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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>035285</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                       | (X3) DATE SURVEY COMPLETED<br><b>05/19/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>WELLSPRINGS THERAPY CENTER OF GILBERT</b>   |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>3319 SOUTH MERCY ROAD<br/>GILBERT, AZ 85297</b> |   |
| 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<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Some</b>             | <p><b>Provide and implement an infection prevention and control program.</b><br/><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b><br/>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: -The survey team entered the facility on May 19, 2020 at 9:15 a.m. Once inside of the lobby area, the owner of the facility instructed the surveyors to use hand sanitizer, answer questions regarding symptoms related to COVID-19, and to take their own temperatures orally and document the temperature on the COVID-19 Screening Tool. The owner provided N95 masks and directed the team to wear them while we were in the facility. An interview was conducted on May 19, 2020 at 10:20 a.m. with the Assistant Director of Nursing (ADON/staff #42). The ADON stated staff working the unit that did not have residents with COVID-19 enters the unit through the back of the building through the door where the therapy room is located. A screening station was not observed by the door. The ADON pointed to a sink that was across the room and said that staff wash their hands at the sink and then put on their N95 masks, which were stored in individual brown paper bags on a table located to the left of the sink. She said there is not enough staff to have someone screen staff, so staff are screening themselves. The ADON then walked down the hallway to the unit without COVID-19 residents. The ADON stated that when staff enters the unit, they are required to take their temperature and document the temperature in the binder that was observed at the nurses' station. A thermometer was not observed on the counter with the binder. The ADON looked in the drawer, but was unable to locate a thermometer and said that a thermometer was supposed to be there. She said that she spot checks temperature documentation and reviews all the documentation once a week. She acknowledged that having staff take their temperature after they have entered the unit increases the risk of spreading COVID-19. The ADON stated that she would set up a screening station by the back door in the therapy room right away. An interview was conducted with the Director of Nursing (DON/staff #79) on May 19, 2020 at 11:00 a.m. He said that the staff takes their temperatures three times a day: at the beginning of the shift, in the middle of the shift, and at the end of the shift. He said the expectation is that temperature documentation be checked daily. The DON said it is the responsibility of the DON, ADON, and the charge nurse to review the documentation. The DON further stated that he did not feel staff taking their temperatures once they entered the unit increased the risk of spreading COVID-19 because staff are wearing their masks. On May 19, 2020 at 11:00 a.m., it was observed that a screening station with an oral thermometer had been set up at the back entrance by the therapy room for staff working on the unit.</p> <p>-On May 19, 2020 at 9:30 a.m., an interview was conducted outside of the internal entrance to the COVID-19 unit with the Director of Nursing (DON/staff #79), who is also the Infection Preventionist. He stated that this entrance is for any diagnostic, hospice, or phlebotomy vendors, and that staff for this unit enter through the southwest outside entrance. He stated that to be on this unit, a N95 mask was required and that direct resident care required a gown, gloves and eye protection. On the entrance doors, there was no sign to inform those entering to check with staff or a sign which stated the PPE that was required, prior to entering. During this interview, an observation of the outside staff entrance to this unit was also conducted. It was observed that there was no screening station inside or outside of the southwest staff entrance. The DON stated there is not enough staff to have someone screen staff, so the staff screen themselves at the nurse's station inside of the unit. Additional observations revealed that there was no signage posted on the entrance doors notifying staff of the required PPE. The DON said that signs were posted at the main entrance and that no one was allowed entry into the facility without being screened. Once inside of the COVID-19 unit, a binder was observed on the nurse's station desk. The DON stated that staff record their temperatures in the binder three times a day: at the beginning, middle, and end of the shift. Review of the documentation in the binder revealed that a temperature had not been documented prior to the start of shift for a Registered Nurse (staff #91), who was working on the unit. Staff #91 was asked where the required temperature documentation was located. Staff #91 stated that the temperature had been taken, but mistakenly was not recorded. The DON asked staff #91 to retake their temperature and document the results. Staff #91 was observed entering the medication room behind the nurse's station and removed their N95 mask and took their temperature orally. Staff #91 replaced their N95 mask and documented the temperature in the binder. At 9:45 a.m., an interview was conducted with staff #91 who confirmed they had received training regarding COVID-19, including staff screening requirements and proper PPE use. Staff #91 stated the staff screening requirements include that staff are required to take and document their temperature, prior to the start of shift. Staff #91 acknowledged that not following COVID-19 screening requirements or PPE policies could contribute to the spread of spread of COVID-19 to staff, residents and the community. At 10:00 a.m., an interview was conducted with the Assistant Director of Nursing (staff #42). When questioned about no signage posted on the doors to the COVID-19 unit instructing those entering to contact staff and of notifying those who enter of the PPE requirements, she stated there were signs posted outside the facility main entrance, and no one was allowed in the facility without being screened, and that the doors were locked at all times. She acknowledged that the lack of posted signage outside of the COVID-19 unit could increase the risk of spreading COVID-19 to others. Regarding the staff screening policy, staff #42 stated that staff should be documenting their temperature prior to starting their shift. She acknowledged that by staff taking their temperature after they enter the unit was not following their staff screening policy, which could contribute to the spread of COVID-19 to others. A follow up interview was conducted on May 19, 2020 at 10:15 a.m., with the Director of Nursing. He stated there were signs posted outside the facility main entrance, and that no one was allowed in the facility without being screened, and that the doors were locked at all times. He stated that staff should be documenting their temperature prior to starting their shift. He acknowledged that by having staff take their temperature after they enter the unit was not following their policy and could contribute to the spread of spread of COVID-19 to others. He further acknowledged that by not having signs posted outside of the COVID-19 unit, could increase the risk of spreading COVID-19 to others. Review of the CDC recommendations regarding Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 dated May 8, 2020, revealed that all health care providers, including ancillary staff such as dietary, housekeeping, and consultant personnel are screened at the beginning of their shift for fever and symptoms of COVID-19, and actively record their temperatures and documents that they do not have a fever. Review of a policy titled, Responding to Coronavirus (COVID-19) in Nursing Homes/CDC dated April 2, 2020, revealed to place signage at the entrance to the COVID-19 care unit that instructs healthcare personnel that they must wear eye protection and a N95 or higher level respirator (or facemask if a respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms. Review of the 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. The CDC recommendations for the Coronavirus Disease 2019 included that infection control procedures</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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| <p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>      | <p>(continued... from page 1)</p> <p>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> |  |   |