

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER CENTER AT ARROWHEAD, LLC		STREET ADDRESS, CITY, STATE, ZIP 7201 W CAMINO SAN XAVIER AVE GLENDALE, AZ 85308	
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, staff interviews, clinical record review, facility documents, review of the Center for Disease Control (CDC) recommendations and policies and procedures, the facility failed to ensure that infection control standards were maintained, including for one resident (#1). The deficient practice could result in the spread of infections, including COVID-19 to residents and staff. Findings include: Resident #1 was admitted on [DATE] with [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. During random observations conducted on July 29, 2020 at 12:10 p.m. the following was observed: -A sign located outside of the resident's room affixed to the wall next to the resident's door included that the resident was under quarantine precautions and that everyone entering the room must perform hand hygiene before entering the room, and after leaving the room, and that PPE (Personal Protective Equipment) to be used included a mask, patient gown and safety glasses or personal glasses. -A PTA (Physical Therapy Assistant/staff #40) was observed in the room of resident #1 assisting resident #1 who was located behind the door to the resident's room. Staff #40 was observed wearing gloves and a mask, but was not observed wearing a patient gown over her clothing or protective eyewear. During an interview conducted with staff #40 when she exited resident #1's room at 12:15 p.m., she stated that resident #1 was on quarantine. Staff #40 stated that she was supposed to wear a gown over her clothes when she was in the resident's room. Staff #40 stated that she had forgotten to wear the patient gown over her clothes and protective eye glasses when she was in the resident's room. During a subsequent observation conducted on July 29, 2020 at 12:30 p.m., staff #40 was observed to re-enter resident #1's room wearing gloves, a facemask, and a resident gown over her clothes, without wearing any protective eyewear. In an interview conducted with the Director of Nursing (DON/staff #69) on July 29, 2020 at 12:40 p.m., she stated that staff need to wear gloves, facemask, a patient gown over their clothing, and goggles or a face shield to enter a resident's room that is being quarantine. The DON also stated that staff may wear their own eye glasses when in a quarantine room. An interview was conducted with the Therapy Director (staff #77) on July 29, 2020 at 12:45 p.m. She stated that therapy staff are to follow all infection control protocols, including for newly admitted residents who are on quarantine precautions. Staff #77 stated that when therapy staff report to work each day, they receive a current list of residents who are on isolation and quarantine precautions and that staff #40 had received the list. Staff #77 stated that therapy staff are to wear gloves, mask, a patient gown over their clothes, and safety glasses, goggles, or their own personal eye glasses. During an interview conducted on July 29, 2020 at 1:00 p.m. with the DON, she stated that the facility guidance for protective eye wear in quarantine rooms is that staff can wear goggles, a face shield, or their personal eye glasses. The DON indicated during the interview that she was not aware of the CDC guidance regarding personal eye glasses not providing the wearer with sufficient protection. The DON stated that she would change the quarantine signs immediately. Review of the in-service record dated July 10, 2020 regarding PPE (patient gown, eye wear, gloves, and a mask to be worn at all times) required for quarantine rooms revealed a sign-in sheet with staff #40's signature. A facility's policy and procedure titled New Admission Quarantine Protocol revealed residents who are new admissions and readmissions, who enter the facility with an unknown COVID status will be placed on quarantine with full PPE for 14 days. The policy included that PPE required for residents who are new admissions and readmissions with an unknown COVID status includes a surgical mask, gloves, gowns and eye protection. Review of the CDC guidance Preparing for COVID-19 in Nursing Homes updated June 25, 2020 revealed that for new admissions and readmissions whose COVID-19 status is unknown, healthcare personnel should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. The CDC guidance titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated July 15, 2020 included protective eyewear (e.g., safety glasses, trauma glasses) with gaps between the glasses and the face likely do not protect eyes from all splashes and sprays. Put on eye protection (i.e., goggles or a face shield that covers the front and sides of the face) upon entry to the patient room or care area.</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.