STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035135	A. BUILDING _____ B. WING _____	08/06/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MONTECITO POST ACUTE CARE AND REHABILITATION	**51 SOUTH 48TH STREET MESA, AZ 85206**

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, clinical record reviews, facility documentation, staff interviews, policy review and the Centers for Disease Control (CDC) recommendations, the facility failed to ensure infection control standards were followed. The deficient practice could result in the spread of infection, including COVID-19 to residents and staff. Finding include: Regarding signage An interview was conducted with the Administrator (staff #20) on August 5, 2020 at 9:30 a.m. He stated that personal protective equipment (PPE) was not stocked on the COVID-19 unit to help with monitoring burn rates. He stated that with the requirements in reporting the use of PPE, having it in a central location for the building made it better for his reporting. He stated that if staff on the COVID-19 unit soiled their PPE or needed a replacement they could call on the radio and have someone bring them a replacement. He stated that it should only take 3 minutes to replace the soiled PPE. During an observation conducted of the COVID-19 unit on August 4, 2020 at 9:52 a.m., no signage regarding PPE was observed on the outside doors of the unit. Inside the doors on the left-hand side was a bedside table with hand sanitizer. Signs were observed on the wall above 3 large garbage bins. The signs were in a numerical order describing the removal of PPE and the use of hand sanitizer. An interview was conducted with a Registered Nurse (RN/staff #205) and the assistant Director of Nursing (staff #61) on August 4, 2020 at 9:55 a.m. Staff #205 stated there was no additional PPE on the unit. Staff #61 stated that staff don PPE in the dining room in the main facility and then come to this unit. Staff #61 stated the staff wear the same PPE throughout their entire shift on the COVID-19 unit. Staff #61 stated that if staff soil their PPE they need to doff it here on the unit and go to the dining room to don new PPE. He stated there are no masks, gowns or goggles/face shields on the COVID-19 unit. An interview was conducted with the Director of Nursing (DON/staff #10) on August 5, 2020 at 10:10 a.m. She stated that the COVID-19 unit has a combination of COVID-19 positive residents and residents that have recovered from COVID-19. She stated that because the residents that have had COVID-19 could not be re-infected, they can all reside on the same unit. She stated that sharing the PPE between positive and recovered rooms is not an issue and meets all of the guidelines for infection control. Review of the facility's policy regarding COVID-19 revised June 25, 2020 revealed the goal is to implement recommended appropriate infection control strategies, guidance and standards from the local, State and Federal agencies for an emerging infectious disease event. The CDC Responding to Coronavirus (COVID-19) in Nursing Homes guidance updated April 30, 2020 included placing signage at the entrance of the COVID-19 care unit that instructs healthcare personnel (HCP) they must wear eye protection and an N95 or higher-level respirator (or facemask if respirator is not available) at all times while on the unit. Gown and gloves should be added when entering resident rooms. Review of the CDC Preparing for COVID-19 in Nursing Homes updated June 25, 2020 included making necessary PPE available in areas where resident care is provided. Consider designating staff responsible for stewarding those supplies. Strategies to optimize current PPE supply included the extended use practice of wearing the same respirator or facemask and eye protection for the care of more than one resident (e.g., for an entire shift). If extended use of gowns is implemented, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections (e.g., Clostridioides difficile). The CDC Clinical Questions about COVID-19: Questions and Answers updated August 4, 2020 revealed the immune response, including duration of immunity, to [DIAGNOSES REDACTED]-CoV-2 infection is not yet understood. Patients infected with other betacoronaviruses (MERS-CoV, HCoV-OC43), the genus to which [DIAGNOSES REDACTED]-CoV-2 belongs, are unlikely to be re-infected shortly (e.g., 3 months or more) after they recover. However, more information is needed to know whether similar immune protection will be observed for patients with COVID-19. Regarding cohorting residents Resident #202 and resident #151 were admitted to the same room. -Resident #202 was readmitted to the facility on [DATE] with a primary [DIAGNOSES REDACTED]. Review of the NP initial progress note dated