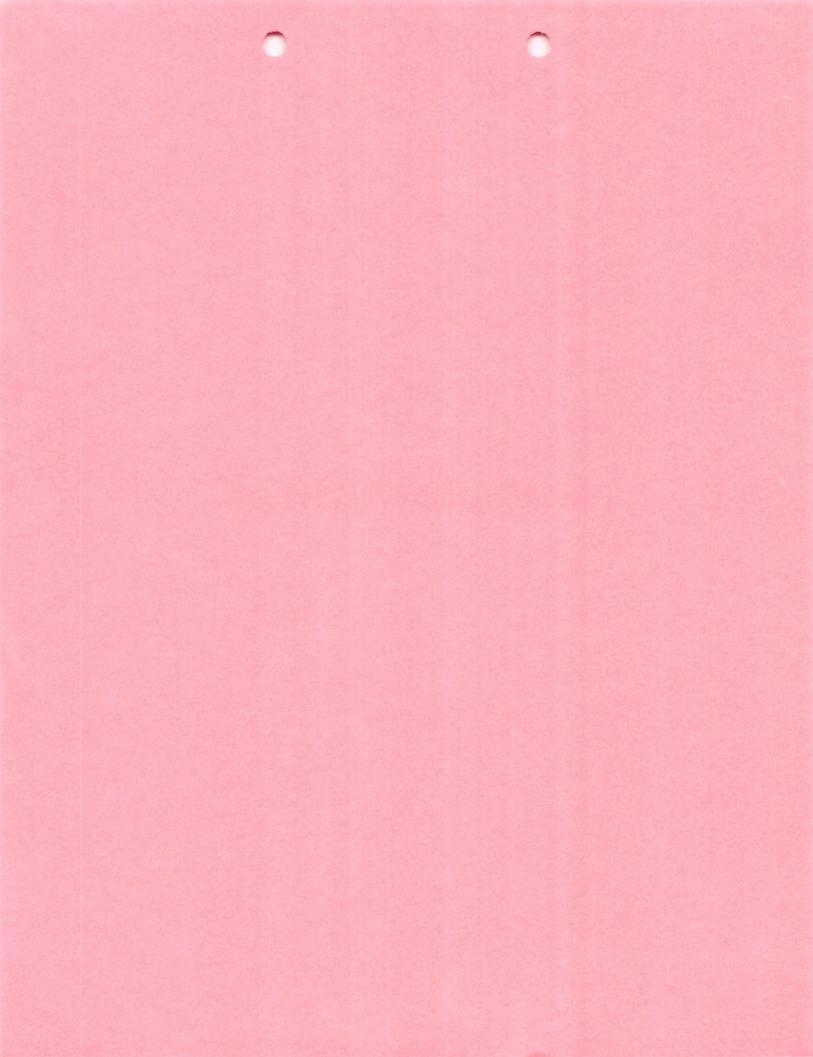
You are in receipt of a Statement of Deficiencies that reflect the finding of this survey.

If we may be of further assistance, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

LTC Customer Service Representative IV Bureau of Long Term Care Licensing

Supplemental



D C M L

GRANITE CREEK INFECTION PREVENTION AND CONTROL TARGETED IN SERVICE DR. BUFFY LLOYD-KREJCI, DRPH, M.S., CIC

PLAN OF CORRECTION

F880 -- §483.80 Infection Control

staff who were either symptomatic and positive for COVID-19 or exhibited symptoms of corrective measures to minimize or prevent the spread of infections, by having multiple The facility failed to maintain an effective infection control program which included COVID-19 and provided care to residents.





483.80 Infection Control

The facility must establish and maintain **an infection prevention and control program** designed to provide a <u>safe</u>, <u>sanitary and comfortable</u> environment and to <u>help prevent</u> the development and transmission of communicable diseases and infections







483.80(a) Infection Prevention and Control Program

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum....

483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards





CENTERS for MEDICARE & MEDICAID SERVICES



- 483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
- Surveillance designed to identify possible communicable diseases or infections before they can spread 0
- When and whom possible incidents of communicable disease or infections should be reported 0
- Standard and transmission-based precautions to be followed to prevent spread of infections
- When and how isolation should be used for a resident; including but not limited to:
- The type and duration of the isolation
- A requirement that the isolation should be the least restrictive possible
- The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food C
- The hand hygiene procedures to be followed by staff involved in direct resident contact 0



CENTERS for MEDICARE & MEDICAID SERVICES



483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility 483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary

IPCWELL

IPC FACILITY-WIDE **ASSESSMENT**

CMS Facility –Wide

https://www.cms.gov/files/docu ment/qso-20-03-nh Assessment Tool:

CDC ICAR:

https://www.cdc.gov/hai/preven Uinfection-control-assessmenttools.html

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CMS

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

November 22, 2019

State Survey Agency Director

Dazetor Quality, Safety & Oversight Grossp

SUBJECT: Updates and finitianves to Fusine Safety and Quality in Nursing Homes

The Centers for Medicure & Medicaid Services (CMS) is announcing updates and initiatives aligning with the CMS strategic initiative to Ensure Safety and Quality in Norsing Homes. These updates and initiatives include:

- Phase 3 Interpretive Guidaneer: CMS will be releasing updated interpretive Guidance and admining this Requirements of Partnerphoral for Lung-Term Care LLIC Fabrilies. However, this guidance will mote be released by the Voicember 23. 2019 implementation and of the regulations. We will be releasang the guidance mile second quarter of each of the regulations. We will be releasang the guidance mile second quarter of each say are 22,2013 along with information on training and implementing trained-changes to The Lung Term Care Survey Process (LTCSP). While the regulations will be effective, and which pure and will be distrained until the interpretive Guidance is released.
- Medicare and Medicald Programs; Revision of Requirements for Long-Term Care Felipties, Athorison Agreements by high 12, 120; the Department of Health and Human Savacs (HIS) published a final rule exhibiting requirements related to the use of both and many agreement. In his final miss must be in Equipment and the program Care (LIC) feetings must meet to participate with Medicare and Medicare all Medicare and Medicare a
- Arthors to Improve Infection Prevention and Control in LTC Facilities, CMS has created a morting lorner authories as evaluably prospent training, updated the Narang Hour direction Control Worksheet as a self-assessment tool for facilities, and is remnifully inclines of available infection control resource.
- Referse of Toolkit 3, "Guide to Improving Nursing Home Employee Satisfaction"; CMS has created a toolkit that helps facilities improve employee satisfaction.

CMS continues to take action to improve and protect the health and safety of nursing home residents. This means provides updates on these efforts.

Infection Prevention and Control Assessment Tool for Long-term Care Facilities

The load is intended to axist in the assessment of indicator control program and pushters in marking howes and order boug time care belief as the feet of intended international control accordance and international for building the assessment the fill department are extendinged to build this bound in Radioters and among or their scal.

