

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035205	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER SUNCREST HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2211 EAST SOUTHERN AVENUE PHOENIX, AZ 85040	
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 - Immediate jeopardy 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 observation, interview and record review, the facility failed to properly prevent and/or contain COVID-19. COVID-19 is an infectious disease by a new virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death. Specifically, 1. Facility failed to identify the need for and implement Contact/Droplet transmission based precautions and utilized full personal protective equipment (PPE), specifically eye protection or change gown during cares and interactions with sampled resident (R1)'s, whose COVID-19 status was unknown, during the initial 14 day readmission period from hospital in county with high level of community transmission. There was no Contact/Droplet transmission based precautions sign posted outside R1's room to direct staff to use eye protection personal protective equipment (PPE) when entering R1's room. Observed 3 of 3 facility staff (Housekeeper (HK) 2, Activities Aide (AA1) and Receptionist) enter R1's room and stand within 3 feet of R1 without eye protection and then proceeded to care and interact within 6 feet of residents who were on Standard precautions. In addition, Licensed Nurse (LN)1 wore gown in R1's room and did not change gown during 12 hour shift while caring for R1 and other residents who were on Standard precautions only. This failure increased the likelihood for serious injury, serious harm, or death and required immediate action to prevent transmission of COVID-19 to staff and residents. On 7/8/20 at 6:14 PM the Administrator was informed and emailed Immediate Jeopardy (IJ) determination for 42 CFR 483.80 (F880). On 7/9/20 at 5:15 PM Director of Nursing (DON), Assistant DON (ADON), and Infection Preventionist (IP) was informed of determination that immediacy was removed based on onsite verification that IJ removal plan was implemented. Administrator was not onsite during survey on 7/9/20. Additionally, 2. Failed to allow sufficient dwell time for Super Sani cloth disinfecting wipes, per manufacturer's instructions, when cleaning/disinfecting shared glucometer for 2 of 2 sampled residents (R3 and R7). 3. Staff (HK1) did not disinfect high-touch items in resident rooms (room [ROOM NUMBER]) for 1 of 1 observation of daily room cleaning. 5. Failed to change gloves during 1 of 1 sampled resident (R2) incontinence care observation when going from dirty tasks to clean tasks. 6. Failed to maintain adequate social distancing between two random residents (R8 and R9) observed in smoking area when CNA1 placed R8's wheelchair within 5-6 inches on R9 who was not wearing a mask. Findings include: 1. Contact/Droplet Precautions During an interview on 7/8/20 at 11:50 AM IP stated that facility did not have any COVID-19 positive residents but has a COVID-19 quarantine area on North Hall where R1 resides. R1 was the only resident residing in quarantine area. R1 was in the quarantine area because he was still within 14 days of being readmitted from the hospital. IP stated R1 was tested at the hospital and test results showed resident was COVID-19 negative. Observation on 7/8/20 between 2:20 PM and 3:10 PM showed North Hall was a long hallway with rooms on the both sides of the central corridor hallway. One side of North Hall had rooms 101-104 at the far end of the hall. This was the quarantine area. An exit door was observed on one end of the quarantine area and a floor to ceiling clear barrier that spanned both sides of the hallway was on the other end of the quarantine area; which separated rooms 101-104 from rooms 105-110; there were 9 residents (R3, R10-17) residing in rooms 105-110. The clear barrier had a door for entering/exiting the quarantine area. The clear barrier had a white paper taped to it. Nothing was written on the paper. R1 was the only residing in quarantine area. No transmission based precautions signs were posted or isolation carts with PPE supplies were observed at the entrance to the clear barrier or on or near R1's room door. During concurrent interview and observation on 7/8/20 at 2:20 PM showed R1 outside the facility right beyond the quarantine area exit door. R1 stated that he is allowed to smoke in this area and had just finished smoking. R1 stated that he went to the hospital because he didn't wake up one day but returned to the facility last Monday. Receptionist Observation on 7/8/20 at about 2:25 PM showed Receptionist opened door from quarantine area and stepped outside. Receptionist came within 1-2 feet of