

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DESERT TERRACE HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2509 NORTH 24TH STREET PHOENIX, AZ 85008</b>	
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  <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 observation, interview and record review, the facility failed to maintain an infection control program designed to prevent the transmission of COVID-19 (COVID-19 is a new disease caused by a novel coronavirus that has not previously been seen in humans) when they did not implement and follow the CDC's guidance to use all COVID-19 Personal Protective Equipment (PPE) for newly admitted residents (R1, R2, R3, R4, R5, &amp; R6) during the fourteen day observation period. This failure had the potential to cause the transmission of COVID-19 to other residents and staff of the facility. Findings include: During a concurrent observation and interview on 05/19/20 at 12:18 PM, CNA8 was wearing a surgical mask then proceeded to don gown and gloves in preparation to enter R1's room which was under isolation and droplet precautions. CNA8 entered R1's room and set the lunch tray on the bedside table and maneuvered the table in front of R1 to eat. The droplet precaution signage posted next to the room indicated hand hygiene, mask, and gloves. After doffing PPE and sanitizing hands, CNA8 was observed to enter R2 and R3's room with only a surgical mask, gown, and gloves. R2 and R3's room was also under isolation and droplet precautions. CNA8 stated, Yes, I entered the rooms with only glasses on. I was under the impression that glasses were enough to protect my eyes in a droplet precaution room. Yes, glasses are sufficient to protect my eyes. CNA8 proceeded to ask the DON for direction immediately after and stated, I spoke with the DON and I should be wearing goggles. Glasses are not appropriate for droplet precaution rooms. I understand that not wearing goggles increases my risk of exposure to infection and potentially spreading the infection to other parts of the facility. During a concurrent observation and interview on 05/19/20 at 12:18 PM, CNA9 entered R4's room without eye protection to provide a lunch tray on the bedside table. R4's room was under isolation and droplet precautions. CNA9 stated, I did not wear eye protection. I should have worn goggles before entering a droplet precaution room. I understand that not wearing goggles increases my risk of exposure to infection and potentially spreading the infection to other parts of the facility. During a concurrent observation and interview on 05/19/20 at 12:18 PM, while wearing a surgical mask CNA10 was seen entering R5's room without any other PPE and asked if R5 would like any coffee. R5's room was under isolation and droplet precautions. CNA10 then donned gloves and a gown and entered R6's room without eye protection. R6's room was also under isolation and droplet precautions. CNA10 stated, I understand that not wearing goggles increases my risk of exposure to infection and potentially spreading the infection to other parts of the facility. During an interview on 05/19/20 at 12:18 PM, CNA12 stated, Glasses are enough to protect your eyes in a droplet precaution room. You should wear gown, gloves, eye protection, and mask to enter a droplet precaution room. During an interview on 05/19/20 at 1:00 PM, the Director of Nursing (DON) and Infection Control Nurse (IC Nurse) both stated, Rooms 101 to 116 is the area for presumptive cases. They are 11 new admissions and have an unknown COVID-19 status. They were admitted within the past 30 days. Generally, it is the same staff in the same area. Yes, there were CNAs not assigned to the area entering the rooms during lunch to pass trays. They should still wear goggles or a face shield. Everything is worn in a droplet precaution room. Glasses are not appropriate protection. We will in-service them again. During an interview on 05/20/20 at 1:53 PM, the IC Nurse stated, Droplet precaution requires donning goggles, mask, gown, gloves, and handwashing. Goggles are to protect mucous from reaching your eyes. Not utilizing goggles in a droplet precaution room increases risk of exposure to infection. Record review on 05/20/20 of the Infection Control and Prevention Policy: Emerging Infectious Disease (EID) Coronavirus Disease 2019 (COVID-19) dated 03/09/2020 reported, Identify, stock, and staff separate designated areas of the building to room new admissions to the building for 14 days (observation). Healthcare professionals (HCP) who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator or facemask, gown, gloves, and eye protection. Eye protection: Put on eye protection (i.e. goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection. Record review on 05/20/20 of the CDC Droplet Precaution Flyer provided by the facility reported, Droplet Precautions everyone must: Cleaning their hands, including before entering and when leaving the room. Make sure their eyes, nose, and mouth are fully covered before room entry or remove face protection before room exit. Record review on 05/20/20 of the Facility Breakdown/Resident Placement Recommendations reported, New Admissions Cohort: Staff to observe transmission based precautions until 14 days have elapsed since admission. Keep consistent staff on this unit, if possible.</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.