Ref: QSO-20-03-NH

Section 2: Infection Control Program and Infrastructur

Section 3: Direct Observation of Facility Practices (optional)

Section 4: infection Control Guidelines and Other Reso

Infection Control Domains for Gag Assessment

- Healthcare Personnel and Resident Salety Infection Control Program and Infrast
 - Surveillance and Disease Reporting
- Hand Hygiene
- Respiratory/ Cough Etiquette
- Injection safety and Point of Care Testing Antibiotic Stewardship

VERSON 1.3.1 - SEPTEMBER 2016 - DEPARTMENT OF 1974 IN A 1974 MAN SERVICES CHIRE INTERPRETATION OF 1974 PARTMENT IN DESERTE OF 1974 PARTMENT IN DESERTE OF 1974 PARTMENT IN DESERTE OF 1974 PARTMENT IN DESERTE OF 1974 PARTMENT IN DESERTE OF 1974 PARTMENT IN DESERTE OF 1974 PARTMENT IN THE

CMS SURVEY RESOURCES

https://www.cms.gov/Medica re/Provider-Enrollment-and-Certification/GuidanceforLa wsAndRegulations/Nursing-Homes

In Google Search: "Long term Care Survey Resources"

CMS.gov

Centers for Medicare & Medicaid Services

Medicar

Medicaid/CHIP

Medicare-Medicaid Coordination Private Insurance Innovation Center Regulations & Guidance

Research, Statistics, Data & Systems Outreach & Education

Search

Home > Medicare > Quality, Safety & Oversight- Guidance to Laws & Regulations > Nursing Homes

Quality, Safety & Oversight- Guidance to Laws & Regulations

Ambulatory Surgery Centers

Community Mental Health Centers

Critical Access Hospitals

Dialysis

Nursing Homes

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

Nursing home surveys are conducted in accordance with survey protocols and Federal requirements to determine whether a citation of non-compliance appropriate. Consolidated Medicare and Medicaid requirements for participation (requirements) for Long Term Care (LTC) facilities (42 CFR part 483, subpart B) were first published in the Federal Register on February 2, 1989 (54 FR 5316). The requirements for participation were recently revised to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety. The revisions were published in a final rule that became

F-Tag Crosswalk (XLSX)

LTCSP Interim Revisit Instructions - Updated 08/03/2018 (PDF)

Survey Resources - UPDATED 05/15/2020 (ZIP)

New Long-term Care Survey Process - Slide Deck and Speaker Notes (PPTX)

Appendix PP State Operations Manual (Revised 11/22/2017) (PDF)

Revision History for LTC Survey Process Documents and Files UPDATED 05/15/2020 (PDF)

IPC FACILITY-WIDE ASSESSMENT COVID-19

https://www.cdc.gov/coronavirus/2019-

ncov/downloads/hcp/assessment -tool-nursing-homes.pdf

In Google Search: "Long term Care COVID ICAR"

Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19

This is an infection control assessment and response tool (ICAR) that can be used to help nursing homes prepare for coronavirus disease 2019 (COVID-19). This tool may also contain content relevant for assisted living facilities.

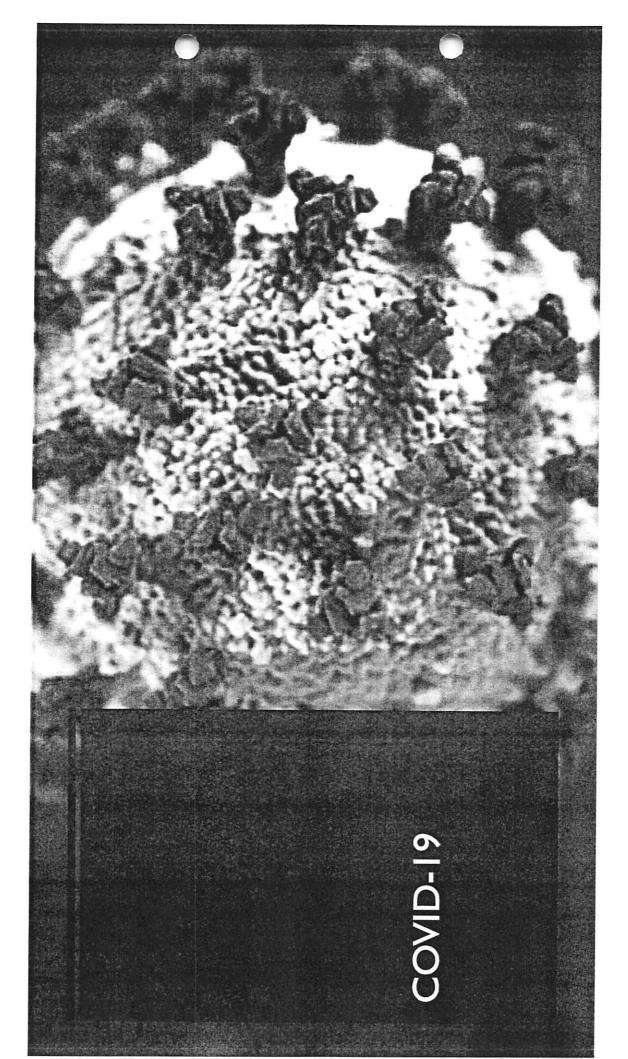
The items assessed support the key strategies of:

- · Keeping COVID-19 out of the facility
- · Identifying infections as early as possible
- · Preventing spread of COVID-19 in the facility
- · Assessing and optimizing personal protective equipment (PPE) supplies
- · Identifying and managing severe illness in residents with COVID-19

The areas assessed include:

- · Visitor restriction
- Education, monitoring, and screening of healthcare personnel! (HCP)
- · Education, monitoring, and screening of residents
- · Ensuring availability of PPE and other supplies
- · Ensuring adherence to recommended infection prevention and control (IPC) practices
- · Communicating with the health department and other healthcare facilities

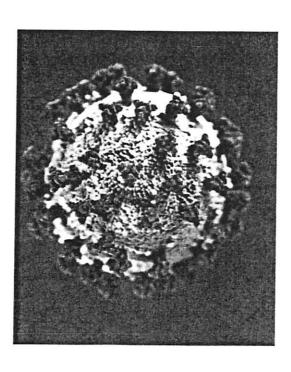




CORONAVIRUS (COVID-19)

COVID-19 is a respiratory disease that can spread from person to person

Acute Respiratory Syndrome Coronavirus 2 The virus that causes COVID-19 is Severe (SARS-CoV-2)



IPCWELL

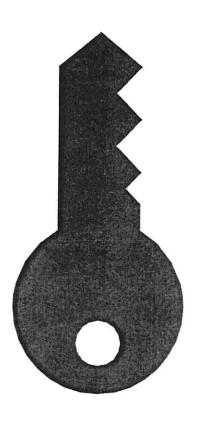
CDC STRATEGIES TO PREVENT THE SPREAD OF COVID-19 IN LONG-TERM CARE FACILITIES

- Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection
- Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection
- Monitor residents and employees for fever or respiratory symptoms
- Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees
- Identify dedicated employees to care for COVID-19 patients and provide infection control
- Provide the right supplies to ensure easy and correct use of PPE

https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.htm

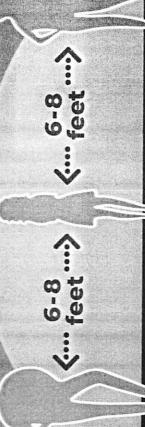
KEY PREVENTION STRATEGIES

- Wash your hands often
- Cover your mouth and nose with a cloth face cover when around others
- Cover coughs and sneezes
- Clean and disinfect



https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

Help stop the spread of COVID-19 by physical distancing. Keep at least 6 to 8 feet between yourself and others.



INFORMATION & UPDATES:
MARICOPA, GOV/COVID19



KEY PREVENTION STRATEGIES

FOR ALL EMPLOYEES, VOLUNTEERS, & VISITORS

DO NOT COME INTO ANY WORK LOCATION IF YOU ARE EXPERIENCING:

- · Cough
- Shortness of breath or difficulty breathing
- Fever
- · Chills

- · Repeated shaking with chills
- Muscle pain
- Headache
- · Sore throat
- New loss of taste or smell

PLEASE NOTIFY YOUR SUPERVISOR AND SEE IF ARRANGEMENTS CAN BE MADE TO WORK REMOTELY.







COVID ENTRANCE SIGNAGE

O Act Visitions/28.62th Es

the safety of our residents

AUTOMATIC

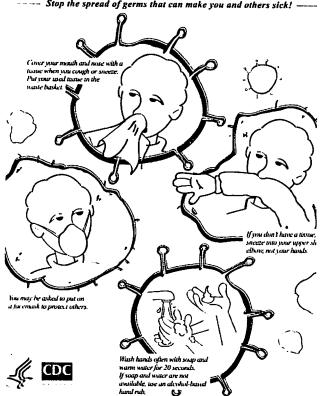
DOOR

with you wistle vesting reare. Thank you for you services

SIPCWELL.



RESPIRATORY HYGIENE/ COUGH ETIQUETTE



- Respiratory hygiene & cough etiquette prevent residents, HCWs, and family and friends with respiratory infections from transmitting their infection to others
- Measures such as hand washing, and proper PPE should be incorporated into infection prevention practices as one component of Standard Precautions

https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm

https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf



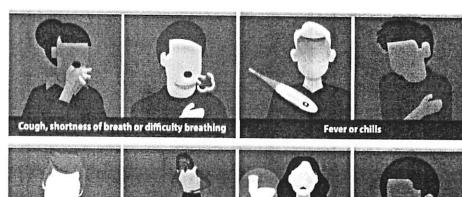
COVID SIGNS AND SYMPTOMS

It takes between 2-14 days after exposure for symptoms of COVID-19 to develop (median is ~4 days).

Common symptoms include

- Fever or chills
- Cough
- •Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- •New loss of taste or smell
- •Sore throat
- •Congestion or runny nose
- •Nausea or vomiting
- •Diarrhea

Know the symptoms of COVID-19, which can include the following:







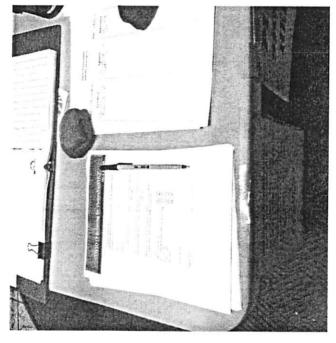


POPULATION AT RISK

- People in communities with ongoing community spread
- Elderly
- Immunocompromised
- Healthcare workers caring for patients with COVID-19
- Close contacts of persons with COVID-19

COVID SCREENING



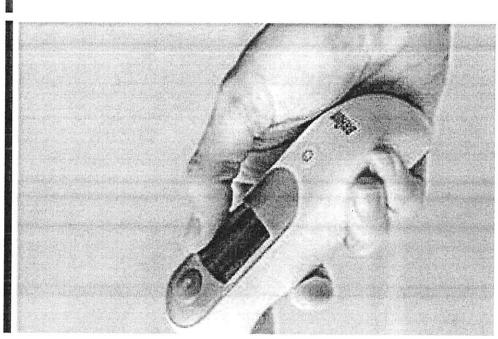






EVALUATE AND MANAGE HEALTHCARE **PERSONNEL**

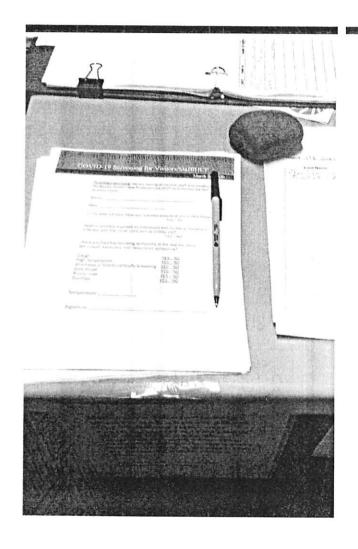
- flexible, and consistent with public health policies that ■Implement sick leave policies that are non-punitive, support HCP to stay home when ill.
- ■Create an inventory of all volunteers and personnel who provide care in the facility.
- non-essential and whose services can be delayed if such ■Use that inventory to determine which personnel are restrictions are necessary to prevent or control transmission.



EVALUATE AND MANAGE HEALTHCARE **PERSONNEL**

- As part of routine practice, ask **HCP to regularly monitor** themselves for fever and symptoms consistent with COVID-19.
- Remind HCP to stay home when they are ill.
- COVID-19 while at work they should inform their supervisor and If HCP develop fever (T≥100.0°F) or symptoms consistent with leave the workplace.
- worked while ill (e.g., identifying and performing a risk assessment Have a plan for how to respond to HCP with COVID-19 who for exposed residents and co-workers).





EVALUATE AND MANAGE HEALTHCARE PERSONNEL

Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19.

- Actively take their temperature* and document absence of <u>symptoms</u> <u>consistent with COVID-19</u>.
- If they are ill, have them keep their cloth face covering or facemask on and <u>leave</u> the workplace.
- *Fever is either measured temperature >100.0°F or subjective fever.
- HCP who work in multiple locations may pose higher risk and should be encouraged to tell facilities if they have had exposure to other facilities with recognized COVID-19 cases.