resident and counted out \$10 on the armrest of resident's wheelchair, handed resident money and receipt. Receptionist wore mask and gown but did not wear eye protection. During an interview on 7/8/20 at about 2:45 PM when asked if she was wearing goggles or face shield when she handed R1 money and receipt, Receptionist said no, but I changed my gown. Observation on 7/8/20 at 3:10 PM showed both Receptionist and AA1 in R1's room. Receptionist and AA1 did not wear eye protection. Observation on 7/8/20 from about 2:45 PM to 3:30 PM, after Receptionist spoke with R1 with eye protection, showed Receptionist speak with several residents in Rooms 106-110 coming within a few feet of these residents. Also observed Receptionist interacting, talking, retrieving objects and being in close contact with multiple residents at Reception Desk. HK2 Observation on 7/8/20 at about 2:30 PM showed HK2 in quarantine area. HK2 wore gown, mask and gloves but no eye protection. HK2 entered R1's room and stayed in the room for several minutes mopping, sweeping, bagging trash, and cleaning room. HK2 was within 6 feet of R1 without eye protection. During an interview on 7/8/20 at about 2:45 PM when asked if HK2 wore goggles or eye protection in R1's room, HK2 said, no goggles. Why am I supposed to wear it? If it was a COVID patient, I would wear goggles. Several minutes later, overhead HK2 ask Receptionist if goggles are supposed to be worn in R1's room, Receptionist said, no. Observation on 7/8/20 at about 3:10 PM to 4:00 PM, after HK2 entered R1's room without eye protection, showed HK2 enter Rooms 106, 107, 108 and 110 to clean resident rooms. HK2 was within six feet of these residents. During an interview on 7/8/20 at 3:45 PM HK2 stated that he had three more resident rooms to clean before ending his shift. AA1 Observation on 7/8/20 at about 2:40 PM showed AA1 in R1's room within 6 feet of resident with mask and gown but no eye protection. AA1 bent down and was close to resident's face while resident asked about DVD player. At 7/8/20 at about 2:45 PM observed AA1 again in R1's room. Observation on 7/8/20 at 3:10 PM showed both Receptionist and AA1 in R1's room. Receptionist and AA1 did not wear eye protection. Observation on 7/8/20 at about 3:20 PM, after AA1 entered R1's room without eye protection, showed AA1 talking with residents in rooms [ROOM NUMBERS]. LN1 During an interview on 7/8/20 at about 4:20 PM when asked about PPE worn in R1's room, LN1 stated N95 mask, face shield, gown and gloves. LN1 stated that he passed R1's medications, checked R1's blood sugar, and helped resident today. When asked if LN1 changed his gown after exiting R1's room, LN1 said no, because he doesn't have COVID. Observed LN1's gown was torn at the left breast pocket area where several pens could be seen in uniform pocket under gown. The gown tear was in the same place and manner as observed earlier when surveyor entered the facility at 11:20 AM. LN1 stated that he wore the same gown for his 12 hour shift beginning at 6:00 AM and has been in R1's room and several other resident's rooms, as he was assigned to care for 21 residents (R3, R10-28), including R1, passing meds, checking blood sugars and providing resident assistance wearing the same gown. During concurrent record review and interview on 7/8/20 between 4:20 PM and 6:15 PM with Administrator and IP, IP stated that staff are not wearing eye protection with R1 even though resident is still within first 14 days of readmission from the hospital. IP and Administrator nodded their heads in agreement that facility and hospital are located in Maricopa County, which is COVID-19 hot spot right now, with high level of community transmission. IP agreed that LN1 glasses is not considered eye protection and LN1 absolutely should be changing his gown after exiting R1's room. IP stated that there used to be isolation signage on the clear barrier quarantine area but confirmed she did not see any there. Administrator stated that there was a misinterpretation between quarantine and isolation with PPE and felt the facility had done a great job with setting up</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 - Immediate jeopardy Residents Affected - Few	<p>(continued... from page 1)</p> <p>clear barrier quarantine area for resident but didn't interpret the need for full PPE, especially since the resident was asymptomatic. When asked about positive COVID status and ability to still transmit [MEDICAL CONDITION] despite being asymptomatic, Administrator did not reply. Surveyor reviewed Centers for Disease Control and Prevention (CDC)'s website with Administrator and IP which showed CDC's Preparing for COVID-19 in Nursing Homes, https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, accessed 