

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER DESERT TERRACE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2509 NORTH 24TH STREET PHOENIX, AZ 85008	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, staff interviews, review of the Centers for Disease Control (CDC) recommendations and policies and procedures, the facility failed to ensure infection control standards were followed, as staff failed to perform hand hygiene and don PPE per facility policy and CDC recommendations. The deficient practice could result in the spread of infections, including COVID-19 to residents and staff. Findings include: Regarding hand hygiene: On 9/15/2020 at 9:50 a.m., an observation was conducted on the new admission unit (residents under 14 day observation/quarantine to rule out COVID-19 following discharge from other healthcare settings). During the observation, a RNA (Restorative Nursing Assistant/staff #34) was observed passing juices from a beverage cart to a resident who was in their room. Staff #34 entered the resident's room, donned (put on) gloves and a gown, and delivered a cup of juice to a resident. She then doffed (removed) her gown and gloves and exited the room to retrieve additional fluids from the beverage cart in the hallway. Staff #34 poured another cup of juice, re-entered the same resident's room, donned gloves and a gown and delivered the second cup of juice to the resident. Prior to exiting the room, staff #34 removed her gown and gloves. However, staff #34 did not perform hand hygiene before or after removing her gloves. During an interview conducted with staff #34 on 9/15/2020 at 10:00 a.m., she stated that hand hygiene should be done before putting on gloves and after taking gloves off. She said that she did not perform hand hygiene before putting on her gloves or after taking them off. An interview was conducted with the ADON (Assistant Director of Nursing/staff #23) and the ICP (Infection Control Preventionist/staff #12) on 9/15/2020 at 1:30 p.m. Staff #23 and staff #12 stated the expectation is for staff to perform hand hygiene, with hand sanitizer or soap and water before entering and upon exiting rooms, and before putting on and taking off gloves. Review of a facility policy titled Infection Control and Prevention with a revision date of 5/4/2020, revealed that staff should perform hand hygiene before and after all patient contact, and before putting on and after removing PPE (Personal Protective Equipment), including gloves. The policy included that hand hygiene, after removing PPE is particularly important to remove any pathogens that might be transferred to bare hands during PPE removal process. 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 healthcare personnel should perform hand hygiene before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. Review of the CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Healthcare Settings - Recommendations of the Healthcare Infection Control Practices Advisory Committee, revealed that hand hygiene should be performed immediately after glove removal. Regarding the donning of PPE: During an observation on the new admission unit on 9/15/2020 at 9:50 a.m., a RNA staff member (staff #34) was observed passing juices from a beverage cart to a resident who was in their room. Staff #34 entered the resident's room, donned (put on) gloves first, then a gown, and delivered the cup of juice to the resident. She then doffed (took off) her gown and gloves and exited the room to retrieve additional fluids from the beverage cart in the hallway. She then poured another cup of juice, re-entered the same residents room, donned gloves, then a gown and delivered the second cup of juice to the resident. During an interview conducted with staff #34 on 9/15/2020 at 10:05 a.m., she stated the correct sequencing for donning PPE was to apply a gown and then gloves. She stated that she had training on donning PPE a couple of months ago and that the facility follows CDC guidelines. An interview was conducted with the ADON (Assistant Director of Nursing /staff #23) and the ICP (Infection Control Preventionist/staff #12) on 9/15/2020 at 1:35 p.m. Both staff stated the facility follows CDC guidelines for proper donning PPE. They stated that the correct sequencing for donning PPE since all staff are continuously wearing face shields and masks is to put on a gown and then gloves. Review of the facility's policy titled, Infection Control and Prevention with revision date of 5/2020 revealed they will follow the CDC guidelines for PPE for donning. The policy included the sequence for donning PPE was as follows: 1. gown 2. mask or respirator 3. goggle or face shield 4. gloves. According to the CDC guidelines for Using Personal Protective Equipment updated August 19, 2020, revealed the type of PPE used will vary based on the level of precautions required such as; standard, contact, droplet or airborne infection isolation precautions. Regarding the sequence for donning PPE, it stated to apply a gown, then an N95 respirator/face mask, goggles or face shield and then gloves. The guidelines included that more than one donning method may be acceptable. Training and practice using your facility's procedure is critical.</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.