EVALUATE AND MANAGE HEALTHCARE PERSONNEL

- Develop (or review existing) plans to mitigate staffing shortages from illness or absenteeism.
- ■CDC has created guidance to assist facilities with mitigating staffing shortages.
- ■For guidance on when HCP with suspected or confirmed COVID-19 may return to work.



COVID SIGNAGE



you have questons ask nursing staff

Everyone Must: including visitors, doctors & staff





Clean hands when entering and leaving room

Wear mask Fit tested N-95 or higher required when doing aerosolizing procedures





KEEP DOOR CLOSED



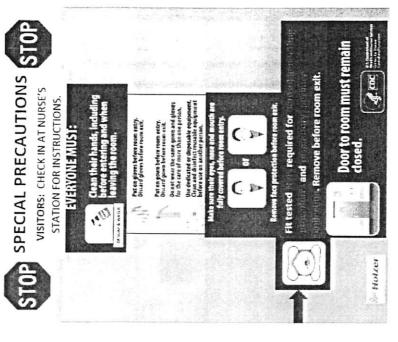
Use patient dedicated or disposable equipment.
Clean and disinfect shared equipment.

Contact Infection Control prior to discontinuing Precautions









COVID COHORTING

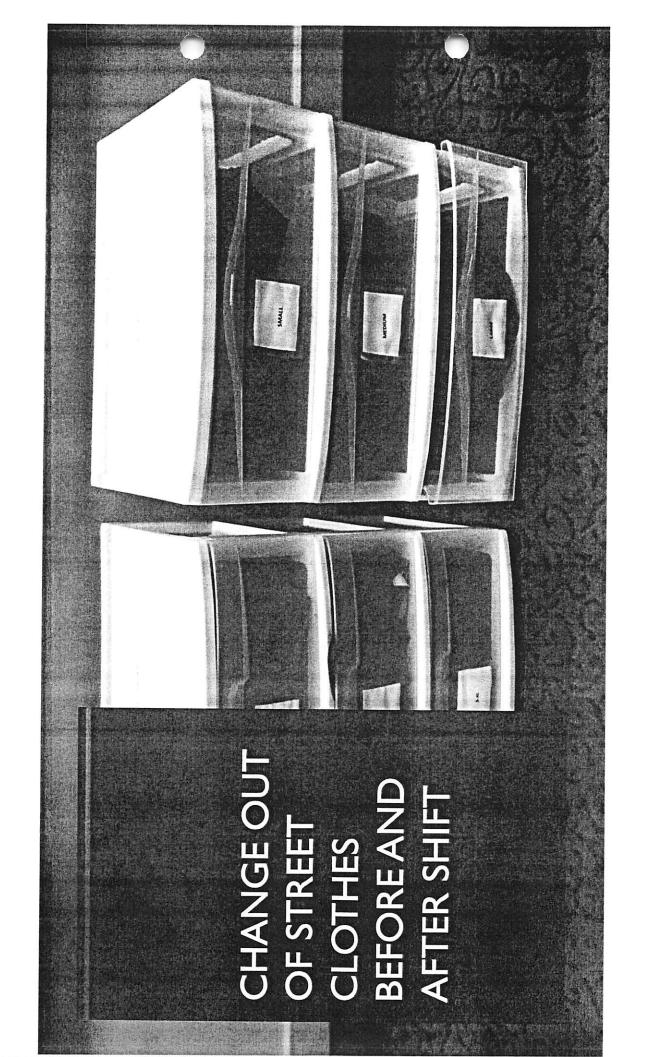
- COVID Positive
- PUI (patients under investigation)
- Admissions/Readmissions/Medical Appointments
- Residents refusing testing











DISCONTINUATION OF ISOLATION: JULY 22, 2020 UPDATE

- Available data indicate that persons with mild to moderate COVID-19 remain infectious no longer than 10 days after symptom onset.
- Persons with more severe to critical illness or severe immunocompromise likely remain infectious no longer than 20 days after symptom onset.
- Recovered persons can continue to shed detectable SARS-CoV-2 RNA in upper respiratory specimens for up to 3 months after illness onset, albeit at concentrations considerably lower than during illness, in ranges where replication-competent virus has not been reliably recovered and infectiousness is unlikely.
- these patients, so that persons who are by current evidence no longer infectious are not kept unnecessarily Evidence recommends relying on a symptom based, rather than test-based strategy for ending isolation of isolated and excluded from work or other responsibilities.

RELEASE FROM ISOLATION GUIDANCE



ARIZONA DEPARTMENT OF HEALTH SERVICES

'Release from Isolation' Guidance

Recommendations for discontinuation of transmission-based precautions and home isolation, based upon a person's symptoms and clinical testing are below. The most recent updates to this document can be found here.

- If a person is symptomatic* and awaiting COVID-19 test results;
- Stay home away from others or under isolation precautions until results are
 available. If results are delayed, follow guidance for symptomatic and tested positive
 for COVD-19. Once results are available, follow the recommendations below based
 on results.
- If a person is symptomatic* and tested positive for COVID-19 by PCR, antigen testing, or serology**:
- Stay home away from others or under isolation precautions until you have had no fever for at least 3 days (72 hours) without the use of medicine that reduces fevers; AND
- Other symptoms have improved; AND
- At least 10 days have passed since symptoms first appeared.
- If a person is symptomatic* and tested negative for COVID-19 by PCR, antigen testing, or serology**:
 - Stay home away from others or under isolation precautions until you have had no fever for at least 3 days (72 hours) without the use of medicine that reduces fevers;
- Other symptoms have improved

https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/publicr<u>esources/release-from-isolation.pdf</u>



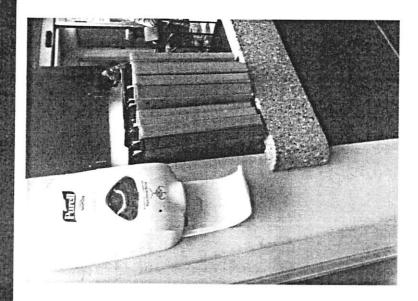
ARIZONA DEPARTMENT OF HEALTH SERVICES

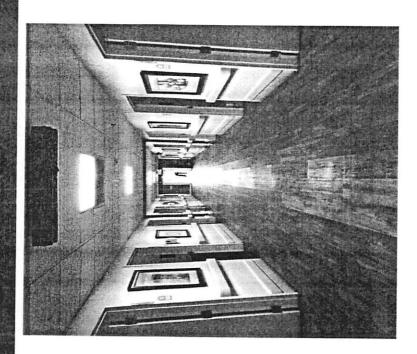
Recent Updates to Guidance

Changes were made to add antigen testing, serial testing of asymptomatic individuals, and updates to serologic testing of asymptomatic individuals:

 If a person is asymptomatic and tested positive for COVID-19 by PCR or antigen testing (even if person met time and symptom-based strategy for release from isolation after being symptomatic and tested positive for COVD-19):

- Stay home away from others or under isolation precautions until 10 days have passed since specimen collection of the first positive COVID-19 PCR/antigen testing while asymptomatic.
 - o If symptoms develop, follow guidance for symptomatic and tested positive for
- If a person is asymptomatic and tested positive for COVID-19 by serology:
- No isolation is required since there is a low likelihood of active infection.
 Take everyday precautions to prevent the spread of COVID-19.

