

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ESTRELLA CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>350 EAST LA CANADA AVONDALE, AZ 85323</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, staff interviews, review of policies and procedures and the Centers for Disease Control and Prevention (CDC) recommendations, the facility failed to ensure infection control standards were followed. The deficient practice could result in the spread of infection, including COVID-19 to residents and staff. Findings include: An interview was conducted with the Infection Control Preventionist (ICP/staff #145) on July 16, 2020 at 8:25 a.m. She stated that out of an abundance of caution, the entire facility was observing contact/airborne precautions for all residents. The ICP stated staff are required to wear a N95 mask and a face shield while in the facility and that a gown has to be worn to enter a resident room. She stated that the same gown could be used for the care of multiple residents on the unit. She stated that the Acute Quarantine Unit (AQU) housed all residents readmitted following any leave from the facility. She stated that those residents must stay on the AQU for at least 14 days and two negative COVID-19 tests must be obtained before the residents on the AQU could be transferred into the general population. Regarding resident smoking: An observation of the facility courtyard was conducted on July 16, 2020 at 9:45 a.m. A Certified Nursing Assistant (CNA/staff #17) was observed assisting a resident to light a cigarette. The CNA was approximately two feet from the resident. The CNA was not wearing a facemask or eye protection. The CNA then sat down at a table. A facemask and face shield were observed on the table. In an interview conducted with the CNA (staff #17) on July 16, 2020 at 10:35 a.m., the CNA stated that she had received education on COVID-19. She stated that staff are required to wear a facemask and face shield for their entire shift except when on break. The CNA stated that she thought it was okay to have her facemask and face shield off while outside but not if a resident was present and 6 feet social distancing was not maintained. She stated that when she assisted the resident with lighting the cigarette, she did not have on a facemask and face shield and 6 feet social distancing was not maintained. She stated their facility policy was not followed. An interview was conducted with the ICP (staff #145) on July 16, 2020 at 10:47 a.m. She stated that residents could smoke if they remained 6 feet apart. She said that staff should remain 6 feet distance from residents if possible. The ICP stated staff are permitted to doff their face shield and facemask when they are on break and no residents are present. She stated staff #17 did not follow policy. Review of the facility's policy for Resident Smoking Guidance During COVID-19 revealed the purpose included providing guidance around managing residents who may desire to smoke within the center during COVID-19. Smoking will be permitted in designated areas only. The policy included providing education that COVID-19 virus spreads mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes; it also may be possible that a person can get COVID-19 by touching a surface or object that has [MEDICAL CONDITION] on it and then touching his/her own mouth, nose, or possible their eyes; and the importance of [MEDICATION NAME] social distancing to prevent spread. The CDC guidance regarding Coronavirus Disease 2019 (COVID-19) Social Distancing limiting close face-to-face contact with others is the best way to reduce the spread of coronavirus disease 2019 (COVID-19). To practice social distancing, stay at least 6 feet from other people. The policy included social distancing should be practiced in combination with other everyday preventive actions to reduce the spread of COVID-19, including wearing face coverings. Regarding PPE on the AQU: While on the AQU on July 16, 2020 at 9:10 a.m., an interview was conducted with the Director of Nursing (DON/staff #147). She stated that the staff on this unit wear the same gown, face shield, and facemask to provide care for residents their entire