

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035275</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ADVANCED HEALTH CARE OF GLENDALE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>16825 NORTH 63RD AVENUE GLENDALE, AZ 85306</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> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on facility documentation, staff interviews, review of the Center for Disease Control (CDC) recommendations and policy and procedure, the facility failed to consistently maintain an infection control program regarding ongoing surveillance. The deficient practice could result in the spread of infections, including COVID-19 to residents and staff. Findings include: A review of the facility's infection surveillance documentation revealed a patient infection report form, line listing of patient infections, infection surveillance map and the monthly infection control report for the month of August 2020. However, there was no infection surveillance documentation (i.e. a patient infection report form, line listing of patient infections, infection surveillance map or the monthly infection control report) for the month of September 2020. A telephone interview was conducted on October 13, 2020 at 2:30 p.m. with the Infection Preventionist (IP/staff #11), who stated that she worked full time at the facility as the IP and as the Wound Nurse. She stated that part of her IP duties included completing a line listing and mapping of infections and that she was a little behind in completing them. In an interview conducted on October 13, 2020 at 3:00 p.m. with the Director of Nursing (DON/staff #4), the DON said that she did not realize staff #11 was so far behind with completing the infection surveillance data. She stated that staff #11 was currently filling the role of IP and Wound Nurse. The DON stated line listing and infection control surveillance data was not completed for September 2020. She said that infection control surveillance documentation is expected to be completed monthly. The DON further stated that if they are behind in infection surveillance, they are unable to see where they are in terms of infection prevention. Review of the CDC Preparing for COVID-19 in Nursing Homes guidance revealed facilities should assign at least one individual with training in infection prevention and control (IPC) to provide on-site management of their COVID-19 prevention and response activities because the breadth of activities for which an IPC program is responsible, including developing IPC policies and procedures, performing infection surveillance, providing competency-based training of healthcare personnel, and auditing adherence to recommended IPC practices. The facility's policy titled Infection Control Surveillance revealed the reason for this policy was to effectively monitor infections within the facility by gathering data and assessing possible trends and to assist in minimizing the spread of infection within the facility. This policy also revealed the Infection Control Nurse will complete the Monthly Infection Control Report by the 5th working day of each month for the previous month and that all completed records including the patient infection report form, infection criteria checklist, line listing of patient infections, infection surveillance map and the monthly infection control report will be kept in a binder separated by month.		
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.