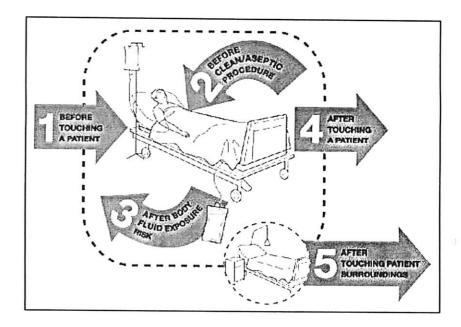




HAND HYGIENE

HAND HYGIENE MOMENTS

- Must be performed even if gloves are used
- Before and after contact with the resident
- Before performing an aseptic task
- After contact with blood, body fluids, visibly contaminated surfaces or after contact with objects in the resident room
- After removing personal protective equipment (e.g., gloves, gown, facemask).
- After using the restroom
- Before meals

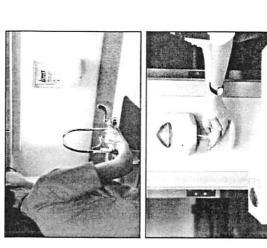


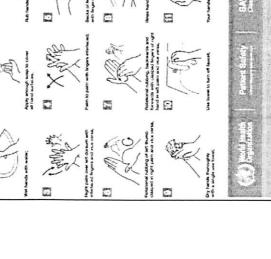


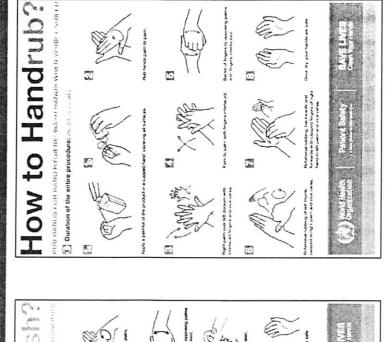
IPCWELL

HAND WASHING VS. HAND SANITIZER

- Hand sanitizer is the preferred method for How to HandWash? washing hands in most situations
- Consider having hand sanitizer in the resident room <u>and</u> in the halls







HAND HYGIENE AUDIT TOOL

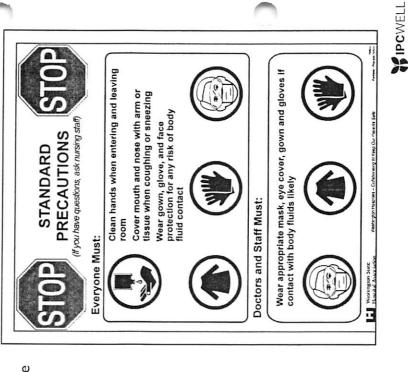
Staff type*	Type of opportunity	HH performed?	Gown or glove indicated?	inded to assist in the assessment of infection control programs and practices in nursing homes and or
Click here to enter text.	O Room entry O Room exit O Before resident contact O After resident contact	O Alcohol-rub	O Gown only	in departments are encouraged to share this tool with facilities in advance of their visit
		O Hand Wash	O Glove only	G (Section Commographics
		O No HH done	O Both	Bo Security Control Program and Infrastructure
	O Before glove O After glove		O No	bservation of Facility Practices (optional)
	O Other: Click here to enter text.		O NO	10 Incline Control Guidelines and Other Resources
Click here to	O Room entry O Room exit	O Alcohol-rub	O Gown only	Go Infection Control Domains for Gap Assessment
enter text.	O Before resident contact	O Hand Wash	O Glove only	I. Infection Control Program and Infrastructure
	O After resident contact		,	nearticare Personnel and Resident Safety
	O Before glove O After glove	O No HH done	O Both	O Bo III Surveillance and Disease Reporting
	O Other: Click here to enter text.		O No	O Ne
Click here to	O Room entry O Room exit	O Alcohol-rub	0.0	V. Personal Protective Equipment (PPE) O GO VI. Respiratory/ Cough Etiquette
enter text.		Alcohol-rub	O Gown only	O GO VII. Antibiotic Stewardship
emer text.	O Before resident contact	O Hand Wash	O Glove only	O GIC VIII. Injection safety and Point of Care Testing
	O After resident contact	O No HH done	OBoth	O Both
	O Before glove O After glove		0 50111	
	Onther: Click here to enter text	I	O No	O Neither

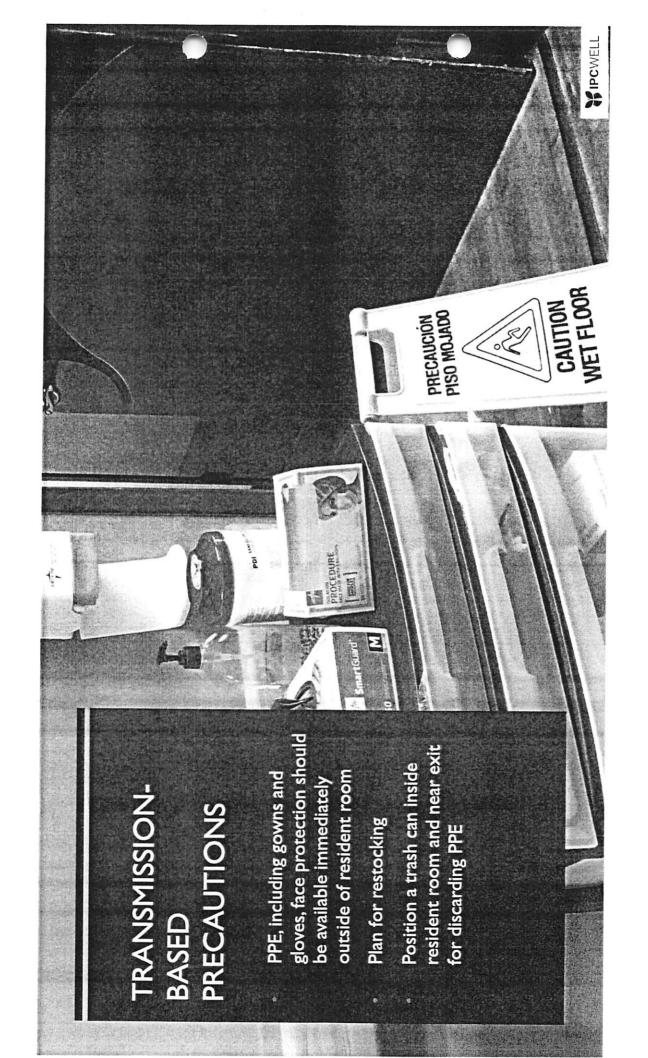


STANDARD PRECAUTIONS

Standard Precautions are a group of infection prevention practices that apply to the care of all residents, regardless of suspected or confirmed infection or colonization

