

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 325123	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2020
NAME OF PROVIDER OF SUPPLIER AVAMERE REHABILITATION AT FIESTA PARK		STREET ADDRESS, CITY, STATE, ZIP 8820 HORIZON BOULEVARD NE ALBUQUERQUE, NM 87113	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, the facility failed to maintain proper infection prevention measures by: 1. Staff wearing N95 (a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles) masks inappropriately. 2. Failing to issue new N95 masks to housekeeping staff after the cleaning of the COVID-19 unit each day. Failure to adhere to an infection control program is likely to cause the spread of infections and illness to all 46 residents listed on the census and staff within the facility. The findings are: N95 Masks Worn Inappropriately: A. On 07/14/20 at 3:28 pm during an interview with Licensed Practical Nurse (LPN) #1, she was observed wearing a surgical mask underneath an N95 mask. LPN #1 stated, I wear it (surgical mask) like this to protect my mask (N95). B. On 07/14/20 at 5:51 pm during an interview with the Director of Nursing (DON), she was observed wearing a surgical mask underneath an N95 mask. DON stated, It (surgical mask) should be over the mask (N95) to preserve the N95, not under it. DON confirmed wearing a surgical mask under an N95 mask is not the appropriate way to wear either mask. N95 Masks Worn by House-Keeping: C. Record review of July 2020 Healthcare Services Group Employee Work Schedule revealed, Housekeeper (HK) #1 cleaned the (Name of Hall #1) (including COVID-19 unit) on 07/12/20 and 07/13/20, but was not scheduled 07/14/20 and 07/15/20. HK #2 cleaned the (Name of Hall #2) on 07/12/20 and 07/13/20 and was scheduled to clean the (Name of Hall #1) (including COVID-19 unit) on 07/14/20 and 07/15/20. D. Record review of KN95 Distribution Inservice Form dated 07/01/20 revealed, HK #2 was on form showing she received an N95 mask, but HK #1 was not listed on the form provided. E. Record review of KN95 Distribution Inservice Form dated 07/12/20 revealed, neither HK #1 nor HK #2's names were listed on the form provided. F. Record review of KN95 Distribution Inservice Form dated 07/13/20 revealed, neither HK #1 nor HK #2's names were listed on the form provided. G. Record review of KN95 Distribution Inservice Form dated 07/14/20 revealed, neither HK #1 nor HK #2's names were listed on the form provided. H. On 07/14/20 at 3:14 pm during an interview with HK #2, she stated, I've had issues because we're housekeeping. We're always the last to get N95's (masks). Everyone has the new N95 masks except for us. I've had this mask for two weeks. (Name of Scheduling/Staffing/Supplies Manager (SSSM)) gives out the PPE (Personal Protective Equipment). We go find (Name of SSSM), and it's just the masks we have problems with. I've asked, and they say they'll give it (masks) to nursing. I've been told that we don't work directly with the residents. I. On 07/14/20 at 3:50 pm during an interview with SSSM, When asked about HK #2 receiving a new mask, SSSM stated, I'm not sure, but everybody should have a new mask. They sign out each new mask, but we didn't catch (name of HK #2), I guess. SSSM confirmed HK #2 was not on the N95 log since 07/01/20, indicating HK #2 has not received a new mask since then. J. On 07/14/20 at 5:56 pm during an interview with the DON, when asked about Housekeeping receiving N95 masks and changing N95 masks, she stated, We try to keep the same N95 mask for 7-10 days, but not if they are in the COVID unit. They (Housekeeping) should be getting full PPE and all of that if they go into that (COVID-19 unit). DON confirmed all staff members, including Housekeeping, should be receiving a new N95 mask after leaving the COVID-19 unit. K. On 07/14/20 at 6:23 pm during an interview with the Laundry/ Housekeeping Manager (LHKM), When asked if Housekeeping assigned to the (Name of Hall #1) also cleans the COVID-19 unit, she replied, Yes, and the COVID unit is the last rooms to be cleaned. LHKM also stated, We sign out the masks and they don't tell us that we need a new mask. We wear the same mask and (Name of SSSM) is the one that signs us in. We wear an N95 and goggles when we go room to room. I would say that we have to use our masks for about two weeks. On Sunday (07/12/20), they said we have COVID in the building. They just tell us to sign the masks out. I've had my mask for about two weeks now. Confirmed Housekeeping is not given new N95 masks. L. On 07/14/20 at 6:35 pm during an interview with the SSSM, When asked about HK #1 who was assigned the (Name of Hall #1) and COVID-19 unit on 07/12/20 and 07/13/20 receiving a new mask each shift, SSSM stated, I don't see her name on here (N95 sign-out sheet). They (Housekeeping staff) should be issued a new one (N95 mask) when they come in. SSSM confirmed HK #1 was not provided a new N95 mask after cleaning the COVID-19 Unit. M. On 07/14/20 at 7:07 pm during an interview with LHKM, she stated, Sunday the 12th (07/12/20), is when we were first told about the COVID positive and I told all of my staff right away. LHKM also confirmed that HK #1 cleaned the COVID-19 unit with a positive resident on 07/12/20 and 07/13/20.</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.