

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER PALM VALLEY REHAB & CARE CTR		STREET ADDRESS, CITY, STATE, ZIP 13575 WEST MCDOWELL ROAD GOODYEAR, AZ 85338	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 followed in order to prevent the spread of COVID-19. The deficient practice could result in the spread of infections, including COVID-19 to residents and staff. Findings include: -An entrance conference was conducted with the Director of Nursing (DON/staff #165) and the Administrator (staff #31) on May 21, 2020 at 8:50 a.m. The DON stated that new residents are admitted to a designated unit (transitional unit) and stay in isolation for 14 days or until they have tested negative for COVID-19. The DON confirmed that there were no residents on the transitional unit who had tested positive for COVID-19. She stated that disposable Personal Protective Equipment (PPE/gowns, masks and gloves) were being used in these isolation rooms. She said that she would check on how they were meeting the eye protection requirement. -An observation was conducted on May 21, 2020 at 10:10 a.m. of one of the isolation rooms on the dementia unit. On the door was a stop sign and a sign for visitors to report to the nurse's station before entering. There was also a sign with instructions on how to don and doff PPE. Outside of the room, was a plastic cart with drawers. The isolation cart contained gloves, however, there were no gowns in the cart. Further observations revealed there were multiple disposable gowns, which were hung immediately inside the resident's room. An interview was conducted on May 21, 2020 at 10:17 a.m., with a Licensed Practical Nurse (LPN/staff #195). She stated that this resident was on isolation for 14 days, as he had been admitted from the hospital. Staff #195 stated that staff were wearing N95 masks continuously and wear a gown and gloves, but they do not wear eye protection in the room. She stated that staff were also were reusing multiple gowns and that each gown in this isolation room had been worn by multiple staff members. An interview was conducted with another LPN (staff #110) on May 21, 2020 at 10:25 a.m. She said that new admits were supposed to go to the transitional unit. At this time, staff #110 asked another nurse why the patient had not been admitted to the isolation unit, and the other nurse said that he was admitted to this unit because the resident had dementia. Staff #110 stated that the facility was running out of gowns and were told to reuse the gowns. She stated that there was a risk to re-using gowns as they would be dirty and when used between staff there would be an increased risk of staff to staff transmission. She also said they have needed face shields, but don't have any. She said that COVID-19 is transmitted through droplets and that droplet precautions require eye protection, which has not been provided. -An observation was conducted on May 21, 2020 at 10:45 a.m. of one isolation room on the behavioral unit. There were signs posted at the room with instructions for donning and doffing PPE. Outside of this room was a cart, which contained gowns and gloves, but no eye protection. At this time, a LPN (staff #136) stated that the resident was out to [MEDICAL TREATMENT]. An interview was conducted on May 21, 2020 at 10:55 a.m. with a Certified Nursing Assistant (CNA/staff #113), who was working on the behavioral unit. She stated that the resident was on isolation because she goes to [MEDICAL TREATMENT], which puts her at higher risk for COVID-19. She stated that staff wear a gown, gloves and a mask when in that room, but do not wear a face shield. An interview was conducted with another CNA (#119) who was working on the behavioral unit on May 21, 2020 at 12:07 p.m. He stated that he was provided a face shield today, and that the face shield would be needed along with a gown, gloves and face mask, when caring for residents who were suspected of having COVID-19. -During the entrance conference, the surveyors were informed that a resident on the 200 hallway was suspected to have COVID-19 as of May 20, 2020 and was tested, with results pending. The DON stated the resident was tested due to a temperature spike, elevated blood pressure and chills. The DON said that the roommate was re-located to another room on the 200 hallway to decrease exposure and was also on isolation. She said the roommate was tested on [DATE], with results pending. An observation was conducted on May 21, 2020 at 11:08 a.m., on the 200 hallway. There were three rooms which were designated as isolation rooms. One of the rooms, had a sign that stated for visitors to please report to the nurses station before entering. There was also an isolation cart outside of the room, which contained gloves, gowns and face shields. Another one of the isolation rooms had a sign that stated for visitors to please report to the nurses station before entering and there was a bedside table outside of the room with gowns. The third isolation room had a sign which stated for visitors to please report to the nurses station before entering and had an isolation cart outside of the room which contained gloves, gowns and face shields. An interview was conducted on May 21, 2020 at 11:54 a.m. with a CNA (staff #178), who was working on this unit. She stated that she had received education on COVID-19, which included the wearing of gloves, a gown and a face mask. She also said that she was newly educated today to wear a face shield and was provided one. She