

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035231</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SIERRA WINDS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>17300 NORTH 88TH AVE PEORIA, AZ 85382</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 0812  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b></p> <p>Based on facility documentation, staff interview and policy review, the facility failed to ensure the quaternary sanitizing PPM (parts per million) levels were consistently monitored according to policy. The deficient practice could result in improper sanitization. Findings include: Review of the kitchen sanitizer bucket log for monitoring the quaternary PPM levels revealed the quaternary levels were being checked one time per day from August 1, 2020 through August 11, 2020. An interview was conducted with the Executive Chef (staff #11) on August 11, 2020 at 12:00 p.m., regarding the testing frequency of quaternary levels for the sanitizer buckets. Staff #11 stated the wrong monitoring log sheet for the sanitization buckets was being used. He stated that the sanitation buckets in the kitchen are to be changed and monitored every two hours. He said from August 1-11, 2020 the levels were only monitored daily, due to the wrong monitoring sheet being put out by his assistant. He also stated that his assistant was to be monitoring the logs for completeness and discrepancies, and he dropped the ball. Review of the facility's policy regarding Sanitizing Food Contact Surfaces with a revision date of January 2019, revealed the red buckets are to have sanitizer replaced and the quaternary level tested every 2 hours or more frequently if visibly dirty, and that the Director/Designee verifies completion of the log and initials the forms weekly.</p>		
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>Based on observations, facility documentation, staff interviews, the Centers 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: Regarding Blood Glucose Testing: During an observation conducted on the non-COVID unit on August 11, 2020 at 10:40 a.m., a Licensed Practical Nurse (LPN/staff #76) was observed preparing to obtain a resident's blood glucose level. Staff #76 sanitized her hands, donned gloves, gathered the necessary supplies and entered the resident's room. The LPN placed the bottle of test strips, the glucometer machine and three lancets on the resident's bedside table, without cleaning the table or placing a barrier on the table. After obtaining the resident's blood glucose level, the LPN again placed the glucometer machine on the bedside table without a barrier and placed the two unused lancets in her uniform pocket, and exited the room holding the glucometer in her gloved hand. She then went across the hall to a bathroom, removed her gloves, set the glucometer on a counter without a barrier, washed her hands, retrieved the glucometer and returned to the medication cart. The LPN then retrieved a Micro-Kill bleach germicidal disinfectant packet from the medication cart and disinfected the glucometer machine. An interview was conducted with staff #76 on August 11, 2020 at 11:00 a.m. Staff #76 stated that she did not put a barrier down on the bedside table but probably should have, because the table could be contaminated. An interview was conducted on August 11, 2020 at 1:05 p.m. with Director of Nursing (DON/staff #7). She stated that she expected staff to use either a barrier or clean the bedside table before placing equipment on the table. The CDC guidelines regarding Blood Glucose Meters included that whenever possible, blood glucose meters should be assigned to an individual person and not be shared. If blood glucose meters must be shared, the device should be cleaned and disinfected after every use, per manufacturer's instructions to prevent carry-over of blood and infectious agents. If the manufacturer does not specify how the device should be cleaned and disinfected, then it should not be shared. The guidelines also stated that unused supplies should be maintained in clean areas separate from used supplies and equipment (e.g. glucose meters) and to not carry supplies in pockets. Regarding Protective Eye Wear/Goggles: An observation was conducted on August 11, 2020 at 10:30 a.m. in the Bistro/kitchenette area, which was on the non-COVID unit. A kitchen server (staff #45) was observed standing less than two feet away from other co-workers in the kitchenette area. Staff #45 was wearing prescription glasses and did not have on goggles/face shield over her glasses. An interview was conducted on August 11, 2020 at 11:05 a.m. with staff #45, who stated that she was told she did not have to wear goggles, because she wears eye glasses. An interview with the Dietary Supervisor (staff #47) was conducted on August 11, 2020 at 11:10 a.m. Staff #47 said that all staff are required to wear goggles out on the unit. An interview was conducted on August 11, 2020 at 1:25 p.m. with the Director of Nursing (DON/staff #7) and the Administrator (staff #51). Both stated that the facility follows the CDC regarding wearing goggles. The Administrator stated it is their policy to wear goggles when staff are in direct contact with residents, or if six feet distancing cannot be maintained. She stated that staff #45 should have been wearing goggles or a shield over her glasses. Review of the CDC recommendations for Preparing for COVID-19 in Nursing Homes revealed to adhere to recommended infection prevention and control practices. It stated that personnel protective equipment (PPE) supplies included the use of eye protection (i.e. face shield or goggles). Review of the Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease dated July 15, 2020, revealed that for healthcare personnel, the potential for exposure to COVID-19 is not limited to direct patient care interactions. Emphasize the importance of source control and physical distancing in non-patient care areas. For healthcare personnel working in areas with minimal to no community transmission, personnel should continue to adhere to standard and transmission based precautions, including the use of eye protection. Review of a facility policy titled, Personal Eye Protection with a revision date of July 2020 revealed that eye protection devices with masks shall be worn by direct care staff during resident care and when social distancing of six feet cannot be maintained with residents or co-workers. The policy also indicated that personal eye glasses are not adequate as protective eye wear.</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.