

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER PEORIA POST ACUTE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 13215 NORTH 94TH DRIVE PEORIA, AZ 85381	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>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: Upon entering the facility on August 12, 2020 at 8:00 a.m., the Community Liaison (staff #69) asked the screening questions, and took the surveyors temperatures. Staff #69 did not instruct the surveyors to wash their hands. He did not provide education on hand hygiene, to limit interactions with others in the facility and surfaces touched, PPE, or COVID-19. After staff #69 left, the receptionist (staff #143) handed the surveyors a N95 mask. When the Director of Nursing (DON/staff #76) came out to meet the surveyors, she instructed them to go down the hall to the bathroom located to the left and wash their hands. An interview was conducted on August 12, 2020 at 8:50 a.m. with staff #143, who stated that she is the one who normally screens people entering through the front entrance of the building. She stated she had received training on the screening process. Staff #143 said that she asks the screening questions and if a person answers yes to one or more of the questions, she contacts the DON. She said that if a person has a temperature of 99.2 degrees Fahrenheit (F) or higher, the person cannot enter the facility. She stated she did not have any information/education to provide to visitors and that she was not told to provide information/education to visitors during her training. An interview was conducted on August 12, 2020 at 10:59 a.m. with staff #69, who stated that he had received training on the screening process. He said that if a person answers yes to one or more of the questions or has a temperature of 99.5 degrees F or higher, he must contact the DON and the person cannot enter the building. He said that they must provide an N95 mask and goggles to anyone entering the facility. Staff #69 also stated that they must tell the person to wash his or her hands, and let the person know there is COVID-19 in the building. He acknowledged that he did not offer a N95 mask or goggles to the surveyors, ask them to wash their hands, or educate them about COVID-19. He said that he should have finished the screening process before going to get the DON. In an interview conducted with the DON on August 12, 2020 at 11:35 a.m., she said that she expects staff to ask the screening questions, provide a N95 mask and goggles if needed, and tell the person if there was COVID-19 in the facility. The DON stated that if the person has a temperature of 100 degrees F or higher, the staff would not allow the person to enter the building and if the person answered yes to one or more of the questions, staff are to contact her. Review of the facility's In-service training documentation regarding the screening process did not include educating visitors. The facility's Infection Control and Prevention policy revised May 4, 2020, states staff, other health care workers, family, visitors and government officials entering the building must be screened for symptoms of COVID-19. The policy also included establishing procedures for monitoring, managing, and training visitors to include wearing of facemask continuously while in the building, use of other PPE as appropriate, frequent hand hygiene, movement restricted to the patient's room or area designated by the facility, and limit surfaces touched. Review of the facility's [MEDICATION NAME] Visits - During COVID-19 Pandemic policy revealed the DON will meet the visitor at the front entrance, provide education on cough, hand hygiene, and COVID-19 transmission precautions. The DON will in-service on any additional precautions during the visit, such as touching face masks or goggles, hand hygiene, hand washing, etc. Review of the CDC Preparing for COVID-19 in Nursing Homes guidance 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. Screen visitors for fever of 100.0 degrees F or higher, symptoms consistent with COVID-19, or known exposure to someone with COVID-19. They should also be reminded to frequently perform hand hygiene. The CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) dated July 15, 2020 states that patients, visitors, and healthcare personnel should be educated about the importance of performing hand hygiene immediately before and after contact with their facemask or cloth face covering. Facilities should provide instruction, before visitors enter patients' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the patient's room. Visitor should be instructed to only visit the patient room.</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.