July 13, 2020 revealed the assessment/plan [MEDICAL CONDITIONS] pancreatitis with large pancreatic pseudocyst, continue oral [MEDICATION NAME] until July 16, 2020 and IV [MEDICATION NAME] until August 9, 2020. A physician order [REDACTED]. Continued review of physician orders [REDACTED]. The MAR for July 2020 revealed the resident was administered [MEDICATION NAME]. Review of the admission MDS assessment dated [DATE] revealed a BIMS score of 15 which indicated the resident was cognitively intact. The assessment included the resident required extensive assistance of one person for transfers and limited assistance of one person for toilet use and personal hygiene and utilized a walker and wheelchair for mobility. The assessment also included the resident was always continent of bowel and bladder. Review of the care initiated on August 1, 2020 revealed the resident had infection of the pseudocyst. The goal was for the resident to be free from complications related to infection. Interventions included maintaining standard precaution when providing resident care and administering antibiotic as per physician orders. -Resident #151 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14 indicating the resident was cognitively intact. The assessment included the resident required limited assistance of one person with transfers, toilet use and personal hygiene and utilized a walker and wheelchair. The assessment also included the resident had an indwelling urinary catheter and was frequently incontinence of bowel. A nursing progress note dated July 25, 2020 at 5:06 p.m. revealed a C. (Clostridiodes) difficile Toxin A and B was reported to an on-call provider. A physician's orders [REDACTED]. The Medication Administration Record [REDACTED]. The MAR indicated [REDACTED]. Review of the care plan initiated on July 26, 2020 revealed the resident had [MEDICAL CONDITION]. Interventions included contact isolation: wear gowns and masks when changing contaminated linens; place soiled linens in bags marked biohazard; bag linens and close bag tightly before taking to laundry. Monitor for symptoms of weakness, dehydration, fever, nausea and vomiting and blood in stool. Give all meds and IV therapy as ordered. Review of the documentation regarding bowel continence for July and August 2020 revealed the resident was incontinent of bowel on July 24-31, August 1-2, 2020 and that the consistency of the stools included loose/diarrhea. Nursing progress notes dated July 25, 27, 31, 2020 and August 1, 2020 included the resident was having loose stools. Despite resident #151 have [MEDICAL CONDITION], resident #151 and resident #202 remained roommates until August 4, 2020. Resident #202 was discharged home on August 4, 2020. An interview was conducted with a Licensed Practical Nurse (LPN/staff #228) on August 5, 2020 at 11:40 a.m. He stated that resident #151 and resident #202 should each have their own isolation gown hanging inside the room. The LPN stated the gowns should be worn when providing direct care. When asked why there was only one gown in the room, the LPN stated he was not sure why. He stated that resident #151 and resident #212 were on contact isolation precautions for the same reason, so it was not a problem. In an interview conducted with the Director of Nursing (DON/staff #10) on August 5, 2020 at 1:50 p.m., she stated that when resident #151 and resident #202 were admitted on [DATE], they were placed in the same room because they were both new admissions. She stated that during the COVID-19 admission process, new admissions are cohorted for the initial 14-day quarantine period. When asked why one of the residents were not moved when resident #151 became positive for [MEDICAL CONDITION], the DON stated there were no other rooms available. The DON stated that at that point they both had already been in the same room with the same exposure risk. She further stated that

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	(continued... from page 1) they met the facility requirements for infection control. Review of the facility's policy on Infection Prevention and Control Program reviewed on January 2020 revealed the program is comprehensive in that it addresses detection, prevention and control of infections among residents and personnel. The goals included decreasing the risk of infection to residents and personnel, recognizing infection control practices while providing care and insuring compliance with state and federal regulations relating to infection control. Review of the CDC FAQs (frequent asked questions) for Clinicians about [DIAGNOSES REDACTED] included the question how can [MEDICAL CONDITION] infections be prevented in hospitals and other healthcare settings. The guidance included using contact precautions for patients with known or suspected [MEDICAL CONDITION]. Place these patients in private rooms. If private rooms are not available, they can be placed in rooms (cohorted) with other [MEDICAL CONDITION] patients. Continue precautions until diarrhea ceases. Because [MEDICAL CONDITION] infected patients continue to shed the organism for a number of days following cessation of diarrhea, some institutions routinely continue isolation and contact precautions for either several days beyond symptom resolution or until discharge. Recommended infection control practices in long-term care are similar to those practices taken in traditional healthcare settings. 