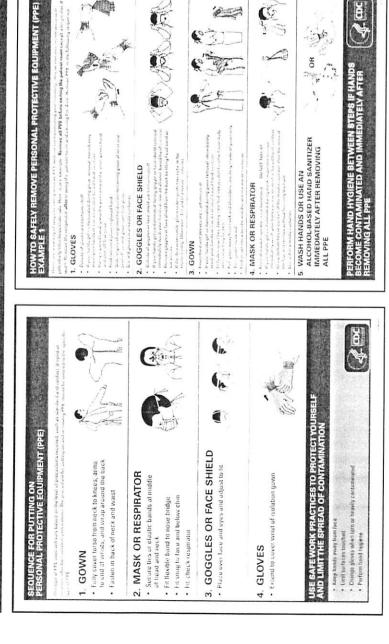
- Apply to all resident care, regardless of suspected or confirmed infection status of the resident
- Protect healthcare staff and residents by preventing the spread of infections among residents
- their hands or via equipment during resident care Ensure staff do not carry infectious pathogens on







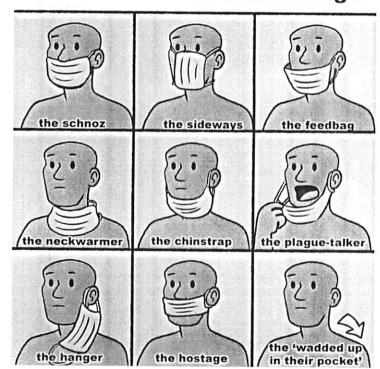
DONNING AND DOFFING





FACE MASK DO'S AND DON'TS

Ineffective Face Mask Bingo



https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/fs-facemask-dos-donts.pdf

Facemask Do's and Don'ts For Healthcare Personnel

When putting on a facemask
Clean your hands and put on your facemask so it fully covers your mouth and nose.





When wearing a facemask, don't do the following:





















When removing a facemask

Clean your hands and remove your facemask touching only the straps or ties.

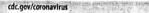


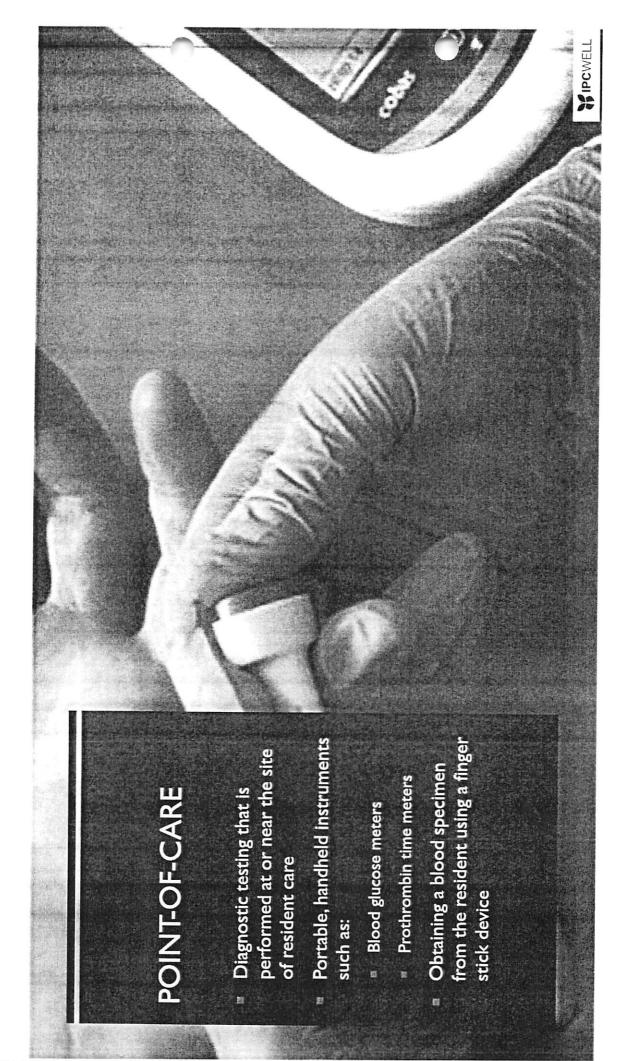




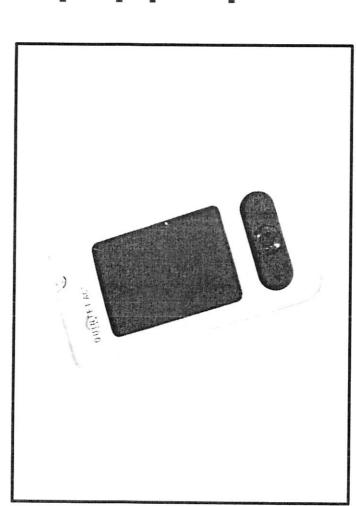


Additional information is available about how to safety put on and remove personal protective equipment, including facemasks: https://www.cds.gov/corpnavitus/2019_ncov/htp/using_sps.html.





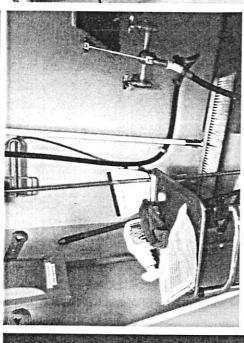
POINT-OF-CARE IMPLEMENTATION

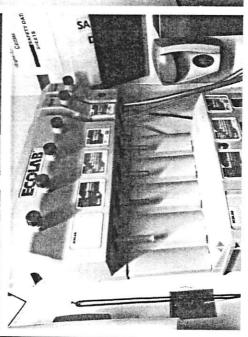


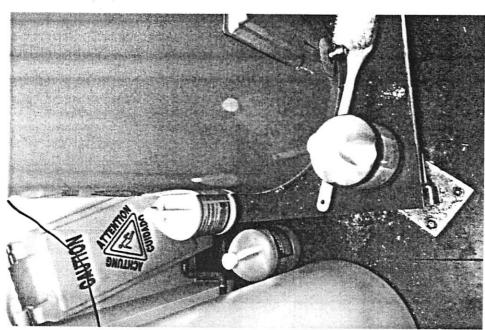
- Ensure not to place any persons at risk for infection
- Never use a device on more than one person
- Performing fingerstick and point of care (assisted blood glucose monitoring) to the extent identified as a resident need based on the facility assessment.
- CDC recommends the use of single-use, autodisabling fingerstick device
- Prevents inadvertent reuse of fingerstick devices for more than one person.

