STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035176	A. BUILDING _____ B. WING _____	**05/20/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BEATITUDES CAMPUS	**1712 WEST GLENDALE AVENUE PHOENIX, AZ 85021**

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 -** Few	**Provide and implement an infection prevention and control program.** Based on observations, staff interviews, the Center for Disease Control (CDC) recommendations, the Centers for Medicare & Medicaid Services (CMS) and policies and procedures, the facility failed to ensure infection control standards were maintained. The deficient practice could result in the spread of infection, including COVID-19. Findings include: The survey team arrived to the facility's grounds on May 20, 2020 at 11:45 a.m. A screening station was observed set up. Screening was conducted and a mask was provided to wear while on the facility's grounds. The process did not include anything regarding hand hygiene. The survey team then entered the facility's grounds and proceeded to the facility. A sign observed on the front door of the facility revealed the facility was restricting visitors due to COVID-19 and directed staff to enter the building on the west side. The door on the west side of the building was locked. A staff entering the building let the survey team in. No screening station was observed, but to the left of the door, hand sanitizer was observed on the wall. A Data Administration Specialist (staff #51) sitting at a desk notified the Director of Nursing (DON/staff #1) that the survey team was there to conduct a Focus Infection Control Survey. Staff #51 did not say anything about hand hygiene. While waiting for the DON, a female staff entered the facility and was not observed to perform hand hygiene. A clergyman also entered the facility was not observed to do hand hygiene. When the DON arrived, she did not mention anything regarding hand hygiene. An interview was conducted on May 20, 2020 at 12:51 p.m. with staff #51, who stated that she had received training on the screening process and hand hygiene was a part of the training. She said she was responsible for ensuring that non-staff did not enter the building. Staff #51 stated that she instructs pharmacy and lab techs that they must wait outside the door. She said that she has never seen anyone enter the building and not use hand sanitizer. She said that she saw the facility clergyman entered the building and get into the elevator, but did not realize he had not used hand sanitizer. Staff #51 also stated that she did not notice the female staff that entered the facility had not used hand sanitizer. She stated that the staff knows to practice hand hygiene. Staff #51 acknowledged that not performing hand hygiene increased the risk of exposing residents and staff to the COVID-19. She said that she would begin monitoring people as they entered the building to ensure they are performing hand hygiene. An interview was conducted on May 20, 2020 at 1:20 p.m. with the DON (staff #1), who said that hand hygiene is not a part of the screening process. She said screening is done in the parking lot prior to entering the building. She stated that staff knows to wash their hands. The DON also stated that the companies contracted by the facility are responsible for training their staff about hand hygiene. She asked how she was expected to follow staff around and make sure hand hygiene was being done. The DON did acknowledge that failure to perform hand hygiene increases the risk of spreading COVID-19. During an interview conducted on May 20, 2020 at 2:25 p.m. with the Administrator (staff #80), the Administrator stated she agreed that not screening for hand hygiene increases the risk of spreading COVID-19 and that hand sanitizing would be added to the screening process. Review of the facility's EPP Pandemic Influenza/COVID-19 policy updated 4/2020, revealed handwashing in-service is conducted upon hire, annually, PRN (as needed), and when there is a reason for re-education, or a pandemic surge of some sort. Random handwashing observations and audits are completed. The policy included they follow CDC guidance. The facility's policy regarding Infection Control revised 4/2020 revealed handwashing in-services have taken place and random audits have been and will continue to be performed to ensure the practice of proper handwashing and the importance of it continues. CMS guidance included the use of hand hygiene upon entry to the facility. The Centers for Disease Control and Prevention (CDC) recommendations for the Coronavirus Disease 2019, 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. Education of healthcare personnel including consultant personnel should explain how infection prevention and control practices protect residents, themselves, and their loved ones, with an emphasis on hand hygiene, PPE, and monitoring of their symptoms. Perform hand hygiene frequently. Clean hands combat COVID-19.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE