STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035114	A. BUILDING _____ B. WING _____	08/04/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MOUNTAIN VIEW MANOR	1045 SANDRETTO DRIVE PRESCOTT, AZ 86305

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, 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 and failed to maintain an infection control program regarding ongoing surveillance data to identify infections, infection risk and communicable disease. The deficient practice could result in the spread of infections, including COVID-19 to residents and staff. Findings include: An interview was conducted on [DATE] at 12:40 p.m. with the assistant Director of Nursing (ADON)/MDS (Minimum Data Set) Coordinator (staff #18). The ADON stated that there were currently no COVID-19 positive residents in the facility but that there were residents on observation for signs/symptoms of COVID-19. She said staff must don a KN95 face mask, a surgical mask over the KN95 mask, a gown, and gloves when providing care for residents on observation for signs/symptoms of COVID-19. She said a face shield/goggles are optional. Staff #18 also stated that residents on observation are not required to wear a mask when receiving care. She said residents being observed are presumed to be contagious and that the COVID-19 virus can spread through droplets when residents are talking, coughing and sneezing. She stated that if the droplets were to get into staffs' eyes, they could be contaminated and that the risk is increased if staff are not wearing a face shield or goggles. Staff #18 also said that once staff enter the observation unit, they are to exit through the back door at the end of their shift to prevent contaminating others in the building. Regarding observations on the observation hall -On [DATE] at 2:45 p.m., a Training Nursing Assistant (TNA/staff #37) was observed exiting a resident's room who was on observation, wearing a KN95 mask, with a surgical mask over the KN95 mask, and no face shield/goggles. She stated that for the residents on the observation hall, she wears the KN95 mask and surgical mask to protect herself and wears the same KN95 mask and surgical mask throughout her shift. She was then observed entering another resident's room who was on observation. When staff #27 exited that room, she said the surgical mask could be contaminated and that she probably should have taken it off before exiting the room. Staff #37 then exited the observation hall through the fire doors into the hall that housed non COVID-19 residents and went into the nursing station. She continued to wear the same surgical mask over the KN95 mask while on the non COVID-19 hall. -On [DATE] at 3:05 p.m., a Licensed Nurse Practitioner (LPN/staff #25) was observed exiting a resident's room who was on observation, with her surgical mask on top of her KN95 mask not wearing a face shield or goggles. The LPN exited the fire doors and walked into the nurse's station on the non COVID-19 hall. The LPN was then observed bringing a mattress and a bed from the non COVID-19 hall into the observation hall. On [DATE] at 3:15 p.m., it was observed that the two PPE carts on the observation hall did not contain any face shields or goggles. The signage for PPE requirements posted by the doors of the residents on observation, did not include instructions to don a face shield or goggles. An interview was conducted on [DATE] at 3:20 p.m. with the LPN (staff #25). She stated that she was the nurse in charge of the observation hall and the non COVID-19 hall. She acknowledged that she had come out of a resident's room on the observation hall and did not remove the surgical mask she was wearing before exiting the room. The LPN stated that she had never received training to remove the surgical mask before leaving a resident's room that was on observation. She stated that she wore the same KN95 mask and surgical mask for the entire shift. She said that the purpose of wearing the surgical mask over the KN95 mask was to keep the KN95 mask from getting dirty, it was an extra layer of protection, and was to protect her from droplets. The LPN said that the surgical mask could be dirty and there could be a risk of contaminating residents on the non COVID-19 hall. She stated she would only don a face shield or goggles for a COVID-19 positive resident, and that they currently have no COVID-19 positive residents. An interview was conducted on [DATE] at 4:17 p.m. with the Director of Nursing (DON/staff #44), who stated that Personal Protective Equipment (PPE) requirements are the same for COVID-19 positive residents and residents who are on observation. She said that residents who are on observation are presumed contagious. She said staff are required to wear a KN95 mask and a surgical mask over the KN95 mask. The DON stated the purpose of the surgical mask is to protect the KN95 mask from becoming contaminated. The DON said the staff are to doff the surgical mask before leaving the resident's room. She said that if staff do not doff the surgical mask, they are at risk of transmitting the COVID-19 virus to other residents/staff. She also said that a face shield or goggles are required to protect their eyes from contamination. She stated that the facility does not have a staffing shortage at this time and acknowledged that the nurse working on the observation hall is also working on the non COVID-19 hall. Review of the facility's PPE policy revealed PPE required when caring for residents with COVID-19 or suspected COVID-19 are goggles/protective eyewear, N95 mask, disposable gown and gloves. The facility's Infection Control Coronavirus (COVID-19) policy revised [DATE], revealed education shall be provided to staff for appropriate donning and doffing of PPE, including but not limited to N95 masks. Review of the CDC Responding to Coronavirus (COVID-19) in Nursing Home guidance updated [DATE] revealed all recommended COVID-19 PPE should be worn during care of residents under observation, 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 disposable face shield that covers the front and sides of the face), gloves and gown. The