

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2020
NAME OF PROVIDER OF SUPPLIER DESERT COVE NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 1750 WEST FRYE 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 - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, facility documentation, staff interviews, review of the Center for Disease Control (CDC) recommendations and policies and procedures, the facility failed to ensure that infection control standards were maintained regarding measures to prevent the spread of infection, including COVID-19. The deficient practice could result in the spread of infection to residents and staff. Findings include: -The survey team entered the facility on May 13, 2020 at 9:15 a.m. Once inside the lobby area, there was a table with a receptionist (staff #6). Staff #6 screened the surveyors in order to determine if there were any risk factors present, including any signs and symptoms of COVID-19. Staff #6 documented the responses on the [MEDICAL CONDITION] Screening tool. However, staff #6 did not instruct the surveyors to wash their hands or use hand sanitizer, prior to authorizing the surveyors to enter the rest of the facility. An interview was conducted on May 13, 2020 at 11:45 a.m. with staff #6, who stated that she had received training on the screening process, which included hand hygiene. She said that everyone must use hand sanitizer when entering the building. She said she realized that she had not asked the surveyors to use hand sanitizer upon entering and should have. Staff #6 then went behind the reception desk and retrieved a bottle of hand sanitizer and put it on the table, which contained PPE (personal protective equipment). She also pointed to a hand sanitizer dispenser, which was on the wall by the entrance door. An interview was conducted on May 13, 2020 at 12:20 p.m., with the Infection Preventionist (registered nurse/staff #20). Staff #20 confirmed that the auxiliary staff enter the facility through the front entrance. She said that hand hygiene was not included in the screening process. She said that facility staff should know to wash their hands or use hand sanitizer. She further stated that she is responsible for surveilling staff to ensure infection prevention, but she does not monitor when people enter the building, so she was not able to confirm that all staff/visitors practice hand hygiene upon entering the building. Staff #20 also stated that this creates a risk of possibly spreading COVID-19/infections. Review of the in-service screening training material revealed instructions to practice proper hand washing hygiene. All associates should wash their hands for at least 20 seconds or use alcohol-based hand sanitizer that contains 60-95% alcohol, upon entering the building and before and after each resident interaction. Review of the in-service training sign-in sheets dated April 29, 2020 regarding COVID-19 related to hand washing and visitor screening revealed that staff #6 had attended the trainings. Review of the facility's Hand Hygiene policy revised May 7, 2020, revealed the purpose was to decrease the risk of transmission of infection, by appropriate hand hygiene. Hand hygiene/hand washing is generally considered the most important single procedure for preventing nosocomial infections. The policy stated that the facility should provide education to associates on hand hygiene routinely, and that this education should include when to provide hand hygiene with alcohol based hand rub and with soap and water, which included when coming on duty and prior to leaving for the day.</p> <p>-An interview was conducted on May 13, 2020 at 9:15 a.m. with the Administrator (staff #1), who stated that the 400 hallway was designated for positive COVID-19 residents. He stated that the 400 hallway was not accessible from inside the facility, as it was sealed off to prevent the spread of COVID-19 to the other units. He said the 400 hallway was only accessible through an outside door at the rear of the building. The Administrator stated that anyone in the facility was required to wear a N95 mask and a face shield or eye protection. He said that direct patient contact required the addition of a gown and gloves. An observation of the outside entrance to the 400 hallway was conducted on May 13, 2020 at 9:40 a.m. The outside door was locked and there was a doorbell to alert staff. Also, taped to the outside of the door were several notices. The notices stated that anyone entering the building was to see a LPN (Licensed Practical Nurse) or RN (Registered Nurse) and that they had to wear PPE, which included a N95 mask and a face shield or eye protection. The notices further included that direct patient contact required the addition of a gown and gloves. At this time, a registered nurse (Infection Preventionist/staff #20) opened the door and the surveyors entered the hallway. An interview was then conducted with staff #20, who stated that upon entry to the 400 hallway, hand hygiene, a N95 mask, and a face shield or protective glasses were required. Staff #20 said for direct patient care or contact, the addition of a gown and gloves were also required. She stated that room [ROOM NUMBER] (which