

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035130	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER ARCHSTONE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1980 WEST PECOS 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 - Potential for minimal harm Residents Affected - Some	<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, staff interviews, review of the Center for Disease Control (CDC) recommendations and Centers for Medicare & Medicaid Services (CMS) guidance, and policies and procedures, the facility failed to ensure that infection control standards were followed. The deficient practice could result in the spread of infection, including COVID-19 to residents and staff. Findings include: Upon entry to the facility on [DATE] at 8:20 a.m., a screening area for staff and a screening area for visitors was observed at the L shaped reception desk. No hand sanitizer was observed by the screening area for visitors. The Assistant Business Administrator (staff #13) gave the surveyor a pen to complete the COVID-19 screening tool and did not sanitize the pen after use. She did not educate the surveyor on the use of PPE, hand sanitizing, or COVID-19. Staff #13 did not instruct the surveyor to sanitize her hands. An interview was conducted with staff #13 on July 9, 2020 at 9:00 a.m. Staff #13 stated that she and all the staff had received training on the screening process and she was in charge of screening staff and visitors. She said that she realized that the surveyor did not use hand sanitizer during the screening process. Staff #13 stated that she became busy screening staff that she did not say anything about the surveyor not sanitizing her hands. She said there should have been a bottle of hand sanitizer by the visitor screening section. Staff #13 then placed a bottle of hand sanitizer on the counter. She said that there is a risk of spreading COVID-19 if people are not sanitizing their hands. During the interview, the Administrator (staff #41) entered the building and was observed using the pen on the counter to complete the screening tool and use hand sanitizer. Staff #13 did not sanitize the pen. A female staff wearing a surgical mask entered the facility and used the same pen. Staff #13 was then observed using the same pen without sanitizing it. She said that no one is disinfecting the pen(s) being used and acknowledged that multiple people had entered the building and used the same pen as well as her. She said that this increases the risk of spreading COVID-19. An interview was conducted on July 9, 2020 at 9:59 a.m. with the Infection Control Preventionist/Registered Nurse (ICP/RN/staff #78), who stated that they have residents in the facility that tested positive for COVID-19 and are on isolation precautions. The ICP stated the screener should be instructing everyone that enters the facility to sanitize their hands. She stated that the pens as well as other things used, should be sanitized after use. During an interview conducted with the Assistant Director of Nursing (ADON/staff #7) on July 9, 2020 at 1:10 p.m., the ADON stated that she was responsible for teaching the screening process to staff. She stated that she briefly went over the screening process verbally with staff because she did not think screening was a big area to cover. Review of the facility's policy regarding screening revealed the purpose is to prevent transmission of infectious agents by droplets or contact. In accordance with previous CMS guidelines, every individual regardless of reason entering a long-term care facility should be asked about COVID-19 symptoms and have their temperature checked. Team members and visitors are instructed to frequently perform hand hygiene and minimize interactions with surfaces. Review of the facility's Coronavirus Disease (COVID-19) - Infection Prevention and Control Measures policy revised April 2020, stated the facility follows recommended standard and transmission-based precautions, environmental cleaning and social distancing practices to prevent the transmission of COVID-19 within the facility. While in the building, personnel are required to strictly adhere to established infection prevention and control policies, including hand hygiene and environmental cleaning with EPA-registered disinfectants approved for use against [DIAGNOSES REDACTED]-CoV-2. To address asymptomatic and pre-symptomatic transmission, universal control is being implemented. The Preparing for COVID-19 in Nursing Homes guidance by CDC 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. The guidance included a schedule for regular cleaning and disinfection of shared equipment and frequently touched surfaces should be developed to ensure environmental cleaning and disinfection are conducted. The CDC guidance regarding Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic revealed everyone entering the healthcare facility are to be screened for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. Take steps to ensure that everyone adheres to source control measures and hand hygiene practices while in a healthcare facility. Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand sanitizer (ABHS) with 60 - 95% alcohol, tissues, and no-touch receptacles for disposal at healthcare facility entrances. Regarding environmental infection control the guidance stated routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for [DIAGNOSES REDACTED]-CoV-2 in healthcare settings. Review of CMS guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes states to increase the availability and accessibility of alcohol-based hand rubs (ABHRs) and reinforce hand-hygiene practices at healthcare facility entrances. The guidance included providing additional work supplies to avoid sharing (e.g., pens, pads,) and disinfecting workplace areas. According to the CDC recommendations for the Coronavirus Disease 2019, 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.</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.