

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035166	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2020
NAME OF PROVIDER OF SUPPLIER ESTRELLA CENTER		STREET ADDRESS, CITY, STATE, ZIP 350 EAST LA CANADA AVONDALE, AZ 85323	
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 - Few	<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, 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 to residents and staff, including COVID-19. Findings include: Upon entering the facility on September 23, 2020 at 9:15 a.m., two activity assistants (staff #27 and staff #120) were observed entering the building and were not observed wearing face masks. They walked up to the reception desk and stood next to each other while the receptionist (staff #89) took staff #27's temperature and then took staff #120's temperature. Neither staff (#27 and #120) were observed to sanitize their hands before donning or after donning a KN95 face mask. After staff #89 was finished screening staff #27 and staff #120, an interview was conducted with staff #89. Staff #89 stated neither staff (#27 and #120) was wearing a face mask and they were standing next to each other when he was taking their temperatures. He said standing so close together definitely increases the risk of spreading the COVID-19 virus, especially since neither staff was wearing a face mask. He said he had received training on social distancing and that staff are to remain 6 feet apart. Staff #89 said that he did not observe staff #27 or staff #120 perform hand hygiene before putting on their KN95 face masks or after they had put on the face masks. He said he had received training on donning and doffing PPE (personal protective equipment), which included sanitizing hands before donning a face mask and after donning the face mask. He also said that the risk of getting sick is increased when staff do not sanitize their hands. An interview was conducted on September 23, 2020 at 12:37 p.m. with staff #27, who stated that she had received training on donning and doffing PPE. She said she should have been wearing a face mask when she entered the building, so that she would not bring the COVID-19 virus into the building. She acknowledged that she and staff #120 stood next to each other when staff #89 took their temperatures and that they should have been 6 feet apart. She further stated that they were about 1 foot apart. Staff #27 stated that this increased the risk of spreading [MEDICAL CONDITION] because they could be sick and not have any symptoms. She also stated that she did not sanitize her hands before or after donning the KN95 face mask and before leaving the reception area. Staff #120 was interviewed immediately after staff #27. She stated that she had received training on donning and doffing PPE. Staff #120 said she was supposed to wear a face mask in the building to prevent her from getting other people sick. She acknowledged that she was not wearing a face mask that morning and did not practice social distancing when staff #89 was screening her and staff #27. She said she thought that she and staff #27 were approximately 1 foot apart during the screening process. She also said that she did not use hand sanitizer before donning and after donning the KN95 face mask and before leaving the reception area. During an interview conducted on September 23, 2020 at 1:04 p.m. with the Infection Control Preventionist (ICP/staff #34), staff #34 stated that staff should sanitize their hands before and after donning a face mask. She also said that staff should be [MEDICATION NAME] social distancing. She stated staff #27 and staff #120 had received training on the use of PPE and social distancing. The ICP stated that these practices are to reduce the risk of spreading the COVID-19 infection. Review of the facility's policy regarding Personal Protective Equipment (PPE): Use, Reuse and Extended Use of PPE for all staff dated July 27, 2020, stated staff must wear a standard facemask at all times in all areas of the building including offices, laundry, and kitchen and reuse for their entire shift. At the start of the shift, at the entrance before screening, all staff should: perform hand hygiene, don a new facemask, and perform hand hygiene after donning the mask. An N95 or approved KN95 respirator may be used for one shift only and it must be carefully stored during that shift when removed for meal breaks. The wearer must perform hand hygiene before and after handling the N95 or approved KN95 respirator. The CDC Preparing for COVID-19 in Nursing Homes guidance dated June 25, 2020 stated HCP (healthcare personnel) should wear a facemask at all times while they are in the facility. Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. Implement aggressive social distancing measures (remaining at least 6 feet apart from others). Review of the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic guidance updated July 15, 2020 instructs to screen everyone (patients, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19 and ensure they are [MEDICATION NAME] source control. Source control refers to use of cloth face coverings or face masks 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. HCP should wear a facemask at all times while they are in the healthcare facility. Educate patients, visitors, and HCP about the importance of performing hand hygiene immediately before and after any contact with the facemask. The guidance also included physical distancing (maintaining 6 feet between people) is an important strategy to prevent [DIAGNOSES REDACTED]-CoV-2 transmission. Examples of how physical distancing can be implemented for HCP included emphasizing the importance of source control and physical distancing in non-patient care areas. The CDC Social Distancing updated July 15, 2020 states limiting close face-to-face contact with others is the best way to reduce the spread of the Coronavirus disease 2019 (COVID-19). Social distancing, also called physical distancing, means keeping a safe space between yourself and other people who are not from your household. To practice social distancing, stay at least 6 feet from other people who are not from your household in both indoor and outdoor spaces. Social distancing should be practiced in combination with other everyday preventative actions to reduce the spread of COVID-19, including wearing masks, avoiding touching your face with unwashed hands, and frequently washing your hands with soap and water for at least 20 seconds. The CDC Using Personal Protective Equipment (PPE) updated August 19, 2020 states to identify and gather the proper PPE to don. Perform hand hygiene using hand sanitizer. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).</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.