shift. She said she did not know which residents did or did not have COVID-19 and that a resident could be asymptomatic. The DON stated wearing the same personal protective equipment (PPE) could increase the risk of spreading [MEDICAL CONDITION]. The DON stated that they do not have a gown shortage at this time. She stated that they are going to change the PPE guidelines on the AQU. During an interview conducted on July 16, 2020 at 9:15 a.m. with a Licensed Practical Nurse (LPN/staff #76) working on the observation AQU, the LPN stated that she wears the same gown, face shield and facemask for her entire shift. She said the risk for transmission of infection could be increased by wearing the same PPE into all residents' rooms. An observation was conducted on the AQU on July 16, 2020 at 12:17 p.m. A therapy staff member (staff #97) was observed walking in the hall wearing a blue plastic gown, entering a room without changing gowns, exiting the room wearing the same gown, and entering the therapy room on the unit without changing gowns. Following that observation on the AQU, three Certified Nursing Assistants (CNAs/staffs #10, #29, and #53) were observed wearing the same disposable gown while removing meal trays from multiple residents' rooms. An interview was conducted with the CNAs on July 16, 2020 at approximately 12:30 p.m. Staff #53 stated that she dons a gown before she starts her resident rounds and wears the same gown to provide care for multiple residents. She stated that they were told to wear the same gown to care for multiple residents and that she changes her gown 3-4 times a day. The other two CNA's (#10 and #29) acknowledged that they were told to wear the same gown to care for multiple residents and that was what they were doing. Following the interview staff #10, staff #29, and staff #53 were observed continuing to enter and exit residents' rooms wearing the same disposable gowns. Another interview was conducted with the ICP (staff #145) on July 16, 2020 at 3:57 p.m. She stated that they are following their policies and procedures and CDC guidelines during the COVID-19 pandemic. She stated that all policies and procedures requested had been provided and that if the requested documentation was not provided, the facility did not have a specific policy for that area and to refer to the CDC guidelines. The facility's policy Meal Tray Pass Process for Centers with COVID-19 dated May 8, 2020 revealed staff passing or picking up meal trays will wear a gown, gloves, facemask, and eye protection. The staff must doff gloves, perform hand hygiene and don new gloves between each meal tray passed or picked up. The policy also revealed it is not necessary for staff passing or picking up meal trays from the AQU unit to change the gown between each room. Review of the facility's policy on PPE: Use, Reuse and Extended use of PPE for All Staff dated May 13, 2020 included the following Guidelines for Gown Use During an Outbreak revealed: 1: Gown worn in a room with non-infectious patients may be continuously worn for care in that room, as well as in the hallway and into any other room. 2: When moving between rooms with infectious of the same type: The gown does not need to be removed if going to a room with patients with the same infection, such as moving between COVID+ patient rooms or two rooms that have patients with the same MDRO (multi-drug resistant organism). 3: When exiting a room with infectious patients to go to a room with non-infectious or different infectious patients, the gown must be removed before exiting. Perform hand hygiene and don another clean gown in the hallway. Review of the CDC guidance dated June 25, 2020 regarding Preparing for COVID-19 in Nursing Homes stated that if extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections (e.g., Clostridioides difficile). The guidance also included older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms.</p> <p>Regarding screening: Upon entrance to the facility on [DATE] at 8:00 a.m., the ICP (staff #145) screened the surveyors. One surveyor sanitized her hands after using the only pen at the reception desk to complete the screening tool. The pen was not</p>		

