

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035231	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER SIERRA WINDS		STREET ADDRESS, CITY, STATE, ZIP 17300 NORTH 88TH AVE PEORIA, AZ 85382	
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, and review of policies and procedures, the facility failed to ensure adequate hand hygiene was implemented by multiple staff. Findings include: Upon entrance to the facility on [DATE] at 8:02 a.m., the staff at the front receptionist desk gave instructions to answer the screening questions, allow her to scan the forehead to obtain a temperature reading, and then wash hands using the hand sanitizer that was located in the immediate area. She stated she would observe the hand washing to make sure hands were washed in an adequate manner before allowing entrance to the facility. The staff stated the handwashing procedure must be done by every staff that enters the facility and done again if the staff exits the facility and re-enters. During an observation conducted on May 21, 2020 at 9:12 a.m., an environmental staff member (ESM/staff #72) was observed to enter the facility through a secured side entrance door. Staffs #72 was then observed to walk down the hallway, walk around the nursing station where 3 staff and a resident was present, walk down another hallway where 4 residents were in their rooms, and exit the hallway through double doors without washing his hands. Staff #72 passed by wall mounted alcohol based hand rub (ABHR) dispensers and restrooms. An interview was conducted with the receptionist (staff #44) on May 21, 2020 at 9:17 a.m. Staff #44 stated a part of the staff screening process is to wash their hands before entering the facility. On May 21, 2020 at 9:49 a.m., an ESM (staff #1) was observed to enter the facility through the secured side entrance door. Staff #1 was observed to walk down the hallway, walk around the nursing station where staff and a resident was present, and use a measuring tape to measure the glass mounted bulletin board that was in a hallway. Staff #1 was then observed to exit the hallway through the double doors. Staff #1 was not observed to perform hand hygiene during this observation. Staff #1 passed by wall mounted ABHR dispensers and restrooms. An interview was conducted with a Licensed Practical Nurse (LPN/staff #35) by the central nursing station on May 21, 2020 at 10:23 a.m. Staff #35 stated there were two entrances for staff to enter the health care section where the skilled and long term residents resided. The LPN stated both entrances have a procedure in place so staff can be screened and handwashing can be done. Staff #35 stated handwashing must be done any time a staff leaves and re-enters the center. She stated handwashing is important to help stop the spread of infection. During the interview with staff #35, six staff members were observed to enter the facility through the side secured door and walk down the hallway to areas where staff and residents were present without washing their hands. Another observation was conducted on May 21, 2020 at 10:29 a.m. An ESM (staff #15) was observed to enter the facility using the secured side entrance door and enter an office located nearby. An interview was conducted immediately following this observation. Staff #15 stated she was now in her office and had just been outside. She stated she did not have access to either hand sanitizer or soap and water within her office area and had not washed her hands. Staff #15 stated there were approximately 20 environmental staff that come and go every day using the side entrance door. She said the environmental services staff routinely use the side door multiple times every day. Staff #15 stated the environmental services staff are in all units of the facility where residents reside and staff members are present. Staff #15 stated there was no process in place for her, or anyone else, to monitor if the staff were washing their hands as they came into the facility. She further stated she understood the importance of all staff washing their hands especially after being outside and then coming back into the facility. An interview was conducted with a LPN (staff #69) on May 21, 2020 at 11:02 a.m. She stated there is a screening process for all staff and residents as they enter and leave the facility and this included handwashing. Staff #69 further stated that handwashing must be done by all staff and residents to prevent the spread of infection. An interview was conducted with staff #15 and staff #1 on May 21, 2020 at 11:28 a.m. Both staff stated they had been provided education and training about the importance of frequent handwashing to help prevent the spread of infection. Both staff stated they had not washed their hands when observed earlier that morning. Both stated that they should have washed their hands or used the ABHR upon entry. Staff #15 stated there was no process in place to monitor handwashing by the environmental services staff as they entered the facility through the side door. An interview was conducted with the Infection Control and Preventionist Registered Nurse (staff #6) on May 21, 2020 at 11:10 a.m. She stated that all staff, inclusive of environmental staff, were provided education and training on the basics of handwashing. She stated this included how important frequent and adequate handwashing was to help prevent the spread of germs, infection, and COVID-19. Staff #6 stated all staff would be expected to wash their hands after being outside. She further stated she was aware the environmental staff members were using the side door to enter the facility and that they were not always washing their hands. Staff #6 said she thought staff #15 was taking care of it. An interview was conducted with the administrator (staff #7) on May 21, 2020 at 12:09 p.m. She stated she knew the environmental services staff were using the side door, was aware staff may not have been consistently washing their hands, and did not take any action to address or correct the problem. She stated handwashing is very important and must be done to prevent the spread of infection. The administrator further stated that is why handwashing is part of the screening and education process. The facility's policy regarding Infection Control revealed all staff in the facility will be educated about the importance of hand hygiene and will be instructed in hand hygiene procedures. Because approximately 1 million skin cells containing viable organisms are shed daily from normal intact skin, surfaces of all high-touch or surfaces in the residents' environment can contaminate ungloved hands and staff clothing. The policy included the rationale for hand hygiene is to prevent transmission of infectious agents and that hand hygiene is indicated before and after contact with the resident environment. The policy also included monitoring and documenting compliance with hand hygiene, observing staff members, including housekeeping, on different days and shifts to ensure observations are a representative of normal practice. Report outcomes of the observations to the Infection Control Committee and share this information with other members of the healthcare team. The policy further included the following information from the Center for Disease Control and COVID-19: People can protect themselves from respiratory illness with every day preventive actions. Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available. The best way to prevent infection is to wash your hands often. Another facility's policy Hand Hygiene: The Basics revealed every day you encounter a number of harmful germs capable of making you and others in your environment sick. Hand hygiene is the single most important infection control measure to prevent the spread of germs. The facility's policy on Waterless Hand Cleanser included waterless hand cleanser can be used to replace handwashing anytime hands are not visibly soiled.</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.