said that she had not been asked to wear a face shield before today. An interview was conducted with the Infection Control Preventionist (LPN/staff #2) on May 21, 2020 at 12:30 p.m. She stated that new admissions were being treated as potentially positive for COVID-19, and are placed in isolation on the transitional unit for 14 days. She stated that the PPE required to care for residents on isolation was an N95 mask, a gown and gloves. She said if they had signs and symptoms of COVID-19, staff would also need to wear face-shield/goggles. She said they have not been using eye protection in the transitional unit, but were treating them as having COVID. She said today they passed out face shields to the staff caring for the suspected COVID-19 residents. An interview was conducted with the DON (staff #165) on May 21, 2020 at 1:13 p.m. She stated that they do not classify a resident as suspected to have COVID-19, unless they have an emergence of signs and symptoms. When asked if new residents and [MEDICAL TREATMENT] residents would be considered to have an unknown status for COVID-19 and need the same precautions and PPE as if they were confirmed positive with COVID-19 for a 14 day period, she said that she wanted to clarify the need for eye protection. Another interview was conducted with the DON at 1:50 p.m. She stated that when they opened the transitional unit they were unable to obtain eye protection. She stated that she knew they had to use eye protection for suspected cases of COVID-19, but did not know if they needed them for the transitional wing. She stated that when the face shields came in, she did not make the connection to implement the face shield use at that time and that she should have implemented eye shield use for all of those in transition isolation, for any suspected or positive COVID-19 cases and for [MEDICAL TREATMENT] residents. She stated that [MEDICAL TREATMENT] residents are at increased risk for COVID-19 related to coming and going from the facility. An interview was conducted with the Administrator (staff #31) and the DON on May 21, 2020 at 2:20 p.m. The DON now stated that new admits are placed in isolation for 14 days, one patient per room under contact isolation and that staff should wear gloves, masks and gown. She stated if a resident developed signs and symptoms of COVID-19, then they would be considered suspected to have COVID-19. She said if a resident was confirmed positive for COVID-19, they would be placed on droplet and contact isolation, and then eye protection would also be required. She stated the only residents that were on droplet isolation precautions for suspected COVID-19, and required staff to wear eye protection for care were the two rooms on the 200 hallway (the same two rooms in the observation from May 21 at 11:08 a.m.). The DON also said that the reason that the two new admissions did not go to the transition unit was because one would have been unsafe related to a history of wandering (the resident on the dementia unit) and the other resident (on the 600 hallway) required ventilator/[MEDICAL CONDITION] support. She further stated that every isolation room should have PPE supplies directly outside the room for staff access and that staff know if they run out they are to go to the wall unit in</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>the nurses station for supplies. Continued in the interview, the Administrator stated that if there was not PPE supply outside of the rooms or at the nurse's station, staff should call central supply. He stated if there were no supplies outside a designated isolation room, expectations were not met. He stated that if the facility did not have enough PPE for an isolation room, then each employee would have a dedicated gown to use in that room for the shift they worked and the gown would be hung on the hooks inside the room. He stated that multiple staff sharing the same gown would increase the risk for transmission of infection from staff to staff and staff to resident, and that if staff were sharing isolation gowns, they were not meeting facility expectations or following the facility plan. He stated the facility is following their policies and CDC guidelines related to COVID-19 and infection control. He stated the facility would further discuss face shield use, but at this time they were not required for staff to care for new admission residents with an unknown COVID-19 status or for residents that leave the facility for [MEDICAL TREATMENT]. He stated that a resident would not be placed on droplet isolation unless they were symptomatic or had tested positive for COVID-19.</p> <p>-An observation was conducted on May 21, 2020 at 9:00 a.m., on the 600 hallway. On this unit, there was one resident who was on isolation precautions for COVID-19, as the resident was a new admission of three days. On the door was a stop sign and a sign for droplet precautions. There was also a sign on the door with instructions on how to don and doff PPE. However, there was no isolation cart with PPE outside of this room. An interview was conducted with a LPN (staff #198) on May 21, 2020 at 11:10 a.m. She stated that there were no more carts for PPE available. She stated the resident on isolation was newly admitted from the hospital so he was placed on isolation, but has no signs or symptoms of COVID. She stated this resident was not placed on the designated isolation unit, due to requiring oxygen support because he has a trach. -An observation was conducted on May 