

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035234</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ARIZONA STATE VETERAN HOME-PHX</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4141 NORTH S HERRERA WAY PHOENIX, AZ 85012</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	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, staff interviews, 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. Findings include: An interview was conducted on May 21, 2020 at 10:25 a.m. in the laundry room with a housekeeping attendant (staff #56), who was observed with her face mask pulled down under her chin with her nose and mouth exposed. She said that she had received Personal Protective Equipment (PPE) training. She stated that she usually does not wear her mask and that she does not have to wear her mask unless she is within 3 feet of another person. An observation was then made on one the units where staff #56 said she picks up the soiled laundry. Prior to entering the unit, staff #56 stated that she did not need to wear her face mask because no one was near her. She proceeded to enter through the closed doors onto the unit with her mask pulled down and her nose and mouth exposed. An interview was conducted on May 21, 2020 at 10:45 a.m. with the Administrator (staff #1) and the Infection Preventionist (staff #119). Both staff stated that everyone has received PPE training, including staff #56. They said that staff are trained and required to wear a face mask while in the facility to prevent the spread of the COVID-19 Virus. They agreed that wearing a face mask incorrectly increases the risk of spreading [MEDICAL CONDITION]. Staff #1 said that social distancing requires 6 feet of space between people. Review of the facility's COVID-19, Prevention and Control of policy dated May 20, 2020, revealed COVID-19 (Coronaviruses) have been thought to spread through person to person primarily through large-particle respiratory droplet transmission (e.g., when an infected person coughs or sneezes near a susceptible person). Transmission via large-particle droplets requires close contact between source and recipient persons because droplets generally travel only short distances (approximately six (6) feet or less) through the air. The policy also included key aspects of COVID-19 and its prevention will be emphasized to all staff, including appropriate use of personal protective equipment i.e. putting on, taking off PPE. The policy further included this facility follows current CDC guidelines and recommendations for the prevention and control of COVID-19. The facility's policy Screening Staff and Visitor for COVID-19 revealed the policy statement Keep residents and staff free from exposure to COVID-19. The policy included personnel will be screened prior to entering the facility and that if there are no issues or concerns noted staff is educated on surgical mask requirement i.e. healthcare worker are to wear a surgical mask. If staff does not have a surgical mask, one will be provided. The Centers for Disease Control and Prevention (CDC) recommendations for the Coronavirus Disease 2019, revealed 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>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.