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. The recommendations included that facilities should ensure that hand hygiene supplies are readily available in every care location. -Resident #12 was readmitted on to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the clinical record revealed a physician order [REDACTED]. Review of a lab report dated May 27, 2020 revealed the COVID-19 swab test result was negative. Nurse Practitioner [MEDICAL CONDITION] progress notes dated July 17 and 20, 2020 revealed the assessment and plan included pneumonia, vent continuous, hold weaning to decrease risk of COVID-19 exposure, monitor closely for COVID. -Resident #90 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of a Nurse Practitioner (NP) [MEDICAL CONDITION] progress note dated July 15, 2020 revealed the resident was to be monitored closely given the elevated temperature and to monitor closely for signs and symptoms of COVID-19. The NP [MEDICAL CONDITION] progress note dated July 16, 2020 revealed the plan included a COVID-19 test. Review of a lab report revealed a COVID-19 test was collected July 16, 2020. The report included the test result was positive for COVID-19 and that the results was reported on August 3, 2020. Review of the facility's census documentation revealed resident #90 (COVID-19 test results pending, elevated temperature) was moved into resident #12's (COVID-19 negative) room on July 20, 2020. A review of a Resident List Report dated August 4, 2020 revealed there were 10 unoccupied beds on the observation unit. During an interview conducted with the unit manager (staff #22) on August 4, 2020 at 9:45 a.m., the manager for unit stated that the unit was for COVID-19 positive residents only. An interview was conducted with the Infection Control Preventionist (ICP/staff #21) on August 5, 2020 at 1:45 p.m. The ICP stated that a COVID-19 positive patient can be roomed with a COVID-19 negative patient. She stated that it would be ok if there was no other place to put the patient. She stated that if possible she would move them but all the rooms were currently occupied. In an interview conducted with the DON (staff #10) on August 5, 2020 at 2:11 p.m., the DON stated that resident #12 was negative from the beginning. She said that resident #12 had already been exposed to the COVID-19 virus because resident #12 had roomed with another resident who tested positive for COVID-19. She stated that resident #90 was tested because she had symptoms, however at the time she was moved she did not have a diagnosis. Review of the facility's Infection Control policy regarding COVID-19 revised June 25, 2020 revealed minimizing chance for exposures included identifying separate designated areas of the building to room diagnosed COVID-19 positive residents or suspected symptomatic residents; suspected COVID-19 positive residents (post exposure) pending test results; and new admissions to the building for 14 days observation which may include [MEDICAL TREATMENT] residents (potential community exposure). Cohort residents with know or suspected COVID-19 with other COVID-19 residents. A Center for Disease Control (CDC) guidance titled Responding to COVID-19 in Nursing Homes updated April 30, 2020 revealed roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for [DIAGNOSES REDACTED]-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit). Exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room. The CDC guidance titled Preparing for COVID-19 in Nursing Homes updated June 25, 2020, revealed residents in the facility who develop symptoms consistent with COVID-19 could be moved to a single room pending results of [DIAGNOSES REDACTED]-CoV-2 testing. They should not be moved to the COVID-19 care unit unless they are confirmed to have COVID-19 by testing. The guidance included that as roommates of residents with COVID-19 might already be exposed, it is generally not recommended to place them with another roommate until 14 days after their exposure, assuming they have not developed symptoms or had a positive test. Review of