STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325118	A. BUILDING _____ B. WING _____	**06/15/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MCKINLEY CENTER	**306 NIZHONI BLVD GALLUP, NM 87301**

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 observation, interview and record review the facility failed to implement all required transmission based precautions (the second tier of basic infection control, to be used, in addition to standard precautions {a group of infection prevention practices that apply to all patients, such as handwashing with the appropriate products at the appropriate times and disinfecting the environment} for residents who are or suspected to be infected or colonized with infectious agents that can be transmitted to other people), in this case, while caring for residents suspected of having COVID-19 during the 2020 public health emergency by not ensuring: 1. Clear signage as to what personal protective equipment (PPE) was to be utilized when entering the facilities Admission Quarantine Unit (AQU) (a unit designed for the care of newly admitted or readmitted residents for the initial 14 days at the facility for observation that they are not infected with COVID-19) 2. All staff have been trained on infection prevention measures, including the use of all recommended PPE for where they are assigned to work. 3. Cohorting residents with unknown status for COVID-19 infection in a single room when a private room was available. 4. Having residents cohorted on the AQU in room together without curtains drawn between them. 5. Using a hand hygiene product (not appropriate for use in health care as a hand hygiene product) as a disinfectant on the AQU. These practices put seven residents (R #1, R #2, R #3, R #4, R #5, R #6 and R #7) of seven (R #1, R #2, R #3, R #4, R #5, R #6 and R #7) at increased risk for infection with COVID-19. If infection prevention and control practices are not consistently adhered to safe resident care and prevention of transmission of infections is at elevated risk. The findings are: A. On 06/15/20 from approximately 11:45 am to 12:15 PM, during observation of the facility the AQU following breaches in standard and transmission based precautions for COVID-19 were noted. 1. Signage on the outside of the doors into the unit was not consistent, one sign directed those who enter to wear hand made cloth masks and one sign to put on all PPE for Contact/Droplet and to use N95 masks. During the tour of the AQU, there was also signage on two resident doors directing the use of hand made cloth masks. 2. room [ROOM NUMBER] housed two residents, R # 1 and R #2. The curtains were open between them.They were not wearing masks to compensate for curtains being opened between them. 3. Product available for use on wall in the AQU included a large bucket of towelettes, the active ingredient listed on the label was, [MEDICATION NAME] chloride 0.13 percent. There was no Environmental Protection Agency (EPA) labeling on the product or directions of how it should be utilized to be effective, such as how long it would need to remain wet to be effective. There were no claims as to specific bacteria or viruses it would be effective against. 4. A housekeeper (H #1) was seen outside a resident room. She was not wearing goggles or a face shield for eye protection, she was wearing a disposable procedure mask. B. On 06/15/20 at approximately 11:55 am, during interview with H #1, she revealed she had worked at the facility, about two weeks. When asked why wasn't she wearing a N95 mask or face shield, goggles or protective glasses, she replied, This is what they gave me (surgical mask). She confirmed that this is what she wears every day. Regarding a product mounted on wall of hall in AQU, ZOOM Active Wipes, she revealed these are used to wipe things down (like light switches and bed rails?) C. Review of manufacturers guidelines for use of the ZOOM Active Wipes revealed the product is marketed a hand hygiene product. D. On 06/15/20 at approximately 12:30 pm,during interview, the Director of Nursing (DON), also the facility Infection Preventionist (IP), revealed that the signage on the AQU unit entry doors and some AQU resident doors that pictured fabric masks and indicated they should be utilized in the unit, were, probably old and just had not been removed from the doors when the new signage (indicating gowns, face shields or goggles, N95 masks should be worn on the AQU) were put up. She revealed that the housekeeping supervisor was the responsible person for ensuring the education of H #1(on wearing N95 masks and goggles or face shields on AQU). She revealed she was unsure what the ZOOM, Active Wipes, were for. E. On 06/15/20 at approximately 12:40 pm, during interview, the supervisor for the housekeeping workers (H #2) revealed, that H #1 had been educated on COVID-19 and PPE but had not been instructed to use N95 mask or a face shield, goggles or protective face shield due to COVID-19 transmission precaution recommendations. She was asked to provide the documentation of what H #1 was instructed in prior to working on the AQU. This documentation she was unable to produce while surveyors were in the building and the surveyor requested that she to email it. F. On 06/15/20 at approximately 12:45 pm, during interview, the Administrator revealed he was not aware that there were residents cohorted in the AQU, and that he would not have approved of that if he had known. G. On 06/16/20 at 11:49 am, an email was received from H #2 with the documentation of H #1's education data. It included 4 notations of education completed but there was no indication of the content of the education. H. On 06/19/20 at 9:45 am a scanned image of education provided to H # 1 was received and it documents that as of 05/26/20, employees that are provided equipment are required to wear the equipment .Infection Control specific training is in the COVID-19 Binder . I. On 06/19/20 at 12:30 pm, during telephone interview, with H #1 revealed, her training at the facility consisted of online webinars, the webinars did cover PPE donning and doffing, (putting the PPE on and off), hand hygiene and not touching your face. That the Webinars did not cover N95's or use of protective eye wear. (What she was educated to wear into a room where a presumed COVID positive resident was living?) She revealed, no handouts were supplied and that no other education was given besides the online webinars. She revealed she was told what rooms had the possibly COVID (+) or COVID (+) residents in them. She revealed that since working at the facility she had never been told to wear an N95 mask or face/eye protection when going into the AQU. She revealed, that she has, since the survey on 06/15/19, been supplied an N95 mask and eye protection glasses and has not, to date, been instructed on how to test if the N95 is on correctly, (so there are not leaks and it protects her and residents) and she has not been fit tested for the N95 mask (a procedure to ensure the product is the correct one for the individual using it) . She said she has most often been assigned to work the AQU unit since she has worked at the facility. J. Record review of CDC guidance for quarantine of newly admitted or readmitted residents in nursing homes, on the date of this survey, 06/15/20, included that for the initial 14 days the following should apply: 1. Be assigned to a private room (if available) with the door closed and if residents had to be cohorted the curtain should be drawn between them. 2. High touch surfaces (such as light switches, residents bed side tables and side rails on beds) should disinfected frequently with an Environmental Protection Agency (EPA) approved disinfectant. 3. Staff working on unit should continuously wear eye protection such as goggles, safety glasses or face shields as well as protective gowns, gloves and N95 respirators (face masks that are made to filter out small particles in the air so that staff do not breathe in infectious materials), if available, (recommended by the Centers for Disease Control (CDC), to care for residents admitted within 14 days to a facility and therefore suspected of having COVID-19 (a mild to severe respiratory illness that is caused by a coronavirus (Severe acute respiratory syndrome coronavirus 2)).

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.