7/8/20, under Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP (Health care personnel) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. In addition, reviewed CDC's Responding to Coronavirus (COVID-19) in Nursing Homes, https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html, accessed 7/8/20, which showed Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. Review of CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html, accessed 6/23/20, showed Implement Universal Use of Personal Protective Equipment: HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with [DIAGNOSES REDACTED]-CoV-2 (severe acute respiratory syndrome coronavirus 2, [MEDICAL CONDITION] that causes COVID-19) infection. They should also: Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from splashes and sprays of infectious material from others. Review of facility policy, Suncrest Healthcare Infection Prevention and Control Program, updated 04/2020, showed Transmission-based precautions will be used when indicated. Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions when patients may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. Staff will have education regarding when and how isolation should be used for a resident. Standard Precautions are used for all patient care. They're based on a risk assessment and make use of common-sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient. Review of R1's progress notes, hospital records, Medication Administration Record [REDACTED]. On 6/26/20, resident was lethargic and unresponsive to sternal rub and stimuli and therefore was sent to the emergency room. R1's [DIAGNOSES REDACTED]. (A disease that makes the person more susceptible to developing infections, as high blood sugar levels can weaken the person's immune system defenses. In addition, some diabetes-related health issues, such as nerve damage and reduced blood flow to the extremities, increase the body's vulnerability to infection). Nursing order was shown for Q (every) shift readmission charting x 12 days to include maintain [MEDICATION NAME] isolation with start date of 7/1/20. Review of Hospital records showed R1 was admitted to the hospital on [DATE] with [DIAGNOSES REDACTED]. On 6/26/20 at 12:43 PM resident was cultured for COVID-19 with results on 6/26/20 at 2:05 showing none detected. There were no additional COVID-19 test results found for 6/26/20 hospitalization. During concurrent record review and interview on 7/9/20 at about 4:00 PM when asked for R1's hospital COVID-19 test results. IP provided copy of 6/26/20 COVID-19 test results. IP stated that no other COVID-19 test results were found. When surveyor informed IP that negative COVID-19 test results were collected on the day resident was discharged from the facility while the resident was in the emergency or the first day of hospital admission and was more indicative of COVID-19 status from the facility and not COVID-19 exposure from the hospital. The resident had potential exposure to COVID-19 on 6/26/20, 6/27/20, 6/28/20 and 6/29/20 while in the hospital. The IP nodded head in agreement and stated that resident potentially had exposure in the hospital without COVID-19 testing done to detect this exposure. If removal plan included: *Required PPE signage placed on hall barrier and outside resident room *Isolation cart and materials placed outside resident room *All staff who entered room instructed to change to new PPE *Education and training of facility staff educated on proper PPE for resident and explained proper PPE for quarantined and isolated resident. Signage stated for all new admissions whose COVID status is unknown or negative, for 14 days from admission/readmission, all recommended PPE should be worn during the care of residents under observation, which includes use of N95 mask, eye protection, gloves and gown. These must be removed (in the room) prior to exiting the room. Observation on 7/8/20 at 2:40 PM showed two additional residents (R5 and R6) residing in quarantine area. Record review on 7/8/20 at 2:40 PM showed notice in binder that staff review and sign as part of start of shift screening process. The notice Attention All Staff, dated 7/8/20 update, showed This is to inform you that we had a resident (R4) in 141b who had a change of condition yesterday evening and was sent to the hospital. For further evaluation and treatment. When staff checked with the hospital regarding resident's status. We were informed that the resident tested positive for Covid-19 and is currently admitted to their Covid unit. The other resident's (sic) in room [ROOM NUMBER] were moved to the isolation area of the building as a precautionary measure and were re-tested for Covid-19. The other resident (R1) that normally residents in room [ROOM NUMBER] will remain in isolation per readmission protocol based on CDC Guidelines. During Exit interview on 7/9/20 at 5:15 PM DON, IP and ADON when informed of HK2 cleaning non-quarantine rooms after cleaning quarantine rooms, staff nodded heads that rooms should be cleaned in the order of clean to dirty. 