

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035270	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER LA ESTANCIA NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 15810 SOUTH 42ND STREET PHOENIX, AZ 85048	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, facility documentation, staff interviews, review of the Centers for Medicare & Medicaid Services (CMS) guidance, the Center for Disease Control (CDC) recommendations and policies and procedures, the facility failed to ensure that infection control standards were maintained. The deficient practice could result in the spread of infection to residents and staff, including COVID-19. Findings include: -Upon entering the facility on July 23, 2020 at 7:59 a.m. wearing a surgical mask, a box of surgical face masks and a bottle of hand sanitizer were observed on a table on the left wall of the reception area. The screening tool and a second bottle of hand sanitizer were located in the far-right corner of the reception area on the lower counter of the reception desk. The receptionist (staff #98) was shielded by a large clear piece of plastic and stood behind the higher counter. She did not have direct physical or visible access to the screening tool on the lower counter and instructed the surveyor to answer the questions on the screening tool with the one pen sitting on the lower counter. After the surveyor finished answering the questions on the screening tool, she told the surveyor that she might want to sanitize her hands because she had not sanitized the pen and someone had used it before her. She then read the screening tool from behind the counter which was upside down. Staff #98 did not provide education on hand sanitizing, personal protective equipment (PPE), or COVID-19 and did not address if the surveyor needed to don a clean mask. An interview was conducted with staff #98 on July 23, 2020 at 9:28 a.m. It was observed that there were now sanitized pens in a cup on the lower counter next to the screening tool along with a second cup to place pens that were used that needed sanitizing. Staff #98 stated that the pens should be sanitized after being used to prevent contamination. She stated that she has received training on the screening process. She stated that everyone is supposed to receive a clean mask. She acknowledged that she had not provided education on hand sanitizing and PPE as required to the surveyor. Staff #98 said all staff are screened by her in the reception area of the facility. Review of the In-service Sign-in sheet for screening and high touch areas training dated July 7, July 8 and July 10, 2020 included the signature of staff #98. -While being screened, a female staff (staff #37) was observed entering the facility at 8:02 a.m. wearing a face mask and stood next to the surveyor approximately 4 feet away, waiting to be screened. When staff #37 was completing the screening tool, staff #98 came out from behind the desk and stood next to staff #37. Six feet social distancing was not maintained by either staff. Staff #98 did not offer staff #37 a clean mask or instruct staff #37 to don a clean mask during the screening process. An interview was conducted with staff #37 and staff #98 on July 23, 2020 at 9:10 a.m., staff #37 said that she was not [MEDICATION NAME] 6 feet social distancing during the screening process with the surveyor or staff #98. She said that by not [MEDICATION NAME] 6 feet social distancing increases the risk of infection. Staff #98 also acknowledged that she was standing next staff #37 during the screening process and did not practice 6 feet social distancing. Review of the In-service Sign-in sheet for PPE training dated June 1, June 3, and June 5, 2020 included the signature of staff #98. Review of the In-service Sign-in sheet for Social Distancing training dated July 7, July 8 and July 10, 2020 included the signatures of staff #37 and staff #98. -At 9:17 a.m., the admissions coordinator (staff #41) was observed standing behind another staff that was being screened. Staff #41 did not wait for her turn to be screened and left the reception area. Staff #41 was observed walking into the facility without being screened. An interview was conducted with staff #98 on July 23, 2020 at 9:20 a.m. Staff #98 stated the risk of spreading [MEDICAL CONDITION] is increased when staff are not screened prior to entering the facility. She said that she realized staff #41 was not screened that she needed to conduct the screening process with staff #41. Staff #98 left to find staff #41. An interview was conducted with staff #41 on July 23, 2020 at 9:26 a.m. She said that she received training on the screening process. Staff #41 stated that she knows that she is supposed to sanitize her hands, wear a mask, answer the screening tool questions, and get her temperature taken before entering the facility. She acknowledged that she did not complete the screening process before entering the facility. Review of the In-service Sign-in sheet for screening training dated July 7, July 8 and July 10, 2020 included the signatures of staff #41. During an interview conducted by the COVID-19 unit on July 23, 2020 at 11:05 a.m. with the Licensed Practical Nurse (LPN) unit manager (staff #28), staff #28 stated staff must don a new mask when entering the building and that it is facility policy. He said donning a new mask prevents contamination. Staff #28 stated staff should sanitize their hands and then don a clean surgical mask. He stated that all staff are being screened in the reception area at the front entrance of the facility and that it included sanitizing hands, donning a new mask, and being screened at the reception desk. He said that once the screening process is completed, staff working on the COVID-19 unit enters the COVID-19 unit through a separate entrance. Review of the facility's policy titled IC405 COVID-19 revised June 3, 2020 revealed employees, visitors, and other medically necessary personnel will be actively screened upon entry to the facility. The policy included providing visitors with a Visitor Instructions handout and instructing them to frequently perform hand hygiene, minimize interactions with others in the center and surfaces, and offer PPE (e.g., facemask) as supply allows. Provide COVID-19 education as indicated to employees, patients, and visitors. Clean and disinfect the environment, especially high touch surfaces using an EPA approved hospital grade disinfectant. The facility's policy regarding PPE: Use, Reuse and Extended Use of PPE for all staff revised July 6, 2020 regarding required infection control practices for medical/healthcare providers revealed that upon front-door entrance to the center complete screening process, perform hygiene, and don surgical mask and eye protection and wear at all times within the center. At the start of shift, at the entrance before screening, all staff should perform hand hygiene, don a new facemask, and perform hand hygiene after donning the mask. CMS guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes included providing additional work supplies to avoid sharing (e.g., pens, pads) and disinfecting workplace areas (phones, internal radios, etc.). Review of the CDC Preparing for Covid-19 in Nursing Homes updated June 25, 2020 stated to screen all healthcare personnel (HCP) at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. HCP should wear a facemask at all times while they are in the facility. Educate residents, HCP, and visitors about COVID-19, current precautions being taken in the facility, and actions they should take to protect themselves. Develop a schedule for regular cleaning and disinfection of frequently touched surfaces in resident rooms and common areas. Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touched surfaces. Implement aggressive social distancing (remaining at least 6 feet apart from others). Remind HCP to practice social distancing and wear a facemask (for source control) when in break rooms or common areas. The CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic stated to screen everyone (patient, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. Actively take their temperature and document absence of symptoms consistent with COVID-19. The recommendations also stated that routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for [DIAGNOSES REDACTED]-CoV-2</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035270	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER LA ESTANCIA NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 15810 SOUTH 42ND STREET PHOENIX, AZ 85048	
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)		
<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>in healthcare settings. The recommendations included physical distancing (maintaining 6 feet between people) is an important strategy to prevent [DIAGNOSES REDACTED]-CoV-2 transmission. Emphasize the importance of source control and physical distancing in non-patient areas. For HCP, the potential for exposure to [DIAGNOSES REDACTED]-CoV-2 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas. The recommendation also included hand hygiene should be performed before putting on and after removing PPE. Educate patients, visitors, and HCP about the importance of performing hand hygiene immediately before and after contact with their facemask.</p>		