

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>025038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAPLE SPRINGS OF WASILLA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3265 E MERIDIAN LOOP WASILLA, AK 99654</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 - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>. Based on policy review, observation and interview the facility failed to ensure 1) hand hygiene practices were followed during initial screening of staff, 2) personal protective equipment was used according to facility policy and recommendations by the Center for Disease Control. This failed practice place all residents (based on a census of 60) and staff at risk for exposure to communicable diseases, such as COVID-19. Findings. Hand Washing Review on 8/31/20 of the facility's Infection control policies, dated June, 2019 revealed a handwashing / hand hygiene policy that identified staff must wash their hands before and after coming on duty. During observation on 7/30/2020 at 6:00 pm, revealed five staff #s 1; 2; 3; 4; and 5 were being screened and assessed for elevated temperature, SPO2 (oxygen levels), and answered the respiratory questionnaire. Further observation revealed Staff #s 1; 2; 3; and 4 did not wash their hands before beginning their shift. During an interview on 7/31/20 at 10:50 am the Infection Preventionist (IP) stated that staff were to wash their hands upon entry to the facility and complete the screening process before reporting to their respected units for their shift. Appropriate Personal Protective Equipment (PPE) - Eye Protection During random observations on 7/30-31/20 revealed various resident rooms had signs on their doors indicating special precautions related to isolation-like interventions and limited interaction with peers. During an interview 7/31/20 at 9:30 am with Certified Nursing Assistant (CNA) #1 stated the signs identified the residents who have gone outside the facility which resulted in them being placed on a modified quarantine for 14 days upon their return. The CNA further stated that PPE such as eye protection and mask were required when entering these rooms. During an interview on 7/31/2020 at 9:45 am CNA #1 stated that if staff wore prescription glasses if there was no available eye protection to go over their glasses. During an observation on 7/31/20 at 10:00 am revealed Occupational Therapist (OT) #1 entered a Resident's room (noted to be on modified quarantine) without protective eyewear. During an observation on 7/31/20 at 10:00 am revealed CNA #1 entered a Resident's room (noted to be on modified quarantine) without protective eyewear. During an interview with Licensed Nurse (LN) #1 on 7/30/20 at 10:15AM, the LN identified the modified quarantine would require the resident to remain in their room and staff would be required to wear gloves, mask, and protective eyewear when entering the room. Additionally, staff would be required to wash hands while entering and leaving the room. During an observation on 7/31/20 at 10:20 am revealed LN #s 1 and 2 entered a Resident's room (observed to be on modified quarantine by signage on the door) without protective eyewear. During an interview on 7/31/20 at 10:50 am the Infection Preventionist (IP) stated that residents on a soft quarantine (also referred to as modified quarantine) required staff to don additional personal protective equipment such as protective eyewear and masks. When asked if prescription glasses were sufficient eye protection, the IP stated that they were not approved eye protection and the staff should wear goggles over their glasses. The IP further stated the goggles were ordered and arrived a week prior to survey. When asked if he/she was aware that staff did not have goggles to cover their prescription glasses, the IP stated the goggles should have been distributed and utilized as of last week. Appropriate PPE - Mask/Facial Coverings During an observation on 7/30/20 at 10:45 am CNA #2 was observed walking through the corridors with his/her mask pulled down on chin exposing his/her mouth and nose. During an interview on 7/30/20 at 12:15 pm the Infection Preventionist (IP) stated that mask should be worn at all times by staff while in the building. During an interview on 7/30/20 at 2:19 pm the IP stated the facility did not have a policy on mask/facial coverings. During an observation on 7/31/20 at 1:32 pm the facility's Driver was observed walking through the corridors without wearing a mask. During an observation on 7/31/20 at 1:33 pm Staff #6 was observed walking through the corridors with his/her mask pulled down on chin exposing his/her mouth and nose. Review of the facility's emergency preparedness plan, dated 4/1/2020 revealed in response to COVID-19 outbreak all staff in the building will utilize face mask to limit potential exposure. .</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.