2. Glucometer During a concurrent observation and interview on 7/8/20 at 11:20 AM showed LN1 enter R7's room with gloved hands, Quintet AC glucometer (Glucometer is a blood glucose meters device that measure blood glucose levels), two tissues, lancet, alcohol swab, and strip. LN1 placed tissue on resident's overbed table and place glucometer and other supplies on tissue. LN1 placed strip into glucometer, swab resident's finger with alcohol and then pricked finger with lancet with a small bead of blood shown. LN1 brought glucometer towards blood and blood was shown on the strip inserted in glucometer. Blood sugar reading was obtained. LN1 removed gloves and performed hand hygiene. LN1 walked back to medication cart and wiped glucometer with single wipe from PDI Super Sani-Cloth purple top for approximately 20 seconds. LN1 stated the glucometers were shared and used on multiple residents who received medication from cart. LN1 stated that glucometers were cleaned between residents to make sure not contaminated. LN1 then entered R3's room and repeated same steps to obtain blood sugar measurement with same glucometer used for R7. After obtaining blood sugar measurement, LN1 wiped glucometer with Super Sani-Cloth for about 40 seconds and put glucometer away and stated that blood sugars were done. When asked LN1 to touch glucometer and if glucometer was wet or dry, LN1 stated the glucometer was dry right now. The glucometer did not remain wet for at least two minutes. When asked how long glucometers remained wet from disinfecting wipes, LN1 stated about 40-45 seconds. When asked how long glucometer should remain wet, LN1 stated let it stay dry for 2 minutes and not use it for 2 minutes. During concurrent record review and interview on 7/8/20 at 11:50 with IP and LN1, the label of the Super Sani-Cloth container was reviewed which showed directions to disinfect nonfood contact surfaces only. Unfold a clean wipe and thoroughly wet surface. Allow treated surface to remain wet for a full two (2) minutes. IP stated that she did not know the glucometer needed to be wet for two minutes, thought that it needed to stay dry for 2 minutes, it is so warm/hot here, it won't stay wet. Review of facility policy, Glucometer Machine Policy, revised date 5/2020, showed per the nursing infection control, machines must be disinfected before and after each use. Clean the unit with a non-abrasive hospital grade disinfectant spray the cleaner onto an applicator (towel), then wipe the unit down, let it remain wet for 2 minutes and to air dry. Record review of R3's Medication Administration Record [REDACTED]. In addition, some diabetes-related health issues, such as nerve damage and reduced blood flow to the extremities, increase the body's vulnerability to infection), [MEDICAL CONDITION] and chronic [MEDICAL CONDITIONS] (inflammation of the liver, virus can be transmitted contact with the blood or other body fluids of an infected person). Order for insulin per sliding scale before meals was shown with start date of 2/12/20. Review of CDC's website, at www.cdc.gov, section titled, Infection Prevention During Blood Glucose Monitoring and Insulin Administration, showed that if the glucose meters must be shared, the device should be cleaned and disinfected after every use per the manufacturer's instructions. During Exit interview on 7/9/20 at 5:15 PM DON, IP and ADON, when informed of observation with glucometer disinfecting, no further information was provided. 3. Room cleaning Observation on 7/8/20 at about 1:15 PM HK1 entering room [ROOM NUMBER] wearing gown, gloves, and mask. HK1 held</p>		

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During interview on 7/8/20 at 3:15 PM HK manager stated that HK should be cleaning and disinfecting all high-touch items in the resident rooms which includes over bed table, bed rails, remote control and call light with Pro Clean all purpose cleaner and then Sani Quad. The Pro Cleaner is to clean items and the Sani Quad is used to disinfect items. When informed of observation of HK1 cleaning room [ROOM NUMBER], HK manager stated that HK1 should have used the Sani Quad after cleaning the over bed table with Pro Clean. The Pro Clean does not have an EPA number because it is not a disinfectant. HK manager stated that the over bed table, bed rails, remote control and call light was not disinfected and should have been. During an interview on 7/8/20 between 4:20 PM and 6:15 PM with Administrator and