

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2020
NAME OF PROVIDER OF SUPPLIER PROVIDENCE PLACE AT GLENCROFT		STREET ADDRESS, CITY, STATE, ZIP 8641 NORTH 67TH AVE GLENDALE, AZ 85302	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of harm - Minimal harm or potential for actual 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 policies and procedures, the facility failed to ensure that infection control standards were followed. The deficient practice could result in the spread of infections, including COVID-19 to residents and staff. Findings include: -On May 13, 2020, an Infection Control Survey was conducted. At approximately 10 a.m., the Infection Control Preventionist (ICP/staff #58) identified that the fourth floor of the facility had several rooms which required isolation precautions, due to residents who were waiting test results for COVID-19, therefore they were being treated as presumed positive. At the time of the survey, there were no residents who had been confirmed positive for COVID-19 on the fourth floor. An observation on the fourth floor was conducted on May 13, 2020 at 1:05 p.m. At this time, a Certified Nursing Assistant (CNA/staff #14) was staff in need to pull her mask away from her face with her bare hands, while speaking to a resident who was not wearing a mask. The CNA and the resident were approximately two feet apart. The CNA then pulled her mask off her face with her bare hands and placed it under her chin and continued to speak to the resident. During this observation, the CNA was preparing beverages for the resident and did not perform hand hygiene after touching her mask, and prior to preparing the beverages. An interview was conducted with a Licensed Practical Nurse (LPN/staff #47) on May 13, 2020 at 1:20 p.m. She stated that staff need to have their face mask and eye protection in place at all times, as it was important because droplets from the COVID-19 virus can transfer between people when they are talking. She stated that staff were educated on the requirement to wear masks. Another observation was conducted on May 13, 2020 at 1:29 p.m. of the CNA (staff #14) speaking to another staff member in the nurse's station. Staff #14's mask was placed below her nose. After turning to speak to the surveyor, staff #14 repositioned her mask to cover her nose. Following this, an interview was conducted with staff #14. She stated that her mask was to be in place at all times when in the building, and that she was supposed to do hand hygiene if she touches her mask. She said that she had received training on this. She stated that she would not be permitted to take the mask off to talk with someone and did not realize that she had. She stated it was important to have a mask in place to prevent the spread of the COVID-19 virus between people. She said that she did not follow facility protocol if she did not have her mask in place and if she did not do hand hygiene after touching her mask. -Another observation was conducted on May 13, 2020 at 1:08 p.m. on the fourth floor. Observations of the isolation rooms which were designated for presumed positive residents revealed the rooms had signs on the door. The signs stated the following: must wear gown, mask, face shield and gloves. However, one of the isolation rooms did not have any signage/posting which identified that the room was an isolation room or that directed staff on the required Personal Protective Equipment (PPE) necessary to provide care to residents in that room. In addition, there were no receptacles identified for contaminated trash or laundry in these designated isolation rooms. An interview was conducted with a LPN (staff #132) on May 13, 2020 at 2:30 p.m. She stated that the residents on the fourth floor which were tested and waiting results are treated as positive for COVID-19, and placed on isolation. She said that staff know to treat those rooms as infectious rooms from the sign that is posted on the door. She said to care for these residents, staff must don PPE and that staff should dispose of the PPE and perform hand hygiene, before leaving the room. She stated that the rooms with suspected COVID-19 residents did not have receptacles in them for contaminated laundry or trash. She said that staff had been disposing of the trash from isolation rooms in the regular trash can in the patient's room. She said that housekeeping would have no way of recognizing that the trash was considered contaminated, would not know to handle the trash appropriately and that this would pose a risk for transmission of infection. She said that staff had been putting the laundry from the isolation rooms in the regular laundry and that laundry staff would not know that the laundry was from an isolation room, and they would not know to treat the laundry as contaminated, which would increase the risk for transmission of infection. She also stated that putting the trash and laundry from isolation rooms in regular bags did not follow their protocol for infection prevention, as laundry should be in a yellow bag and trash should be in a red bag. When asked about which residents were on isolation, she was not aware of one resident who was on isolation, and was waiting for test results. An interview was conducted with the Administrator (staff #159) and the ICP (staff #58) on May 13, 2020 at 4:00 p.m. Staff #58 stated they follow facility policies and CDC guidelines regarding the following: infection control and isolation of residents who are positive or presumed positive for COVID-19; their policy for handling trash and laundry from an isolation room; and CDC guidelines for PPE use, extended use and/or re-use. Staff #58 said that staff have been educated regarding not touching the front of their mask, as it is considered to be contaminated. She stated if a staff member were to touch the outside of their mask, they should do hand hygiene. Staff #58 said they should not remove their mask in patient care areas and on the unit, and that the mask should not be removed unless they leave the unit. She stated mask use and compliance is important to provide protection to staff and patients from transmitting infection person to person. She stated that staff #14 did not follow policy/procedure relating to the use of PPE, when she was not wearing her mask as required, and when she did not perform hand hygiene after touching her mask, which increases the risk for transmission of infection. She stated the residents that have suspected COVID-19 who are awaiting testing and residents that have tested positive for COVID-19 are placed in isolation