the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-10) Pandemic updated July 15, 2020 revealed that when caring for residents with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection only residents with the same respiratory infection may be housed in the same room. For example, a patient with COVID-10 should ideally not be housed in the same room as a patient with a respiratory infection caused by a different pathogen. Regarding hand hygiene and a mop pad During an observation conducted on August 6, 2020 at 8:30 a.m., a housekeeper (staff #7) was observed mopping the floor of a resident's room. When the housekeeper was finished mopping the floor, she was observed picking up the removeable mop pad with her bare hands. She then moved around some things on her cart without performing hand hygiene, took out a bag, put the wet mop head in a clear plastic bag, tied it shut and took it to the dirty utility room. An interview was conducted with staff #7 on August 6, 2020 at 8:45 a.m. Staff #7 stated that she should have used gloves when removing the mopping pad. She also stated that she should have washed her hands before touching other things on her cart. In an interview conducted with the DON (staff #10) on August 6, 2020 at 1:30 p.m., the DON said that staff should not be touching dirty mop pads with their bare hands. She further stated staff should wash their hands after touching a dirty mop pad with their bare hands. Review of a facility's policy regarding Hand Washing revealed it is the policy of the facility to cleanse hands to prevent transmission of possible infectious material and to provide a clean, healthy environment for residents and staff. The policy included hands should be washed after handling any contaminated items (linens, soiled diapers, garbage, etc.). The CDC guidance titled Hand Hygiene in Healthcare Settings revealed healthcare personnel should use an alcohol-based hand rub or wash hands with soap and water after contact with blood, body fluids or contaminated surfaces. Regarding PPE -During an observation conducted on a hall that housed COVID-19 positive residents on August 4, 2020 at 9:00 a.m., a Licensed Practical Nurse (LPN/staff #84) was observed wearing a cloth facemask and a surgical facemask. In an interview conducted with the LPN immediately following this observation, the LPN stated that there were COVID-19 positive residents on the unit and that they were in the process of moving those residents to another hall. Staff #84 stated that there were N95 facemasks available but that she did not think it was required to wear a N95 mask. She stated the N95 masks are uncomfortable, so she double masks. During an interview conducted with the Assistant Administrator (staff #500) on August 4, 2020 at 9:30 a.m., staff #500 said that N95 mask were not required on that unit. In an interview conducted with the Unit Manager (staff #22) on August 4, 2020 at 9:45 a.m., the Unit Manager stated N95 masks are available but that it was not required to wear a N95 mask on that unit. She also stated that there were COVID-19 positive residents residing on the unit. On August 5, 2020 at 1:30 a.m., an interview was conducted with the ICP (staff #21). The ICP stated that if a staff member is working on COVID-19 unit, they strongly encourage the staff member to wear an N95 mask. Staff #21 also stated that there was no regulation for it. The ICP said that donning an N95 mask is required for respiratory treatments and a resident who has [MEDICAL CONDITION]/or is on a vent that requires suctioning. An interview was conducted with the DON on August 5, 2020 at 1:53 p.m. The DON stated staff have to wear surgical masks on the units. She states N95 mask are available for staff comfort but that there is no regulation that staff have to wear N95 mask. She stated that the staff wear a cloth and surgical mask together to lengthen the life of the mask. The DON stated N95 masks are available for staff on all shifts. She stated that donning N95 masks are for aerosol treatments and that aerosol treatments are not administered in facility. A facility's policy regarding Emerging Infectious Disease (EID): Coronavirus Disease 2019 (COVID-19) revealed the goal is to implement recommended appropriate infection control strategies, guidance and standards from the local, State and Federal agencies for an EID event. The policy included the facility should increase transmission-based precautions which included implementing universal use of facemasks for HCP

