

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035274</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NEURORESTORATIVE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5301 EAST THOMAS ROAD PHOENIX, AZ 85018</b>	
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)		
E 0024  <b>Level of harm - Potential for minimal harm</b>  <b>Residents Affected - Many</b>	<b>Establish policies and procedures for volunteers.</b>  Based on record review and interview the facility failed to develop and implement emergency preparedness (EP) policies and procedures for use of volunteers in an emergency and other emergency staffing strategies to address surge needs during an emergency. In addition the EP policies and procedures must be reviewed and updated at least every 2 years (annually for LTC). This failure has the potential to impact the entire facility. Findings include: During an interview on concurrent with policy review 5/27/2020 12:00 PM with Administrative Staff 1 she indicated being aware of the EP regulation requirements but does not have the policy implemented at the facility. Reviewed the facility policy Emergency Management Plan dated 10/02/2013 and it does not reflect any of the current EP federal regulatory requirements revised on 02/21/2020. During an interview on 5/28/2020 at 10:00 AM with the Administrative Staff 2 he acknowledged not having an updated EP policy developed and implemented to meet the emergency staffing needs at the facility.		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on interview, observation and policy review the facility failed to develop and implement an Infection Prevention and Control Program (IPCP) policy designed to prevent the transmission of COVID-19 (COVID-19 is a new disease caused by a novel coronavirus that has not previously been seen in humans) per Center for Medicare and Medicaid Services (CMS) and Center for Disease Control and Prevention (CDC). The facility failed to follow the CDC guidance on the use of Personal Protective Equipment (PPE) goggles or face shields for a patient on droplet precautions Resident #1. The facility failed to maintain proper sanitation with cleaning of reusable equipment's, and cleaning of an isolation room. The facility failed to conduct an annual review of its Infection Prevention and Control Program and updates their program as necessary to meet the standard of care and practice. These failed practices have the potential to cause transmission of diseases to residents and staff. Findings include: During an interview concurrent with an observation on 5/27/2020 at 9:45 AM Housekeeping / Laundry Staff 4 was observed cleaning the facility environment and is using a spray bottle labeled Peroxide Multi Surface Cleaner and Disinfectant product. When questioned if she had received training on the use of the Peroxide Multi Surface Cleaner and Disinfectant product she stated No. When questioned about the amount of time the cleaned product / surface needed to remain wet for sanitizing properties to be effective she stated I do not know. She further explained, when using the product she sprays the surface a little and wipe it down. In addition Staff 4 confirmed not having any Infection Control training since employed eight months ago. When questioned about how she cleans the isolation rooms, she replied, I was told not to clean the isolation rooms and the C.N.A's would clean the isolation rooms. During an interview concurrent with an observation on 5/27/2020 at 10:10 AM C.N.A Staff 6 was observed entering Resident 1 droplet precaution isolation room without any goggles or face shield. Staff 6 was questioned why she did not enter the room with any goggles or face shield she stated, The facility does not have any goggles or face shield available. When questioned if she had received training on the use of the Peroxide Multi Surface Cleaner and Disinfectant product she stated No. When questioned about the amount of time the cleaned reusable equipment's (blood pressure machine, Hoyer Lift) needed to remain wet for sanitizing properties to be effective she stated I don't know. Staff 6 demonstrated how she sprays the disinfectant bottle on the reusable equipment's and wipes it down immediately after. In addition, Staff 6 was asked about how she cleans the isolation room, she stated The housekeeping staff is responsible to clean the isolation rooms. During an interview on 5/27/2020 at 10:25 AM with C.N.A Staff 7 she confirmed not having any goggles or face shields available when going into Resident 1 droplet precaution isolation room. When questioned if she had received training on the use of the Peroxide Multi Surface Cleaner and Disinfectant product she stated No. When questioned about the amount of time the cleaned reusable equipment's (blood pressure machine, Hoyer Lift) needed to remain wet for sanitizing properties to be effective she stated I am not sure. During an interview on 5/27/2020 at 10:33 AM with RN Staff 8 she confirmed the goggles or face shields were not available when entering Resident 1 droplet precaution isolation room. RN Staff 8 also confirmed not being aware of the Peroxide Multi Surface Cleaner and Disinfectant product use details such as the contact time and had no training. During an interview concurrent with record review on 5/27/2020 at 12:00 PM with Administrative Staff 1 she acknowledged the IPCP policy was not developed or implemented to meet the COVID 19 standard of practice and guideline per federal regulation (CMS and CDC). Reviewed the facility policy titled Infection Control Manual dated 2007 - 2011, it does not reflect any COVID 19 recommendations, process for prevention, surveillance and precaution guidance from CMS and CDC. Administrative Staff 1 acknowledged not being prepared for the COVID 19 pandemic. Administrative staff 1 indicated the nursing staff had not yet received any training with the use of the Peroxide Multi Surface Cleanser and Disinfectant product. Administrative Staff 1 stated, the housekeeping staff is supposed to clean all rooms and should have received the infection control training upon hire. Administrative Staff 1 also confirmed the goggles or face shield are not available for the droplet precaution isolation room. During an interview on 5/27/2020 at 1:00 PM with Administrative Staff 3 he acknowledged not having any goggles or face shields in the facility. He provided evidence of the invoice for the goggles dated March 2020, but have not yet received the supplies from the vendor. In addition, he indicated not being aware of the appropriate wet contact time with the Peroxide Multi Surface Cleanser and Disinfectant product used at the facility to clean equipment's and surfaces. He confirmed not having any in-service with the housekeeping and laundry staff in regards to the product manufacturer's use recommendations. Administrative Staff 3 indicated the expectation is for the housekeeping staff to clean all rooms including all isolation rooms daily. On 5/28/2020 reviewed the manufacture recommendation for the Peroxide Multi Surface Cleanser and Disinfectant product and the directions are: 1). Spray 6-8 inches on the surface 2). Make sure to wet surface thoroughly 3). All surface must remain wet for the required time indicated for use 4). Contact time 2 minutes		
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.