

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2020
NAME OF PROVIDER OF SUPPLIER SPRINGDALE VILLAGE HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 7255 EAST BROADWAY ROAD MESA, AZ 85208	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>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 to residents and staff. Findings include: Regarding facemask A consultant dietary staff member (staff #29) was observed on August 18, 2020 at 9:00 a.m. entering the facility wearing a cloth facemask with a flower pattern on it not covering her nose. Staff #29 was screened by a female staff at the table in front of the door. After being screened, staff #29 was observed walking down the hallway into the facility with her mask not covering her nose. An interview was conducted with staff #29 on August 18, 2020 at 9:10 a.m. in the dining room located across from the nurse's station on the observation unit. She was observed to have taken off her cloth mask and placed it on the table with the outside of the mask touching the table. Staff #29 was observed to put the cloth mask in her bag but was not observed to sanitize the table or her hands. She then donned a N95 mask and was observed to place a surgical mask over the N95. The surgical mask appeared worn; the folds in the mask were non-existent. Staff #29 stated that she had been wearing both masks for about 3 months. She said she wore the masks when meeting with residents in their rooms, two times a week, including residents on observation. She said she thought the masks were dirty and that it probably increased the risk of contaminating residents. Staff #29 stated that she had asked the Infection Control Preventionist (ICP/staff #108) for new masks about 3 weeks ago and was told the masks were limited, so she could not have new ones. She stated that the facility did not provide her training on personal protective equipment (PPE). She also stated that her agency does not provide PPE. Staff #29 was then observed entering a resident's room who was on observation for signs and symptoms of COVID-19. The resident asked staff #29 for a mask and staff #29 asked her what the mask was for. The resident told her that she was supposed to wear a mask when staff are in her room. Staff #29 exited the room wearing the same N95 and surgical mask. An interview was conducted on August 18, 2020 at 10:59 a.m. with the Executive/Interim Director of Nursing (DON/staff #145). The interim DON said the facility is [MEDICATION NAME] universal masking. Staff #145 stated staff may wear a cloth mask into the facility and that the mask must be clean and cover the nose and mouth. He said it was his expectation that the person conducting the screening would stop staff wearing personal protective equipment (PPE) incorrectly and instruct them on the correct way to wear PPE. He stated that staff from outside agencies are supposed to provide their own PPE and if they are not wearing PPE, the facility will let their agency know that staff was not prepared. He stated that staff can wear face masks until it appears soiled, is hard to breath, or there is a loss of integrity. Staff #145 stated outside staff are not provided training on how to don and doff PPE, but that there are plenty of signs posted in the facility demonstrating how to don and doff PPE. He said if outside staff needs help, they can ask the nurse for help. He also stated that it is his expectation that department heads stop a staff if there are concerns regarding the integrity of masks and offer new masks. An interview was conducted with a Central Supply staff member (staff #27) on August 18, 2020 at 1:39 p.m., who said that there was not a shortage of PPE. She stated that staff can wear the KN95 until soiled or it loses integrity. She said that staff are supposed to don a surgical mask over the KN95 before entering the room of a resident who is on observation. She said the surgical mask is worn to protect the KN95, so it lasts longer. Staff #27 stated the surgical mask is supposed to be removed prior to exiting the room. She said it is removed because it may be contaminated. An interview was conducted on August 18, 2020 at 3:11 p.m. with the ICP (staff #108), who stated that the observation unit is on droplet precautions. She said that staff are required to don a KN95 and a surgical mask on top of it before entering the room. The ICP stated KN95 can be worn until visibly soiled, there is a loss of integrity, or it becomes hard to breath. The ICP also stated the surgical mask is to be removed prior to exiting the resident's room. She said the surgical mask is to protect the KN95 from becoming soiled. When asked if she trained staff on this procedure, she stated that staff were told verbally. The ICP stated she did not have a training plan in writing or sign-in sheets to show that staff had been trained. She also said that staff should be sanitizing their hands if they have touched their face mask/other surfaces. She said if a face mask was put down on a table top, the table top should have been sanitized. She acknowledged that failure to sanitize the hands and other objects increases the risk of contamination. An interview was conducted on August 19, 2020 at 9:25 a.m. with the receptionist (staff #121), who stated that she screens staff entering the building. She stated that she remembered screening staff #29 yesterday morning. She said that if someone is not wearing PPE correctly when entering the building, it is her responsibility to stop the person and have them put it on correctly. Staff #121 said everyone must wear a mask once they enter the facility and it must cover the mouth and nose and the loops must go around the ears. She stated that she did not remember staff #29's mask or that it was not covering her nose. Review of the PPE signage posted throughout the observation unit included instructions on how to apply PPE, but did not include instructions to don a KN95 and place a surgical mask over the KN95 prior to entering the room. It was also observed that there were no instructions for staff to keep the KN95 on and doff the surgical mask prior to exiting the room. Review of the facility's policy Universal Masking (COVID-19) revised June 25, 2020 revealed universal masking is a preventative strategy to keep healthcare workers safe and slow the spread of COVID-19. The policy included universal masking is the application and continual wearing of a standard ear-loop face mask by all visitors and staff entering the building for the entire time they are in the building. The policy also revealed masks must cover the nose and mouth. Review of the facility's policy COVID-19 in the Facility revealed the facility will follow the recommendations of the CDC, including handwashing procedures and wearing of personal protective equipment (PPE). The CDC Facemask dos and don'ts for Healthcare Personnel (HCP) revealed a mask is to be worn fully covering the nose and mouth. The mask is not to be worn under the nose or mouth. Review of the CDC Strategies for Optimizing the Supply of Facemasks updated June 28, 2020 revealed extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters. The facemask should be removed and discarded if soiled, damaged, or hard to breath through. The CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated July 15, 2020 revealed source control refers to the use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. The guidance also included hand hygiene should be performed before putting on and after removing PPE. The CDC Preparing for COVID-19 in Nursing Homes states to educate and train HCP, including facility-based and consultant personnel (e.g., wound care, podiatry, barber) and volunteers who provide care or services in the facility. Including consultants is important, since they commonly provide care in multiple facilities where they can be exposed to and serve as a source of COVID-19. Reinforce adherence to standard IPC (infection prevention and control) measures including hand hygiene and selection and correct use of personal protective equipment (PPE). Have HCP demonstrate competency with putting on and removing PPE and monitor adherence by observing their resident care activities.