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

TITLE

(X6) DATE

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

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>sanitized by staff and was given to next surveyor to complete the screening tool. This surveyor was asked to sanitize her hands after completing the screening tool. The receptionist nor staff #145 was observed to sanitize the pen. Staff #145 was asked if there was any information the surveyors needed to know prior to entering the facility. Staff #145 said nothing other than they have residents in the building with COVID-19. Staff #145 did not provide education on hand sanitizing, PPE, or COVID-19. An interview was conducted on July 16, 2020 at 10:15 a.m. with staff #145, who said that she did not educate the surveyors on hand hygiene, PPE, or COVID-19 during the screening process. She also said the pens are being used by multiple people during the screening process and should be sanitized between uses. Review of the facility's policy regarding Screening of Visitors and Employees dated April 30, 2020 including providing visitors with the visitor instructions handout, which explains infection control measures in place at the center, including wearing of facemasks and goggles/safety glasses throughout the center, frequent handwashing or use of hand sanitizer, social distancing, etc. Review of the CDC guidance What You Need to Know about Coronavirus Disease dated March 3, 2020, revealed that it may be possible that a person can get COVID-19 by touching a surface or object with [MEDICAL CONDITION] on it and then touching their own nose or mouth and possibly their eyes. The Preparing for COVID-19 in Nursing Homes guidance by CDC updated June 25, 2020 revealed residents, healthcare personnel and visitors are to be educated about COVID-19, current precautions being taken in the facility, and actions they should take to protect themselves, emphasizing the importance of hand hygiene and source control. The guidance included a schedule for regular cleaning and disinfection of shared equipment and frequently touched surfaces should be developed to ensure environmental cleaning and disinfection are conducted. The CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic included ensuring environmental procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for [DIAGNOSES REDACTED]-CoV-2 in healthcare settings. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Regarding an observation during screening: During the screening process, a female staff was observed walking out of the facility through the reception area holding her face shield and mask in her hand, which she threw away in a trash can by the door before exiting the building. Staff #145 identified the female staff as a Licensed Practice Nurse (LPN/staff #86) and stated that she should be wearing a facemask and face shield while in the facility. Review of the in-service sign-in sheet for PPE training dated March 26, 2020, revealed staff #86 received PPE training. An interview was conducted on July 16, 2020 at 8:55 a.m. with the DON (staff #147), who stated staff are required to wear their facemask and face shield while in the building. The DON stated that when staff are leaving the facility, staff are to remove their facemask at the front entrance and throw it in the trash can by the front door. She also stated staff are to remove their face shield at the front entrance, sanitize it, and place it in a brown paper bag for storage. During an interview conducted with staff #145 on July 16, 2020 at 10:15 a.m., staff #145 stated that she observed staff #86 walking out of the facility with her facemask and face shield in her hands. She said that everyone is required to wear a facemask and face shield while in the building. An interview was conducted with a CNA (staff #17) on July 16, 2020 at 10:47 a.m. She stated that the staff are required to wear a facemask and face shield their entire shift, except when on break. She stated that when her shift is over, she would not remove her facemask and face shield until she was past the double doors at the facility entrance. The CNA stated that she would then throw the facemask and face shield in the trash can. Review of the facility's Center Entry Screening for COVID-19 form dated May 1, 2020, revealed that all who are cleared for entry must mask and use eye protection (goggles or approved safety glasses) while in the building. The CDC's guidance for Preparing for COVID-19 in Nursing Homes updated June 25, 2020 revealed health care providers (HCP) should wear a facemask at all times while they are in the facility. The CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings guidance revealed that as part of source control efforts, HCP should wear a facemask at all times while they are in the healthcare facility. Regarding trash and soiled linens: During an interview conducted with an LPN (staff #82) on the COVID-19 unit on July 16, 2020 at 11:35 a.m., staff #82 was observed to open the soiled utility room door. 6 large clear plastic bags of trash were observed on the floor. The LPN stated that the two gray trash bins in the utility room were full and that the trash bags should not be on the floor. A large clear plastic bag of soiled linens was also observed on top of a yellow bin. She said that the two yellow bins for linens were full. Staff #82 said the bag of soiled linens should not be on top of the bin. She stated that when the bins are full, she is supposed to call housekeeping, so they can remove the trash and linens. During an interview conducted with a CNA (staff #30) on July 16, 2020 at 11:50 a.m., the CNA stated she saw the trash bags on the floor and the soiled linens on top of the yellow bin in the soiled utility room earlier that morning and reported it to staff #82. The CNA said they are not allowed to put trash on the floor or soiled linens on the top of the yellow bin. An interview was conducted on July 16, 2020 at 2:50 p.m. with housekeeping (staff #117), who said she cleans the COVID-19 unit. Staff #117 stated that she is responsible for disposing of the garbage and taking the soiled lines to the laundry. She said staff are supposed to contact her if they need trash/soiled linens removed and push it to the fire door where she will send staff to pick it up. She said that trash/soiled linens cannot be left on the floor. Review of the facility's Environmental Services Operations Manual dated March 12, 2020, revealed it is very important to properly transport and store soiled linens to prevent the spread of infection. To do so, all soiled linens must be covered during transportation and while being stored on the unit or floors. At designated times, laundry will collect soiled linens from the soiled utility room using a large bin with lid. To reduce the risk of contamination from regulated waste and maintain appropriate handling and disposal of all waste, dispose bag in a regulated container in the soiled utility room. The facility's policy regarding Description of Steps in the Laundry Process revealed soiled linen containers or barrels should be on each nursing unit stored in a soiled area so that nursing can deposit soiled linen. These containers should be checked at regular intervals to keep the soiled linen from over-flowing which may cause odor and infection control problems. Regularly scheduled pickups should be coordinated with nursing to get soiled linen off the units. The CDC guidance regarding Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease (COVID-19) Pandemic updated July 15, 2020 states to ensure environmental cleaning and infection procedures are followed consistently and correctly. Management of laundry and medical waste should be performed in accordance with routine procedures. The Centers for Disease Control and Prevention (CDC) recommendations for the Coronavirus Disease 2019, revealed that infection control procedures including administrative rules and engineering controls, environmental hygiene, correct work practices and appropriate use of PPE, are all necessary to prevent infections from spreading during healthcare delivery. All healthcare facilities must ensure that their personnel are correctly trained and capable of implementing infection control procedures, and that individual healthcare personnel should ensure they understand and adhere to infection control requirements.</p>		