guidance stated ensure healthcare personnel (HCP) have been trained on infection control measures, including the use of and steps to properly put on and remove recommended PPE. The CDC guidance Preparing for COVID-19 in Nursing Homes updated [DATE] stated that HCP observing new admissions and readmissions should wear an N95 respirator or higher-level respirator (or face mask if a respirator is not available), goggles or a face shield, gloves and gown when providing care for these residents. The CDC guidance regarding Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease (COVID-19) Pandemic updated [DATE] revealed HCP must receive training on and demonstrate an understanding of how to properly don, use, and doff PPE in a manner to prevent self-contamination. -Regarding infection surveillance Review of a document titled Line List Template provided by the facility revealed that the initials for two staff entries that included data for the sex, onset date, current status, location, underlying conditions, specimens collected, and results. The onset dates were for dates in [DATE]. The facility provided a COVID POSITIVE RESIDENTS document as their resident line list.This document revealed that data was included for three residents. The included data were residents names, with the date the residents tested positive, their payor sources, and the dates two of the residents expired. The dates the residents tested positive were in [DATE]. The facility also provided a Line List that revealed documentation for staff and residents identified by initials regarding isolation precautions, symptoms, specimens collected, and results for various dates in [DATE]. The facility was unable to provide infection surveillance data regarding a suspected respiratory illness cluster or outbreak that was completed for [DATE] which included a summary and analysis of the number of residents/employees who developed infections, the type of infections, the infection site, pathogen, dates, signs and symptoms and if antibiotic treatments were administered; observation of staff including the identification of ineffective practices; and the identification of unusual or unexpected outcomes, infection trends and patterns. An interview was conducted on [DATE] at 4:18 p.m. with the DON/Infection Control Preventionist (ICP/staff #44).

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) Staff #44 stated that the purpose of the line listing was as an infection surveillance tool and that it was her responsibility to complete the document. Staff #44 stated that the only line listing that was being done were the documents that she provided earlier. She stated that the only tracking being done regarding the COVID- 19 infection surveillance for residents is documented in individual resident charts. The ICP stated the only tracking being done for staff is the document with staff initials that was provided. She said that staff names are not included due to privacy concerns. The DON stated that she was unaware of CDC guidance or of a form related to infection surveillance or line listing. Review of the facility's policy Pandemic COVID-19 Event revealed the facility has established the presence of more than one case of COVID-10-like illness occurring in the same unit within two consecutive days, to identify an outbreak or trend with potential pandemic entities to follow. Regarding establishing control, the policy stated that the Nursing Administration will begin tracking symptomatic residents using identifiers such as room wing, onset date, symptoms, treatment, hospitalization s and outcome; and the facility will increase attention to respiratory and secretions precautions and ensure that staff is [MEDICATION NAME] good hand washing techniques. The policy also included information regarding symptomatic staff will also be tracked by nursing administration to determine possible trends. Review of the facility's policy titled COVID-19 Policy and Procedure regarding identification and response to potential COVID-19 infection revealed the ICP will remain aware of current CDC guidelines and of any occurrence of COVID- 19 in their area. The policy included maintaining documentation of infections line listing of staff and residents and following the current CMS guidelines. The CDC guidance Preparing for COVID-19 in Nursing Homes updated [DATE] revealed nursing home populations are at high risk for being infected by respiratory pathogens like COVID-19 and other pathogens. A strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel. Facilities should assign at least one individual with training in IPC to provide on-site management of their COVID-19 prevention and response activities. An IPC program is responsible for developing IPC policies and procedures, performing infection surveillance, providing competency-based training of healthcare personnel, and auditing adherence to recommended IPC practices. Review of the CDC Long Term Care (LTC) Respiratory Surveillance Line List revealed a template for data collection and active monitoring of both residents and staff during a suspected respiratory illness cluster or outbreak at a long-term care facility. Each row represents an individual resident or staff member who may have been affected by the outbreak illness (i.e., case). The information in the columns of the worksheet capture data on the case demographics, location in the facility, clinical signs/symptoms, diagnostic testing results and outcomes. Information gathered on the worksheet should be used to build a case definition, determine the duration of outbreak illness, support monitoring for and rapid identification of new cases, and assist with implementation of infection control measures by identifying units where cases are occurring. Review of the CDC Long-Term Care (LTC) Respiratory Surveillance Outbreak Summary revealed the form was created to help nursing homes summarize the findings, actions and outcomes of an outbreak investigation and response. Completing this form will provide LTC facilities with a record of the facility's outbreak experience and highlight areas for outbreak prevention and response.