</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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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>Educate HCP about any new policies or procedures. Care must be taken to avoid touching the respirator, facemask, or eye protection. If this must occur (e.g., to adjust or reposition PPE), HCP should perform hand hygiene immediately after touching PPE to prevent contaminating themselves or others. Review of the CDC Personal Protective Equipment - Extended use and Reuse Guidelines defines extended use as the practice of using the same piece of protective equipment by one healthcare worker for multiple encounters with different patients but having the same [DIAGNOSES REDACTED]. Wear a standard mask over the N95 to prevent exposure and to extend use. Regarding gown On August 18, 2020 at 12:45 p.m., a Licensed Practical Nurse (LPN/staff #123) was observed donning a gown and walking into a resident's room on the observation unit. Her gown was observed to be open at the back approximately 8 to 9 inches. The strings were tied loosely around her neck and the gown hung loosely on her right shoulder area. Upon exiting the resident's room, staff #123 was interviewed. She said that she had received training on donning and doffing PPE and pointed to the pictures on top of the isolation cart in the hallway next to the resident's room. The pictures showed the gown closed at the back and the instructions said that the gown should cover the torso area. She said that she did not realize the gown was open. The LPN stated that if the gown is not donned correctly, there is at risk of contaminating her clothes and a risk of contaminating other residents when she goes into their rooms to provide care. Review of the facility's Sequence for Putting on Personal Protective Equipment (PPE) by CDC used for training staff revealed the gown must fully cover the torso from neck to knees, arms to end of wrist, and wrap around the back and fasten in back of neck and waist. Regarding face shield In an interview conducted with a housekeeper (staff #100) on August 18, 2020 at 9:30 a.m., she stated that she cleans all the rooms on the observation unit. Her face shield was observed sitting on top of the cleaning cart. When asked about how she disinfects her face shield, she demonstrated disinfecting the face shield. Staff #100 placed 2 two paper towels in a plastic bag and sprayed Virex onto the paper towels. She took the paper towels out of the bag and wiped her face shield on both sides (outside to inside). She said that once she is done cleaning the face shield, she puts the face shield back on, after about 30 seconds to a minute, and cleans the next resident's room. On August 18, 2020 at 10:59 a.m., an interview was conducted with the administrator (staff #7). He stated that the contact time for the Virex disinfectant is 10 minutes. He stated staff are to spray a paper towel with the disinfectant and use the paper towel to wipe their face shield. He further stated that after wiping the face shield, staff are to put the face shield in a brown paper bag to dry for ten minutes. The administrator said that using the paper towel to apply the disinfectant to the face shield did not affect the contact time. During an interview conducted with a Licensed Practical Nurse (LPN/staff #123) on August 18, 2020 at 12:45 p.m., the LPN stated that she had received training on disinfecting PPE. She stated that she was trained to spray paper towel with Virex, wipe the face shield, and then let the face shield dry. She said she usually leaves the face shield on the isolation cart and comes back later to see if it is dry. The LPN was not able to give a contact time for Virex. An interview was conducted on August 18, 2020 at 12:50 p.m. with a Certified Nursing Assistant (CNA/staff #160), who stated that she received training on sanitizing PPE. When asked what she uses to clean her face shield, the CNA stated that she uses paper towel that has been sprayed with Virex to wipe off her face shield. She said after wiping the face shield, the contact time is 60 seconds. The CNA stated that she could wear the face shield after 60 seconds had passed. In an interview conducted with the ICP (staff #108) on August 18, 2020 at 3:11 p.m., the ICP stated the contact time for Virex disinfectant is 10 minutes. She said staff were instructed that before exiting a resident's room, they are to put a paper towel into a plastic bag and spray the paper towel with the disinfectant and wipe their face shield to remove splashes that may be present. She said that once the staff have exited the resident's room, staff should spray the shield, so it is saturated with the disinfectant and leave it on for 10 minutes before wiping the shield with a paper towel to dry the shield. When asked if spraying a paper towel with the disinfectant and wiping the shield would affect the contact time, she said yes. She said the contact time would be shorter because the shield is not saturated, so it would dry faster. The ICP stated this is why staff should spray and saturate the face shield after exiting the room. An interview was conducted on August 19, 2020 at 10:00 a.m. with an LPN (staff #41) who was also a charge nurse. The charge nurse stated that she was taught to sanitize her face shield with a bleach wipe before exiting the resident's room. She said once she has exited the resident's room, she is supposed to spray the face shield on both sides with Virex disinfectant, until the face shield is saturated. She said the face shield must remain wet for ten minutes in order for the disinfectant to [MEDICAL CONDITION]. Staff #41 stated that after ten minutes, she wipes and dries the shield off with a paper towel. She said that if you sprayed the Virex on a paper towel and wiped the face shield, it would not disinfect the face shield because the face shield would not be saturated and would dry before ten minutes. Review of the manufacturer instructions for Virex revealed all surfaces must remain wet for 10 minutes and should be air dried. The CDC guidance for Optimizing the Supply of Eye Protection updated July 15, 2020 states to adhere to recommended manufacturer instructions for cleaning and disinfection.</p>		