

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035286</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SANTE OF NORTH SCOTTSDALE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>17490 NORTH 93RD STREET SCOTTSDALE, AZ 85255</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, staff interviews, facility documentation, the Centers for Disease Control (CDC) guidelines and policy review, the facility failed to ensure appropriate Personal Protective Equipment (PPE) was utilized when caring for residents with an unknown COVID-19 status. This deficient practice could result in the spread of COVID-19. Findings include: At the time of the survey, the facility had six residents who had tested positive for COVID-19. The residents resided on the COVID-19 unit on the second floor. The facility also has two observation units (called screening units) for new admissions and readmissions. One of the units was on the first floor and the other was on the second floor. There were multiple residents on both of the screening units. Each screening unit had a sign at the entrance indicating that it was a screening unit. Observations of the first floor screening unit were conducted at 12:30 p.m. on July 29, 2020. Multiple staff were observed entering various resident rooms with a long-sleeved cloth lab coat on, which buttoned up the front. Staff were observed wearing the same lab coat into multiple resident rooms, and did not change their lab coat or don a gown over their lab coat inbetween residents. In addition, there were several isolation carts that were outside of some of the rooms on this unit. The signs indicated to see the nurse before entering the room. In an interview with the Infection Preventionist (staff #24) and the Director of Nursing (DON/staff #236) at 12:35 p.m. on July 29, 2020, the Infection Preventionist said there are isolation carts in front of the some of the rooms, because they require additional PPE. She said those resident may be displaying signs of COVID-19 or may be on isolation for another infection. Staff #24 stated that staff should put on the PPE contained in the carts, prior to entering these rooms. She further said that staff wear the same lab coat into all of the other resident rooms on the screening units. An observation of the second floor screening unit was conducted at 12:40 p.m. on July 29, 2020. Several staff were observed going into various resident rooms, with the same lab coat on. Staff were not observed to don gloves when entering the rooms. One staff member went into a resident room and was handling items, which included a disposable food container. The staff member then took the food container out of the room and threw it away. A culinary guest associate (staff #226) was observed on the observation unit on the second floor. Staff #226 wore the same lab coat while going into multiple resident rooms to take food orders. An interview was conducted with staff #226 at 1:05 p.m. on July 29, 2020. She stated that when she arrives for work she puts on one of the long-sleeved cloth lab coats, a N95 face respirator and eye protection. She said that she wears the gown for the entire work day and goes into multiple resident rooms to take orders. She said she does not change lab coats throughout the day. She said if a room has an isolation cart on the outside of it and a sign indicating that the resident is on isolation, she does not go into those rooms and instead will call the resident to obtain their food order. Another observation on the screening unit on the second floor was conducted on July 29, 2020 at 1:07 p.m. One staff member went into a resident's room and did not don gloves. The staff member moved the resident's bedside table, moved a few of the resident's items around on the bedside table, and then grabbed the resident's water pitcher. She then took the mug outside of the room and refilled it with ice and water in the hallway. She then returned to the room and put it on the bedside table. An interview was conducted at 1:22 p.m. on July 29, 2020 with an Occupational Therapist (staff #64). Staff #64 stated that when he arrives to work, he puts on a long-sleeved cloth lab coat. He said that most of the residents receiving therapy get the therapy in their rooms. He said that he wears the lab coat all day when working with various residents. He said the lab coat does not get changed between residents on the screening units. He said that he does don gloves while working with residents in their rooms. During an interview with a Certified Nursing Assistant (CNA/staff #10 ) at 2:11 p.m. on July 29, 2020, she stated that she wears a long-sleeved cloth lab coat all day while working with residents on the screening units. She said she does don new gloves when she enters every room and doffs them when leaving the room. An interview was conducted with a Licensed Practical Nurse (LPN/staff #25) on July 29, 2020 at 2:54 p.m. She stated that she puts on a long-sleeved cloth lab coat when she arrives at work, and uses that lab coat for the entire day when working with the residents on the screening unit. She said she does not change coats between residents. She said that she usually does not wear gloves in the screening rooms, but she does wash her hands after providing care to the resident. She said if one of the residents on the screening unit started to have symptoms of COVID-19, they would be put on droplet precautions and an isolation cart would be placed in front of their door and a sign on the door to indicate their isolation status. She said when entering these rooms, she would don a gown and gloves before entering. An interview with the Administrator (staff #235), the DON and the Infection Preventionist (staff #24) was conducted at 3:35 p.m. on July 29, 2020. The Infection Preventionist stated that the residents on the screening units are new admissions or readmissions to the facility and they stay in the screening unit for 14 days for observation. She said that while on the screening unit, residents are cared for by staff who wear N95 masks, faceshields or goggles, and a cloth long-sleeved lab coat. She said the lab coat is used between all of the residents on the screening unit, except for those who are either symptomatic or on isolation for another infection. She said that in this case, staff are to doff the lab coat and put on a disposable gown before entering the room. She said in regards to gloves on the screening unit, they are used when direct patient contact is completed by staff, but are not used for doing tasks such as touching items in the resident's room, getting them water and other such tasks. Review of the facility's policy regarding the screening unit for new admissions revealed the facility will adhere to recommendations from state and local health departments, state and federal governing entities, and the CDC to the extent possible to mitigate risks and prevent transmission of infectious diseases, specifically during the COVID-19 pandemic. Due to concerns over asymptomatic and pre-symptomatic spread or transmission of COVID-19, a screening unit has been created to minimize the risk of exposure and transmission. The procedure included that new admissions who have been tested and are COVID-19 negative or patients whose COVID status is unknown will be admitted to a designated screening unit. The policy included that new admissions will be placed on isolation on the screening unit for 14 days. The policy also stated that due to concerns over asymptomatic and pre-symptomatic spread of COVID-19, universal use of mask and gown will be instituted for all staff members assigned to the screening unit. Review of the CDC Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19, revealed that all recommended PPE should be worn during care of residents under observation; this 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. Review of the CDC guidance for Strategies for Optimizing the Supply of Isolation Gowns updated March 17, 2020, revealed that considerations can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same staff member when interacting with more than one patient known to be infected with the same infectious disease when they are housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). The CDC guidance for Responding to COVID-19 in Nursing Homes updated April 30, 2020, revealed that facilities should create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. The guidance included that all recommended COVID-19 PPE should be worn during care of residents under observation, which includes gloves and gowns. Review of CDC guidance regarding Preparing for COVID-19 in Nursing Homes updated June 25, 2020, revealed if extended use of gowns is implemented, the same gown should not</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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<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 1)</p> <p>be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19, who are cohorted in the same area of the facility and these residents are not known to have any co-infections. The guidance also stated that facilities should create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. This included that staff should wear N95 respirators, eye protection, gloves and gowns when caring for these residents. The CDC guidance for Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic dated July 15, 2020, included that PPE recommendations include to put on clean, non-sterile gloves upon entry into the patient room and to remove and discard the gloves before leaving the patient room. The guidance also included to put on a clean isolation gown upon entry into the patient room. Remove the gown in a dedicated container before leaving the room.</p>		