ENVIRONMENTAL SERVICES (EVS)

- Environmental sanitation is an integral part of providing a safe and sanitary environment
- Cleaning, disinfection, and storing equipment and supplies is important in preventing the transmission of potential pathogens within the LTCF

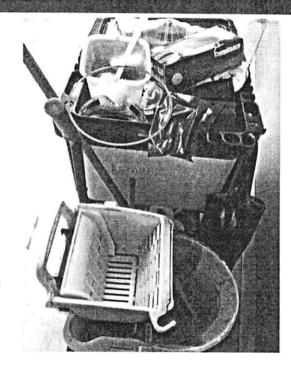






ENVIRONMENTAL SERVICES

- Appropriate PPE
- Contaminating the environment
- IPC training
- Cleaning and disinfectant products
- Supplies (hand towels, hand sanitizer)

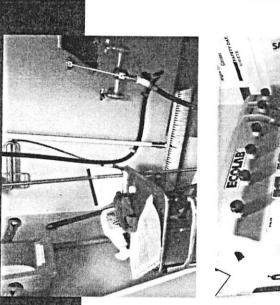


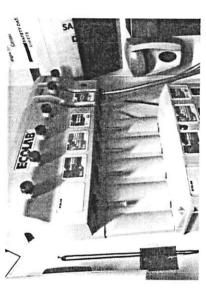




SUPPLIES

■ Cleaning, disinfection, and storing equipment and supplies is vital to preventing the spread of infections!!





CLEANING VS DISINFECTION



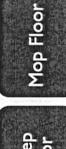
- Cleaning is the physical removal of dirt, body fluids, and other organic matter
- Disinfection destroys potential pathogens on a surface
- . What is your "dwell time"?

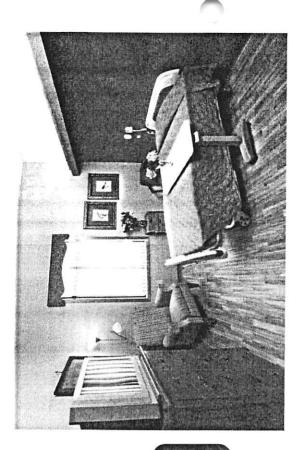
EVS IMPLEMENTATION

Cleaning Rooms

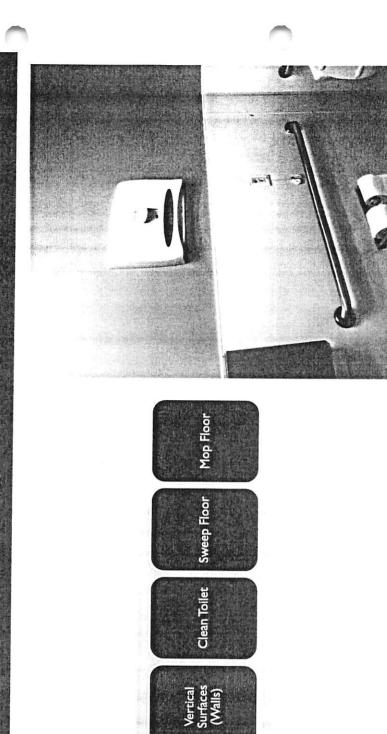
Order matters: Clean to Dirty, High to Low, in a clockwise or counterclockwise manner







RESTROOMS



Sink and Tub (Horizontal)

Empty Trash

Stock Supplies

CLEANING AND DISINFECTING PRODUCTS

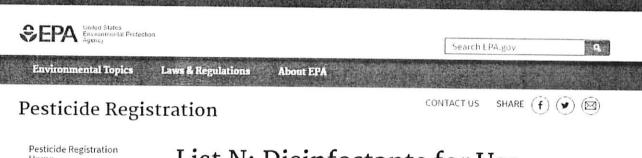








EPA N-LIST



Pesticide Registration
Home

About Pesticide
Registration

Electronic Submission of
Applications

Pesticide Registration
Manual

Fees and Waivers

Registration Information by
Type of Pesticide

— Antimicrobial

Registration

List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19)

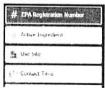
All products on this list meet <u>EPA's criteria</u> for use against SARS-CoV-2, the virus that causes COVID-19.

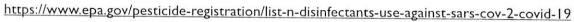
Finding a Product

To find a product, enter **the first two sets** of its **EPA registration number** into the search bar below. You can find this number by looking for the EPA Reg. No. on the product label.

For example, if EPA Reg. No. 12345-12 is on List N, you can buy EPA

View List N's information in our new tool







CLEANING CHECKLISTS

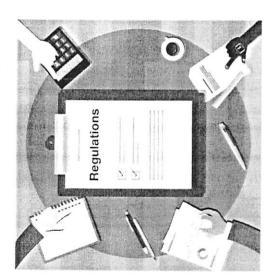
[Facility Name] Environmental Services Checklist for Daily Cleaning of Resident Room Date: Unit: Room Number(s): Initial of EVS staff (optional) Evaluate the following priority sites for each resident room: Cleaning Task Cleaned Not cleaned Not present in room High dusting performed Use high duster/mop head: wipe ledges (shoulder high and above Vents Lights (do not high dust over the resident) Dust TV: rotate and dust screen and wires Damp dust: Cloths and spray bottle of disinfectant for damp wipe Ledges (shoulder high) Door handles Room furniture (bureaus, chairs,

Date:			
Unit:			
Room Number:			
Initials of ES staff (optional):			
The state of the s			
Evaluate the following priority site	s for each patien	t room:	
High-touch Room Surfaces	Cleaned	Not Cleaned	Not Present in Room
Hed rails controls			
Tray table			
IV pole (grab area)			
Call box - button			
Telephone			
Bedside table handle			
Chair			
Room sink			
Room light switch			
Room muct door knob			
Bathroom inner door knob plate			
Bathroom light switch			
Bathroom handrails by toilet			
Bathroom sink			
Foilet seat			
Toilet flush handle			
Toilet bedpan cleaner			
20			
Evaluate the following additional s	tes if these equip		
High-touch Room Surfaces	Cleaned	Not Cleaned	Not Present in Room
IV pump control			
Multi module monitor controls			
Multi-module monitor touch screen			
Multi module monitor cables			
Ventilator control panel			
	Fluorescent gel ATP system	Agai s	dide cultures
	ATP system		dide cultures heres and procedures s staff for feedback



LINEN REGULATIONS



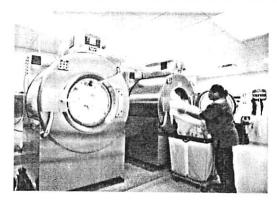


483.80(e) Facility must develop and follow practices on handling, storing, processing, and transporting laundry. The facility must monitor to ensure that the laundry practices are implemented, any deviations from practices must be identified, and corrective actions are put in place.

agreement in place for offsite laundry services. Regardless of the location where laundry is processed, Laundry includes resident's personal clothing, linens, (i.e., sheets, blankets, pillows), towels, washcloths, the facility must ensure that all laundry is handled, stored, processed and transported in a safe and environmental services. Laundry services may be provided onsite or the facility may have written and items from departments such as nursing, dietary, rehabilitative services, beauty shops, and

LINEN MANAGEMENT

- Linen must be processed in a way that not only kills germs but also does not spread germs from dirty to clean linens (hot water)
- Cart covers should be inspected for any contamination with dirt or debris and removed or replaced as needed (how often are they cleaned)?