was just inside of the 400 hallway) was used for donning and doffing PPE. After exiting room [ROOM NUMBER] with the required PPE, an observation was conducted at 9:50 a.m. of a LPN (staff #25) standing at a medication cart on the 400 hallway. The nurse was wearing a gown, gloves, a N95 mask and a face shield. In an interview at this time, the nurse stated that it was the facility's policy to wear a N95 mask and a face shield or protective goggles when in the facility. She said for any direct resident care or contact, a gown and gloves were also required. Regarding possible outcomes of not wearing the proper PPE, she stated that COVID-19 could be transmitted to other staff, residents or the community. She also stated that all staff had been educated and trained regarding the proper use of PPE and hand hygiene. Additional observations on the 400 hallway were conducted on May 13, 2020 at 10:00 a.m. At the central nurse's station there were several staff who were performing various tasks. The staff were wearing gowns, gloves, N95 masks and face shields, and/or protective eyewear. However, one LPN (staff #77) was observed wearing a gown and a N95 mask, but was not wearing a face shield or eye protection. At this time, an interview was unable to be conducted with staff #77. Another observation was conducted on May 13, 2020 at 12:00 p.m. of the Admission Coordinator (staff #32), who was standing in the doorway to the non COVID unit. Staff #32 was observed wearing a N95 mask, however, he was not wearing either a face shield or eye protection. He stated that a N95 mask and a face shield or eye protection are required to be in the facility. He stated that he had been trained on donning and doffing PPE and hand hygiene. Regarding not wearing a face shield or eye protection, he stated that he probably got a drink and forgot to replace the eye protection. He said the consequences of not wearing the proper PPE were that COVID-19 could be transmitted to other staff, residents or the community. Another interview was conducted with staff #20 at approximately 12:30 p.m. She again stated that a N95 mask and a face shield or eye protection were required to be in the facility. She stated that her expectations of the staff were to wear the proper PPE at all times. She also stated that any staff observed not wearing proper PPE would receive retraining and would be reassessed for compliance with facility PPE policies. She said the consequences of not wearing the proper PPE were that COVID-19 could be transmitted to other staff or residents. Review of the facility's in-service documentation regarding COVID-19 for March 3 and March 11, 2020, revealed the training was provided by the Director of Nursing (staff #7). The training was titled, Transmission Based Precautions, Isolation Protocol: A Guide to Infection Control. According to the sign in sheets, staff #32 and staff #77 attended the training as evidenced by their signatures. Review of the facility's Personal Protective Equipment policy revised May 7, 2020, revealed the purpose was to reduce the risk of and prevent the spread of infection to patients, visitors and staff. The policy included to train associates on PPE, and this training should include but not limited to the appropriate don/doff process, appropriate use based on care activities, appropriate extended or reuse of PPE based on national/local recommendations, how to obtain PPE supplies and who to contact when replacements are needed. The policy included to follow any local and state guidelines regarding the use of specific PPE, as necessary. Review of the Infection Prevention and Control Program policy revealed that additional infection control</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 - Few</p>	<p>(continued... from page 1)</p> <p>recommendations include the following: When COVID-19 is confirmed in the facility, associates should wear gloves, isolation gown, eye protection, respirator or facemask for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms. Review of the policy regarding Standard and Transmission Based Precautions revealed to place signage at the entrance to the COVID-19 care unit that instructs healthcare personal that they must wear eye protection and a N95 or higher level respirator (or facemask if a respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms. Review of the CDC Interim Infection Prevention and Control Recommendations revised on May 18, 2020, revealed the current data suggests that person-to-person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19. Primarily via respiratory droplets produced when the infected person speaks, coughs or sneezes. Droplets can land in the mouth, noses or eyes of people who are nearby or possible be inhaled into the lungs of those within close proximity. Transmission might also occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose or mouth. The recommendations also included to ensure that facility policies and practices are in place to minimize exposures to respiratory pathogens including [DIAGNOSES REDACTED]-CoV-2, [MEDICAL CONDITION] that causes COVID-19. The CDC recommendations regarding COVID-19 stated 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>		