21, 2020 at 10:30 a.m. on the 300 hallway. There was one resident who was on isolation precautions. On the door was a stop sign and a sign for visitors to report to the nurses station before entering. There was also a sign requiring the use of a gown, mask, goggles/faceshield and gloves. Another sign included instructions on how to don and doff PPE. Outside of this room was an isolation cart with drawers, which contained gowns and gloves, but no goggles/faceshields. At this time, there was a staff therapist in the resident's room, who was assisting the resident with ambulation using a walker. The therapist did not have on goggles/faceshield. An interview was conducted with a LPN (staff #154) and a CNA (staff #164) on May 21, 2020 at 10:45 a.m. Staff #154 stated that residents are on isolation for 14 days upon admission from the hospital. Staff #154 stated that all staff are wearing N95 masks continuously on their shift and are not being required to wear eye protection (faceshield or goggles), even though it is stated on the posted isolation sign outside of the resident's room. Staff #154 and staff #164 stated that there has been no apparent issues with supplies for the isolation carts for required PPE. An interview was conducted with the DON on May 21, 2020 at 1:50 p.m. The DON stated that the facility had been unable to obtain eye protection. She stated that they had reached out to their procurement facility and the eye protection has now come in. Staff stated that the Infection Control Preventionist was currently out on the units doing inservice's with staff regarding faceshields and that it should be used with all new admissions/transition isolation residents, as well as with any residents that are suspected or are confirmed COVID positive residents. Review of the facility's Inservice on COVID-19 Transitional Unit which was conducted on March 18, 2020, revealed that residents from the hospital will be placed on the transitional unit and kept on isolation contact/droplet precautions and will be observed daily to ensure the safety of our residents and staff. The charge nurse will be notified when a resident will be coming off isolation, 72 hours if they have a negative COVID-19 test, and a resident with no test will be on isolation for 14 days. Review of the facility's Enhanced Standard Precautions policy revealed that transmission based precautions will be implemented for known or suspected infections for which the route of transmission is known. The policy stated that intensified interventions are suggested for implementation by the CDC, when an unusual infectious agent is circulating in the community. For contact precautions a sign will be posted outside of the resident's room to indicate special precautions that are in place. The policy further included that the facility will provide a table/cart for access to 24-hour supply of masks, gowns, gloves (etc.), which will be needed to maintain isolation precautions. These items must be covered and in a clean environment to avoid contamination of the PPE before use. The policy stated that the cart is to be outside of the isolated resident's room for easy access, before caring for the isolated resident. Review of the facility's guidance for hospital admission revealed to take potential steps to reduce the spread of COVID-19. One of the steps included to place residents on contact precautions, per the CDC guidelines. Review of the CDC recommendations for Responding to Coronavirus (COVID-19), revealed creating a plan for managing new admissions and readmissions, whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area, so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes the 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. Newly admitted or readmitted residents should be monitored for evidence of COVID-19 for 14 days after admission, and cared for using all recommended COVID-19 PPE. Review of the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 in Healthcare Settings, revealed information on strategies for optimizing the supply of isolation gowns and extended use. The crisis capacity strategies included for care of patients with suspected or confirmed COVID-19, consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same Healthcare personnel, when interacting with more than one patient known to be infected with the same infectious disease, when these patients are housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). This can be considered only if there are no additional co-infectious [DIAGNOSES REDACTED]. If the gown becomes visibly soiled, it must be removed and discarded as per usual practices. Additional CDC guidelines regarding COVID-19 revealed that infection control procedures including administrative rules and engineering controls, environmental hygiene, correct work practices and appropriate use of PPE, are all necessary to prevent infections from spreading during healthcare delivery. All healthcare facilities must ensure that their personnel are correctly trained and capable of implementing infection control procedures, and that individual healthcare personnel should ensure they understand and adhere to infection control requirements. Recommendations included that infection control procedures including administrative rules and engineering controls, environmental hygiene, correct work practices and appropriate use of PPE, are all necessary to prevent infections from spreading during healthcare delivery. 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