with precautions. Staff #58 said the expectation is there should be a sign on the resident's door to alert staff to treat the room as infected and to use appropriate PPE. She said if there was not a sign on a resident's door that is presumed positive, there is a risk that staff would not use the appropriate PPE and therefore; increase the risk for transmission of infection. She stated the laundry from isolation rooms is supposed to be bagged after patient care and is supposed to be placed in the contaminated laundry yellow bin, and the contaminated trash in the red bin at the nursing station for safe handling. She stated that if the laundry/trash from the presumed positive resident rooms was left in the general/non-contaminated trash/laundry, staff did not follow their policy for infection control. Review of the Infection Prevention and Control Program policy revealed this facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary and comfortable environment, and to help prevent the development and transmission of communicable disease and infections. The designated Infection Preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious diseases, implementing isolation precautions, staff and resident exposures. The policy stated all staff are responsible for following all policies and procedures related to the program. A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communication of diseases for all residents, staff, volunteers, visitors and other individuals providing services based upon a facility assessment and accepted national standards. Under the section regarding Standard Precautions, the policy stated all staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services. The policy further stated that hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures and all staff shall use personal protective equipment (PPE) according to established facility policy governing the use of PPE. In the section on Isolation Protocol (transmission-based precautions), the policy included that a resident with an infection or</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>communicable disease shall be placed on isolation precautions as recommended by current CDC guidelines. Laundry and direct care staff shall handle, store, process, and transport linens to prevent spread of infection. The policy further stated that staff shall receive training, relevant to their specific roles and responsibilities, regarding the facility's infection prevention and control program, including policies and procedures related to their job function and that all staff shall demonstrate competence in relevant infection control practices and will follow the Standard Precautions policy. The interim policy for suspected or confirmed Coronavirus revealed it is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify residents with clinical features and an epidemiological risk for the COVID-19, and to adhere to Federal and State/Local recommendations (to include precautions: standard, contact, droplet). All healthcare personnel will be correctly trained and capable of implementing infection control procedures and adhere to requirements. The policy stated that immediate prevention and control measures will be put into place for a resident with known or suspected COVID-19 and to place resident on both contact and droplet precautions. The policy included that in the event of a facility outbreak, institute the outbreak management protocols as follows: place resident in private rooms on standard, contact, droplet precautions, and cohort residents identified with same symptoms/COVID-19 confirmation. The policy included that PPE includes: gloves, gown, appropriate mask and eye protection. PPE use may be extended and/or reused following national and/or local guidelines. The policy stated that hand hygiene before and after all patient contact with infectious material and before and after removal of PPE including gloves, and that the facility will re-educate employees and reinforce strong hand-hygiene, transmission based precautions, and appropriate utilization of PPE as indicated. A policy regarding Disposal of Contaminated Waste included to ensure that all contaminated waste is properly and safely managed. The policy stated that a red bio hazard bag is to be used for contaminated waste and will be placed in the red waste barrel. The housekeeping department will be responsible for the disposal of contaminated waste and for the re-lining of the barrel with the red bags. Review of a policy on Handling Soiled Linen revealed to handle, store, process, and transport linen in a safe and sanitary method to prevent the spread of infection. The policy included the definition of contaminated linen as linen that has been soiled with blood or other potentially infectious materials. Examples of linen that may require special handling include resident's with contagious conditions and resident's with infections transmitted by contact. The policy stated that used or soiled linen from an isolation resident room shall be placed in a yellow colored bag to alert laundry personnel of exposure risks. Separate carts will be used for transporting clean and contaminated linen and soiled linen shall be kept separate from clean linen. Review of the current CDC guidelines related to COVID-19 revealed that current data suggest person to person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes and transmission also might occur through contact with contaminated surfaces. The guidelines included a respirator is a PPE that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles. The guidelines stated that PPE is highly dependent on proper fit and correct, consistent use and as part of source control efforts, Health Care Providers (HCP) should wear a facemask or cloth face covering at all times, while they are in the healthcare facility. The guidelines stated that extreme care must be taken to avoid touching the respirator, facemask, or eye protection and if this must occur, HCP should perform hand hygiene immediately before and after contact to prevent contaminating themselves or others. The guidelines included that HCP should have received job-specific training on PPE and demonstrated competency with selection and proper use (i.e. putting on and removing without self-contamination) and to reinforce adherence to standard infection control measures, including hand hygiene and selection and use of PPE. The guidelines also included to have HCP demonstrate competency with putting on and removing PPE, and monitor adherence by observing resident care activities.</p>		