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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035250 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/19/2020 |
| NAME OF PROVIDER OF SUPPLIER IMMANUEL CAMPUS OF CARE | | STREET ADDRESS, CITY, STATE, ZIP 11301 NORTH 99TH AVENUE PEORIA, AZ 85345 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, staff interviews, facility documentation, review of the Centers for Disease Control (CDC) recommendations and policies and procedures, the facility failed to implement infection control recommendations and policies regarding COVID-19. The deficient practice could result in the spread of infections, including COVID-19. Findings include: -On May 19, 2020 at 9:05 a.m., the survey team entered the facility. Staff #44 (receptionist) asked the survey team to fill out the COVID-19 screening forms. However, during the screening process, staff #44 did not instruct the surveyors to take their own temperature, nor did she take the surveyor's temperatures. Review of the COVID-19 Screening Checklist for visitors and staff from March 2020 through May 2020 revealed the following questions: --Has this individual washed their hands or used alcohol-based hand rub on entry? --Ask the individual if they have any of the following respiratory symptoms? Fever, sore throat, cough, new shortness of breath. --For staff & health care providers (e.g. agency staff, regional or corporate staff, health care workers such as hospice, EMS, [MEDICAL TREATMENT] technicians that provide care to residents): Fever present? Ask if they have worked in facilities or locations with recognized COVID-19 cases? Further review of these forms during the time frame from March 2020 through May 2020, revealed there were over 90 Screening Checklist forms which were incomplete, as all of the questions were not answered and/or temperatures were not documented. An interview was conducted with the Infection Preventionist (staff #22) and the Administrator (staff #2) on May 19, 2020 at 12:50 p.m. Staff #2 stated the expectation is that all visitors are screened upon entry, by staff at the front desk. He stated that during the evening and nights, the door bell rings at the nursing stations and someone (usually the night nurse) will come to the door and screen the visitor or staff. Staff #22 stated that if a staff member has a fever, she is notified right away. She said that Human Resources are reviewing the screening forms to identify any issues. She stated that she did not know why there were blanks or incomplete screening forms and why she was not notified. -An observation was conducted on the secured unit on May 19, 2020 at 9:15 a.m., with staff #3 (behavioral specialist). Staff #3 identified that this unit had COVID-19 positive residents. Prior to entering the unit, there were two secured double doors. The entrance doors did not have any signage to indicate what Personal Protective Equipment (PPE) was required. Upon entering the unit, there was a plastic storage container for PPE on the left side of the hallway, however, the container did not have any gowns. Approximately six to eight feet from the doors was a red line. Staff #3 stated that no one goes past the red line without a mask, gown and gloves. Staff #3 stated that staff are supposed to notify him when they run out of PPE and he refills the supplies. He stated that he would have to go get the gowns and then exited the unit. A few minutes later, staff #3 returned with the gowns. An observation of the nurses' station revealed that a Licensed Practical Nurse (LPN/staff #101) was wearing a mask, but no gown or gloves. When asked if staff #101 had received training for wearing the appropriate PPE, staff #101 replied that he had received the training. Another observation was conducted at 9:20 a.m. on the secured unit. One of the resident rooms had an isolation cart outside of the room for PPE. However, the isolation cart did not contain any PPE. Also, there was no signage on the door to indicate for staff/visitors to see the nurse before entering or what PPE was required prior to entering. An interview was conducted with the Infection Preventionist (staff #22) and the Administrator (staff #2) on May 19, 2020 at 12:50 p.m. Staff #22 stated that all staff need to wear masks when entering the facility. She stated that the staff working on the secured unit also need to wear gowns and gloves. She also stated that staff know what PPE they need to wear, and this is why there is no signage on the doors entering the unit. -Additional observations were conducted on six other units in the facility on May 19, 2020 from 9:30 to 10:45 a.m. There were 19 rooms identified by the Nursing Administrative staff (Licensed Practical Nurse/staff #7), as being in isolation. Staff #7 identified that the residents in those rooms were either COVID-19 positive or having symptoms possibly related to COVID-19. During the observation