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	(continued... from page 2) while in the facility at all times, consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator or, if not available, a facemask) for the care of all residents regardless of the presence of symptoms. Implement protocols for extended use of eye protection and facemasks. Review of the CDC guidance Preparing for COVID-19 in Nursing Homes updated June 25, 2020 revealed residents with known or suspected COVID-19 and residents that are new admissions and/or readmissions whose COVID-19 status is unknown should be cared for using all recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown. The CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated July 15, 2020 revealed that HCP who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. -Regarding staff caring for residents without double gowning In an observation conducted on August 6, 2020 at 9:30 a.m. a Certified Nursing Assistant (CNA/staff #78) walked into room [ROOM NUMBER] on Papago unit, which had a pink sign on the door. Staff #78 looked in on bed A, walked back to bed B and out of the room. She then walked into room [ROOM NUMBER] which also had a pink sign, picked up a tray on a bedside table of bed A and brought it outside of the room and placed it on the isolation cart outside of the room. She walked back and looked at bed B and left the room. In an interview conducted immediately after this observation, this CNA (staff #78) said that when we go in rooms with a pink sign we use hand sanitizer and double gown. She stated that I know I didn't double gown, it's my fault. In an interview conducted on August 5, 2020 at 1:30 p.m. with the Infection Control Registered Nurse (staff #21), she said that in a room with COVID positive residents you use a second gown, in a room that has recovered residents you just have your original gown because in theory it's to protect the other resident. In an interview conducted on August 6, 2020 at 2:11p with the Director of Nursing (DON/staff #10), she said that residents who are positive for COVID-19 have a pink sign that indicates that staff should use a double gown. She said that if a staff member is going into a room with active COVID-19 and performing patient care, then that is wrong. She stated that if the staff was not performing resident care but was moving things from the bedside table, they did not have to use a double gown. She said that Papago Unit had a resident (#12) who never contracted COVID-19. However, a document titled Infection Control and Prevention Policy - Emerging Infectious Disease (EID): Coronavirus Disease 2019 (COVID-19) reveals that it is the policy of this facility to include preparatory plans and actions to respond to the treat of the COVID-19, including but not limited to infection prevention and control practices in order to prevent transmission. It states that health care providers who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator or facemask, gown, gloves and eye protection. In a Centers for Disease Control guidance titled Preparing for COVID-19 in Nursing Homes updated June 25, 2020 reveals that if extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections (e.g., Clostridioides difficile). -An interview was conducted on August 7, 2020 at 8:30 a.m. with the Director of Nursing (DON/staff #10) regarding facility required PPE. The DON stated that everyone in the facility is required to wear a face mask and eye protection. She further stated that to be on a COVID-19 positive unit, the required PPE was a facemask, gown, gloves, and eye protection. -During an observation conducted on August 7, 2020 at 9:30 a.m. on a COVID-19 positive unit, a Registered Nurse (RN/staff #288) was observed sitting at the nurses' station with his mask pulled down under his chin exposing his nose and mouth. An interview was conducted with staff #288 following this observation. The RN stated the required PPE on the COVID-19 positive unit consisted of a mask, gown, gloves and eye protection. He also stated that he had received training regarding COVID-19 and wearing PPE. He stated that the risks of not wearing PPE included spreading COVID-19 to others. Regarding his facemask not being in place, the RN stated that he was eating a granola bar while computer charting. He further stated his facemask should have been covering his nose and mouth. -An observation was conducted at the kitchen entrance on August 7, 2020 at 10:15 a.m. A Dietary Aide (DA/staff #18) was observed in the kitchen with his facemask pulled down under his chin exposing his nose and mouth. In an interview conducted with staff #18 on August 7, 2020 at 10:20 a.m., he stated that it is a requirement to wear a facemask while in the facility. He stated that he had received training regarding wearing PPE and COVID-19. He stated that COVID-19 could be spread to others if PPE was not worn. Regarding his facemask being pulled down under his chin, he stated he may have pulled it down because he was sweating and then forgot