

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035127</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PRESCOTT NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>864 DOUGHERTY STREET PRESCOTT, AZ 86305</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  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. The deficient practice could result in the spread of infection, including COVID-19 to residents and staff. Findings include: During an observation conducted on August 11, 2020 at 3:00 p.m., a housekeeping aide (staff #34) was observed mopping the hallway wearing a N95 mask that was not covering her nose and a face shield. Following this observation, an interview was conducted with staff #34 with an interpreter. Staff #34 stated that she cleans the hallways and the residents' rooms. She stated that the correct way to wear the N95 mask involves wearing the mask so that it covers her nose and mouth. Staff #34 acknowledged that she was not wearing the mask correctly, her nose was not covered and she could become contaminated. She also stated that she had received training on protective personal equipment (PPE). During an interview conducted on August 11, 2020 at 3:17 p.m. with the administrator (staff #39), the administrator stated that wearing an N95 mask is mandatory for all staff while they are in the facility. Review of the in-service sign-in sheet dated April 4, 2020 for PPE training, included staff #34's signature. Review of the facility's policy regarding COVID-19 revealed all staff are to wear masks while in the building at all times. The CDC's guidance for Preparing for COVID-19 in Nursing Homes updated June 24, 2020 revealed health care providers (HCP) should wear a facemask at all times while they are in the facility for source control measures. The CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings guidance updated July 15, 2020 revealed that as part of source control efforts, HCP should wear a facemask at all times while they are in the healthcare facility. Source control refers to the use of facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility.		

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.