of the 19 isolation rooms, 13 did not have any signage on the doors to alert staff or visitors to check with staff before entering, and there was no signage regarding the type of PPE required prior to entering. In addition, 17 out of 19 isolation rooms did not have any PPE (masks, gowns or gloves) in the individual isolation carts outside of the rooms. An interview was conducted with staff #7 on May 19, 2020 at 9:45 a.m. She stated that the Infection Preventionist (staff #22) is responsible for filling the isolation carts on the units. She stated if the preventionist is not in the facility, someone else is supposed to be assigned by the preventionist to supply the carts. Staff #7 stated that staff will let her or the preventionist know if they run out of supplies. An interview was conducted with the Infection Preventionist (staff #22) and the Administrator (staff #2) on May 19, 2020 at 12:50 p.m. Staff #22 stated that she was unaware that the isolation carts on the units were missing PPE. She said that she works with central supply to ensure that all of the units have the supplies for the isolation carts. She stated that all units and isolation rooms should have the appropriate signage to inform staff of what type of PPE is needed to provide resident care. Staff #22 stated that she expects the staff to contact her or the unit managers if they run out of PPE. Review of the Centers for Medicare/Medicaid Services focused COVID-19 survey revealed the need to ensure that the facility is screening all staff at the beginning of their shift for fever and signs/symptoms of illness and is actively taking their temperature and documenting the absence of illness (or signs/symptoms of COVID-19), and ensuring there is signage (e.g. at entrances, wings, outside of resident rooms, facility wide) regarding the use of specific PPE. Review of a policy titled, Pandemic COVID-19 Written Plan revealed that a written pandemic COVID-19 disaster plan has been incorporated into this facility's overall disaster preparedness plan. Components of the written pandemic COVID-19 preparedness plan include an infection control plan for managing residents and visitors, with symptoms of pandemic COVID-19. A facility policy regarding Pandemic COVID-19, Infection Control Measures indicated when COVID-19 is detected in the geographic region of the facility, aggressive infection control measures will be implemented to prevent introduction of [MEDICAL CONDITION] to residents, staff and visitors. The policy included that the facility would use appropriate barrier precautions during resident care. The policy also included that staff will be trained to visually and verbally screen visitors at the facility entry points and strict adherence to standard and transmission-based precautions. Infection control measures will be implemented according to the most current CDC recommendations for pandemic COVID-19. A facility policy for Visitors Entering the Facility stated that each staff member and visitor must complete a screening checklist and each individual will have their temperature taken. Another facility policy titled, Pandemic Coronavirus (COVID-19) Surveillance and Detection included that current CDC guidelines for isolation precautions will be followed. Further review of the facility's policies regarding COVID-19, revealed they did not address what specific PPE was required in the facility (i.e. caring for non COVID residents), nor did the policies address the specific PPE which was required to care for residents who were positive for COVID-19 or who exhibited possible symptoms of COVID-19. Review of the 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</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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| <p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>(continued... from page 1)</p> <p>adhere to infection control requirements. Review of the CDC guidance titled, Responding to Coronavirus in Nursing Homes revealed that all facilities should adhere to current CDC infection prevention and control recommendations, including universal source control measures; visitor restrictions; and screening of residents and healthcare personnel. The guidelines for establishing a designated COVID-19 unit stated that signage should be placed at the entrance to the COVID-19 unit, which instructs healthcare personnel regarding the required PPE. The CDC guidelines regarding Preparing for COVID-19 in Nursing Homes included to screen visitors for fever, symptoms consistent with COVID-19 or known exposure to someone with COVID-19 and restrict anyone with fever, symptoms or known exposure from entering the facility. According to the CMS guidelines for Key Strategies to Prepare for COVID-19 in Long Term Care Facilities, the facility is to actively screen anyone entering the building for fever and symptoms of COVID-19, before starting each shift.</p> | | |