to replace the mask over his nose and mouth. -During another observation conducted at the kitchen entrance at 10:30 a.m., a Cook (Cook/staff #292) was observed in the kitchen not wearing a mask. Following this observation an interview was conducted at 10:35 a.m. with staff #292. He stated that it is required that he wear a facemask while in the facility. He stated that he had received training regarding COVID-19 and wearing PPE. He further stated that the risks of not wearing PPE included spreading COVID-19 to others. He stated that he took his facemask off earlier and forgot to put it back on. An interview was conducted on August 7, 2020 at 10:45 a.m. with the Dietary Supervisor (DS/staff #240). She stated that staff are required to wear a mask while working in the kitchen. She further stated that the facility had provided the kitchen staff training regarding COVID-19 and PPE. She stated that her expectations are that her staff follow facility policies and wear PPE as required. She stated that not wearing PPE could spread COVID-19 to others. She stated that staff #18 and staff #292 should have been wearing the required PPE. In an interview conducted with the Infection Preventionist (ICP/staff #21) on August 7, 2020 at 12:15 p.m., the ICP stated a facemask and eye protection are required to be worn while in the facility. She stated that the required PPE on a COVID-19 positive unit are a mask, gown, gloves, and eye protection. The ICP stated that her expectation is that staff follow facility policies and wear PPE as required. She stated frequent training regarding COVID-19 and PPE had been provided to staff. Staff #21 stated that by not wearing PPE there are risks that an individual could become a COVID-19 carrier and spread [MEDICAL CONDITION] to others. The ICP also stated that staff #18, staff #292, and staff #288 should have been wearing the required PPE. The facility's policy regarding [MEDICAL CONDITION] Outbreak, Infection Control Measures dated April 2, 2020 revealed if an outbreak of [DIAGNOSES REDACTED] CoV2 occurs within the facility, strict adherence to standard and transmission-based precautions and other infection control measures will be implemented according to the most current CDC recommendations. Review of the facility's policy regarding Infection Control and Prevention revised June 25, 2020 included implementing universal masking throughout the facility due to the emerging infectious disease, Coronavirus Disease 2019 (COVID-19). The CDC guidance titled Preparing for COVID-19 in Nursing Homes updated June 25, 2020 revealed that given their congregate nature and resident population served, nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19 and other pathogens. As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and HCP. HCP should wear a facemask at all times while they are in the facility. Reinforce adherence to standard IPC measures including hand hygiene and selection and correct use of PPE. Review of the CDC recommendations titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic dated July 15, 2020 revealed that as healthcare facilities begin to relax restrictions on healthcare services provided to patients, in accordance with guidance from local and state officials, there are precautions that should remain in place as a part of the ongoing response to the COVID-19 pandemic. Healthcare personnel should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. Universal use of a facemask for source control is recommended for HCP. Regarding hand hygiene and gloves On 8/6/2020 at 9:20 a.m., a housekeeper (staff #7) was observed donning a gown and gloves, entering a resident's room, and cleaning the resident's room. When staff #7 had finished cleaning the resident's room, she doffed her gown, exited the room wearing the same gloves, and discarded the cleaning cloth she had used into a clear bag hanging on her cart. Staff #7 was then observed discarding her gloves in the garbage. The housekeeper bagged up the laundry and took the bagged laundry to the soiled utility room. She then returned back to her housekeeping cart, touched a cleaner bottle, cleaning cloths and then donned a clean pair of gloves. Staff #7 was not observed performing hand hygiene. During an interview conducted with staff #7 on 8/6/2020 at 9:30 a.m., staff #7 stated hand hygiene should be done after she has cleaned a room, before putting on gloves on and after taking off gloves. She stated she did not perform hand hygiene before putting on her gloves or after taking off her gloves. An interview was conducted with the maintenance director (staff #50) and the DON (staff #10) on 8/6/20 at 12:30 p.m. Staff #50 and staff #10 stated the expectation is for

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