

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035234	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER ARIZONA STATE VETERAN HOME-PHX		STREET ADDRESS, CITY, STATE, ZIP 4141 NORTH S HERRERA WAY PHOENIX, AZ 85012	
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 - 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, facility documentation, 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 maintained. The deficient practice could result in the spread of infection, including COVID-19. Findings include: Upon entrance to the facility on [DATE] at 10:40 a.m., the Director of Nursing (DON/staff #132), who was not wearing a facial mask, instructed the surveyor to follow her into the screening room. The DON instructed the surveyor to wash her hands and then asked the surveyor the screening questions. During this process social distancing of 6 feet was not maintained. When asked if she was supposed to wear a facial mask when screening staff/visitors, she replied yes. The Infection Preventionist (staff #40) entered the screening room and stated a facial mask is to be worn by everyone in the building. Review of the facility's COVID-19 Screening Process training dated May 21, 2020, revealed staff must wear a surgical mask at all times while in the facility. The sign-in sheet was not provided to confirm which staff received training. Review of the In-service Personal Protective Equipment (PPE) training dated June 2020, did not reveal evidence staff #132 attended the training. The CDC's guidance for Preparing for COVID-19 in Nursing Homes updated June 25, 2020 revealed health care providers (HCP) should wear a facemask at all times while they are in the facility. The CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings guidance revealed that as part of source control efforts, HCP should wear a facemask at all times while they are in the healthcare facility. Observations of the Hall D2 and Hall D1 -On July 7, 2020 at 12:55 p.m. while touring the facility with staff #40, she stated that the residents in two of the rooms on the D2 hall were being observed for COVID-19 symptoms for 14 days. Staff #40 stated the nurse providing care to these residents was also providing care to the other residents on the floor. A cart was observed by the two rooms. Staff #40 stated staff are too put a surgical mask over their KN95 mask before entering the observation rooms and are to remove the surgical mask before leaving the rooms. However, staff #40 was unable to find surgical masks in the carts. She then notified the Nurse Supervisor (staff #106) that the cart needed some surgical masks and that staff needed to wear the surgical mask over the KN95 mask before entering an observation room to prevent cross contamination. Staff #106 stated that she had never worn a surgical mask over her KN95 mask when providing care to residents that were being observed for COVID-19 symptoms. Staff #106 stated she was never trained to do that. Staff #106 also stated applying a surgical mask over the KN95 mask when caring for residents that are being observed and removing the surgical mask after providing the care could reduce the risk of transmission of infection. -Observations conducted of Hall D1 on July 7, 2020 at 1:35 p.m. with staff #40, revealed another observation room with a cart that did not contain surgical masks. Staff #40 stated the protocol was the same for this room as for the two rooms on the D2 hall. She stated staff on this hall were providing care to the resident that was being observed for COVID-19 symptoms as well as the other residents on the unit. During an interview conducted with staff #40 on July 7, 2020 at 3:00 p.m., staff #40 said she would provide a copy of the training and sign-in sheet that included surgical masks were required over the KN95 when providing care for residents that are on observation for COVID-19 symptoms when also providing care for residents that are not on observation. However, staff #40 never provided this documentation. An interview was conducted on July 7, 2020 at 4:30 p.m. with a Certified Nursing Assistant (CNA/staff #42), who stated that he never received training on wearing a surgical mask over KN95 when providing care for residents who are being observed for COVID-19 symptoms. He stated that he wears the same mask when he provides care to observation residents and residents that are not on observation. The facility's policy on COVID-19 revealed all staff will receive job or task specific education and training on preventing transmission of infectious agents, including COVID-19, associated with healthcare during orientation to the facility. This will include donning and duffing of all PPE. This information will be updated periodically during ongoing education and training programs. The policy also revealed competency will be documented initially and repeatedly, as appropriate, for the specific staff positions. Observations of Hall C2 -During the tour of Hall C2 on July 7, 2020 at 1:20 p.m. with staff #40, a CNA (staff #167) was observed entering a resident's room with her gown untied, opened at the back, and hanging loosely around her shoulders. Staff #40 stated the gown not being tied and opened at the back poses a risk of transmission of infection. Staff #167 stated the gown was not tied because the gown was too small for her. The CNA stated that she had received training on how to don PPE. Staff #167 stated that the gown not fully covering her increases the risk of transmission of infection. She also said that she could have worn two gowns. Review of the In-service PPE Sign-in Sheets, dated June 21 through June 26, 2020, revealed staff #167 attended the in-service on June 19, 2020. The facility's policy regarding COVID-19 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 CDC Responding to Coronavirus (COVID-19) in Nursing Home guidance stated ensure HCP have been trained on infection control measures, including the use of and steps to properly put on and remove recommended PPE. The CDC guidance regarding Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease (COVID-19) Pandemic revealed HCP must receive training on and demonstrate an understanding of how to properly don, use, and doff PPE in a manner to prevent self-contamination. -A housekeeper (staff #100) was also observed on hall C2 cleaning the room of a resident that was COVID-19 positive who had been discharged . Three large pink plastic cups and one small blue plastic coffee cup were observed on the rail across from the room. Staff #100 stated that she had removed the cups from the room she was cleaning. Two plastic blue bags of soiled linens were observed on the floor in the hallway and one bag was observed on top of the bin for soiled linens. Staff #100 stated that she had removed the soiled linens from the room she was cleaning and had placed the bags on the floor and on top of the bin. Staff #40 then stated to staff #100 that she cannot put soiled linens on the floor and on the lid of the bin because now the floor and the top of the bin are contaminated. Staff #100 stated this was her first time cleaning an isolation room and that she had not received any training on how to clean a room where the resident was positive for COVID-19. Staff #40 stated in an interview conducted on July 7, 2020 at 3:00 p.m. that she was unable to find in-service training or sign-in sheets for cleaning positive COVID-19 resident rooms. The facility's policy regarding the prevention and control of COVID-19 revealed the Infection Preventionist and the Director of Environmental Services have established procedures for environmental cleaning based on current CDC recommendations. Standard cleaning and disinfection procedures will be used for the COVID-19 virus. The policy included management of laundry will be performed in accordance with standard procedures. The CDC guidance regarding Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease (COVID-19) Pandemic revealed that once a patient has been discharged , the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use. -A CNA (staff #42) was also observed on the C2 hall feeding two residents at a table. Staff #42 was sitting in between the two residents and was observed to be a couple of feet apart from each resident. The residents were not observed to be 6 feet from each other. During an interview conducted with staff #40 on July 7, 2020 at 3:15 p.m., staff #40 stated the nurses are responsible for determining where residents sit for meals. In an interview conducted with the CNA (staff #42) on</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>July 7, 2020 at 4:30 p.m., the CNA stated that he was sitting between two residents assisting them with their meal and that each resident was 2 feet from him. He stated that he just follows the nurse instructions and that social distancing was not implemented. Following this interview, an interview was conducted with a Registered Nurse (RN/staff #35), who said the nurses are responsible for monitoring the CNAs. The RN stated the nurses do not supervise during meal time to ensure social distancing is being practiced. She said that she is aware that the residents should social distance, but that there are not enough staff to do this. The facility's policy regarding COVID-19 included key aspects of COVID-19 and its prevention will be emphasized to all staff including 6 feet minimum social distancing whenever possible. The CDC Preparing for COVID-19 in Nursing Homes guidance included implementing aggressive social distancing measures remaining at least 6 feet apart from others. Review of the Centers for Disease Control and Prevention (CDC) recommendations for the Coronavirus Disease 2019, revealed that 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>		