IP, Administrator stated that heard one HK didn't disinfect room correctly and that will be corrected. Record review of facility document, COVID-19 and Infection Prevention, revised 4/8/20, showed Please continue infection control practices clean all high touch surfaces such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards and bedside tables everyday with epa registered healthcare disinfectant such as bleach or Cavi wipes. Record review of facility document, SHCC [MEDICAL CONDITION], dated 2020, showed Housekeeping will sanitize all railing, doorknobs and frequently touched surfaces Review of CDC Preparing for COVID-19 in Nursing Homes, https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, accessed 7/8/20, under Environmental Cleaning and Disinfection showed Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas; Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. 4. Incontinence care Observation on 7/8/20 at 12:45 PM showed CNA1 and CNA2 provide incontinence care for R2. CNA1 wore gloves and used several wipes to remove large amount of liquid brown stool from resident's briefs and hoyer sling. Without changing gloves or performing hand hygiene, CNA1 placed new brief under resident and then applied cream to resident's buttocks. CNA1 continued touching several items in resident's rooms with same contaminated gloves including doffing and donning resident's pants, foam boots, opening drawers, placing new socks on resident, placing new hoyer sling under resident. After transferring resident from bed to wheelchair, CNA1 then touched resident's wheelchair, cap and attached indwelling catheter bag to wheelchair and then removed gloves and washed hands. During an interview on 7/8/20 at 1:15 PM CNA1 stated that she forgot to change gloves, I should have changed gloves after wiping poop and touching new brief. Record review of R2's progress notes showed resident was admitted on [DATE] with [DIAGNOSES REDACTED]. In addition, some diabetes-related health issues, such as nerve damage and reduced blood flow to the extremities, increase the body's vulnerability to infection), and [MEDICAL CONDITION] (loss of motor function of the legs and lower body) and was incontinent of bowel and bladder. R2's Minimum Data Set (MDS-assessment tool), dated 6/1/20, showed the resident was always incontinent of bowel. During an interview on 7/9/20 at 5:00 PM IP stated that staff should be changing their gloves when moving from dirty to clean tasks during incontinence care. Review of facility policy, Peri Care revised 12/19, showed If resident has had a BM (bowel movement), remove as much as possible using toilet tissue. If this is done, remove gloves and wash hands before finishing cares, reapply gloves. Review of facility policy, Perineal Care for the Incontinent Resident, undated, showed if resident has had BM (bowel movement), remove as much as possible with toilet tissue/or brief before beginning perineal care. Place in bag designated. Remove gloves. Cover resident. Wash hands. Re-apply gloves. (It is important to remove gloves at any time they appear soiled of stool and re-apply new gloves). 5. Social distancing Observation on 7/8/20 at 1:40 PM showed 3 residents outside in the smoking area. All residents were smoking and did not have mask on. Several X markings in yellow tape were noted on the ground, the Xs appeared to be 6 feet apart. CNA1 entered the smoking area and wheeled R8 wheelchair within 6 inches of R9's chair at the table under the tent. After placing R8 at the table, CNA1 walked back into the facility. During an interview on 7/8/20 at 1:45 PM immediately after CNA1 walked back into the facility, when asked to return to smoking area to look where CNA1 placed R8's wheelchair, CNA1 looked at R8's wheelchair and stated that it was too close to R9's chair. R9 turned towards CNA1 and surveyor and stated that they (residents) were too close together and moved her chair away from R9. During an interview on 7/8/20 between 4:20 PM and 6:15 PM with Administrator and IP, Administrator stated the X tape markings on the ground are 6 feet apart to maintain social distancing for smokers while smoking. When informed of CNA1 observation, IP stated that staff are supposed to maintain social distancing and the facility has been auditing for that. Review of CDC Preparing for COVID-19 in Nursing Homes, https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, accessed 7/8/20, showed Implement aggressive social distancing measures (remaining at least 6 feet apart from others). Remind residents to practice social distancing Review of facility, Smoking Patio Mask Surveillance 6 FT Social Distancing Log, undated, showed a column with times (2PM, 3PM, 4PM, 5PM, 6PM, 7PM, 8PM and 9PM) and another column with staff initials.</p>		