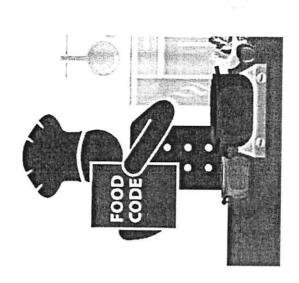


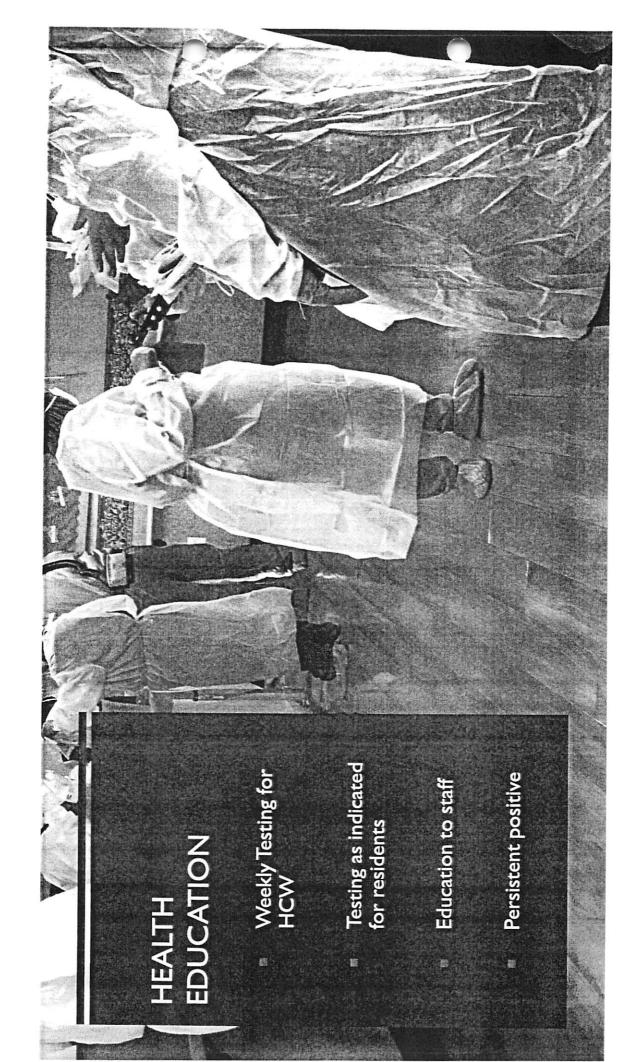




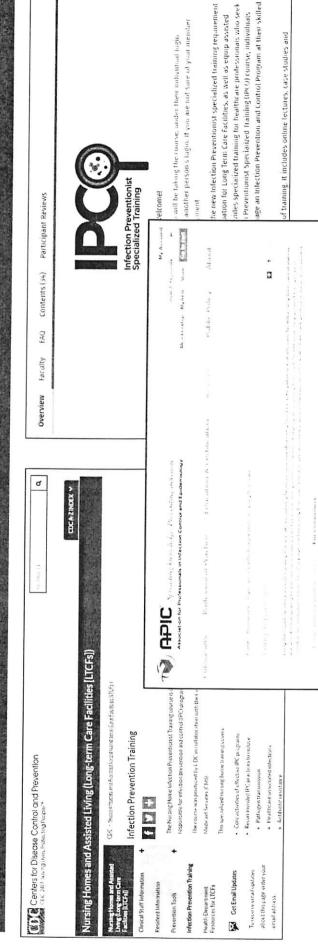
FOOD SERVICES

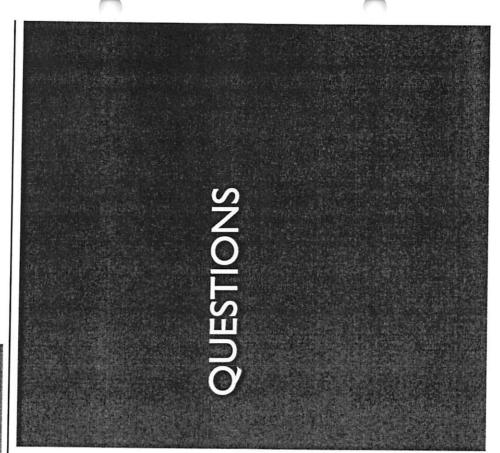
- Dietary/food staff can be a source for ongoing transmission of illness from contaminated food
- Masks to be worn by all food service workers covering mouth and nose at all times
- Remind staff not to touch the front of the mask while temporarily removing the mask, preparing food, washing dishes or other activity
- If the mask is soiled, damaged or persons are having trouble breathing throw it away in a closed trash can and replace it with a new mask
- Exclude ill dietary staff from work for 72 hours after diarrhea/vomiting have stopped
- Clean and sanitize all kitchen and dining area surfaces with an EPA approved product

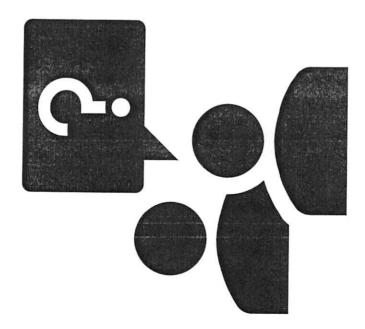




ADDITIONAL LONG-TERM CARE IPTRAINING







SIPCWELL



www.IPCWell.com



admin@ipcwell.com



480.709.4548



In Linkedin.com/company/ipcwell

We Understand Your Challenges

- Consulting services for developing, implementing, and managing the infection prevention program
 - "Deep Dive" Assessment; identify gaps in infection control practices, policies, and procedures
- In-Service Training; infection control competency training
- Data Surveillance & Management; Utilize your infection control data to improve outcomes
- Antibiotic Stewardship; Implementation of the CDC's 7 Core Elements
 - NHSN; provide step-by-step guidance for enrolling, tracking, and reporting HAI