

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035130	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2020
NAME OF PROVIDER OF SUPPLIER ARCHSTONE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1980 WEST PECOS ROAD CHANDLER, AZ 85224	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Potential for minimal harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on clinical record review, observations, interviews, policies and procedures and review of the Centers for Disease Control (CDC) recommendations, the facility failed to ensure that preventative measures were in place to prevent the spread of COVID-19, by failing to attempt and/or implement CDC recommendations regarding residents wearing face coverings, while out of their rooms. The deficient practice could result in the spread of COVID-19 to residents and staff. Findings include: An observation was conducted on station one on May 29, 2020 at 9:30 a.m. At this time, two residents were observed in wheelchairs near the nurse's station and they were not wearing face coverings. Several staff members walked by the residents, however, did not address the issue regarding face coverings with them or offer face coverings to the residents. An observation of the day room between station one and station two was conducted at 9:40 a.m. Four residents were observed in the day room, without face coverings. One of the residents had a cloth face covering around his neck, but it was not covering his face. Staff were observed going in and out of the day room and did not offer face coverings to the residents. An observation of the therapy room was conducted at 9:42 a.m. Two residents were receiving therapy by staff. Neither resident had a face covering on during the treatment. An observation was conducted on station two at 10:55 a.m. on May 29, 2020. A resident was in a wheelchair in the hallway and was not wearing a face covering. At this time, the resident stated that she did not wear a face covering in the facility and only puts one on when she is going out to an appointment. She said that she did not get a covering or a mask from the facility to wear. During an interview with the Director of Nursing (DON/staff #31) at 9:45 a.m. on May 29, 2020, she said that the residents have not been using face coverings while out of their rooms, unless they are going to an appointment out of the facility. She stated that some of the residents do have their own face coverings and will wear them when they choose. In an interview with a Licensed Practical Nurse (LPN/staff #16) at 11:00 a.m. on May 29, 2020, she said that she did not know if their protocol in the facility included to have residents wear face masks when they are out of their rooms. She stated that she did not know if residents got a covering or mask from the facility to wear, when outside of their room. An interview with the Administrator (staff #37) was conducted on May 29, 2020 at 11:10 a.m. He stated that the management team had discussed the use of face coverings for residents but decided against it, because many of the residents are confused and would not understand the face coverings. He said that residents wear face coverings when they go out of the building, but not while inside the building. He said that currently, there are no residents in the building that are COVID-19 positive. He further stated that there was one staff member who tested positive for COVID-19 and that the staff member had worked a few days ago. He said he just found out last night that the staff member was positive. He said if the facility gets a positive COVID-19 case, they would start having residents wear face coverings. He said that the facility has policies regarding COVID-19 and face covering use, but there was nothing specific regarding residents wearing face masks, while in the facility. An interview was conducted with the Infection Preventionist (staff #26), the DON (staff #36), and the Assistant DON (staff #31) at 11:30 a.m. on May 29, 2020. The DON said that they had discussed using masks on residents when they leave their room, but decided against it. She said there are some residents who have face coverings and use them when they want to, but there hasn't been an official protocol put into place for this. Staff #26 said they haven't used face coverings in the facility for residents, but instead have been focusing on social distancing and ensuring that staff wear their face coverings at all times, while in the facility. Review of the facility's COVID-19 Prevention and Control policy revealed that facility leadership are implementing all reasonable measures to protect the health and safety of residents and staff during the outbreak of COVID-19. Policy implementation included that the response to COVID-19 is based on the most current recommendations from health policy officials, state agencies, and the federal government. Also included was that current CDC guidelines will be followed for infection prevention and control. A policy regarding the use of Personal Protective Equipment (PPE) included that all residents should cover their noses and mouths whenever staff are in their room, however, the policy did not address the wearing of face masks/coverings when residents are out of their rooms. Review of CDC recommendations regarding Key Strategies to Prepare for COVID-19 in Long Term Care Facilities revealed actions to take to prevent the spread of COVID-19. One of the measures included to ensure all residents wear a cloth face covering for source control, whenever they leave their room or when around others, including whenever they leave the facility for essential medical appointments. Regarding residents with dementia, the CDC guidelines included to remind and assist residents with frequent hand hygiene, social distancing, and the use of cloth face coverings (if tolerated).</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.