STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035014	A. BUILDING _____ B. WING _____	07/10/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
DESERT TERRACE HEALTHCARE CENTER	2509 NORTH 24TH STREET PHOENIX, AZ 85008

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 -** Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to develop a systemic consistent process to actively monitor all residents for symptoms consistent with COVID-19. COVID-19 is an infectious disease by a new virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death. The facility failed to establish and maintain an infection prevention and control program designed to provide a safe and sanitary environment to prevent the development and transmission of communicable diseases and infections. In addition, the facility failed to establish a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility. Specifically, 1. Review of the facility's infection control logs for May 2020 and June 2020 showed the facility failed to accurately track and trend infections of the residents in the facility. 2. Facility failed to develop a consistent system for actively monitoring residents for COVID-19 symptom for 1 of 5 sampled residents (R) (R6) and 2 expanded unsampled residents (R7 and R8). R6 tested positive for COVID-19 and did not have COVID-19 symptom monitoring from admission on 6/29/20 until 7/9/20; two days after testing positive for COVID-19. The facility missed 11 opportunities for daily COVID symptom monitoring for R6, missed 5 opportunities for daily COVID symptom monitoring for R7 and missed 5 opportunities for daily COVID symptom monitoring for R8. 3. Failed to utilize a barrier for a multi-resident use glucometer after using shared glucometer for 2 of 2 sampled residents (R) (R1 and R2) blood sugar monitoring observation. These failures represented systemic failures which increased the risks for the spread of COVID-19 and other communicable diseases and infections amongst residents and staff. Findings include: During an interview on 7/9/20 at 8:30 AM Operations Manager (who was serving as interim Administrator or person in charge) and Director of Nursing (DON) stated that facility census was 66, facility was admitting residents and the facility had 22 COVID-19 positive residents in their COVID unit. 1. Infection control logs Review of facility policy, Infection Prevention and Control Program, revised 9/2017, showed The elements of the Infection Prevention and Control Program consist of .data analysis, antibiotic stewardship, outbreak management .There is on-going monitoring of infections amongst resident and personnel and subsequent documentation of infections that occur. Surveillance tools are used to recognize the occurrence of infections, record their number and frequency, detect outbreaks and epidemics .and detect unusual pathogen with infection control implications Surveillance data and reporting information is used to inform the committee of potential issues and trends. Some examples of committee reviews may include: whether physician management of infections is optimal whether information about culture results or antibiotic resistance is transmitted accurately and in a timely fashion; and whether there is appropriate follow-up of acute infections. Review of facility's Infection Control Monthly Log, dated May 2020, showed resident's name, room, type of infection, sit of infection, date of onset, cultures Y(es) or N(o), culture results, antibiotic or antiinfective, type of isolation, date resolved, nosocomial Y(es) or N(o). The column for cultures Y(es) or N(o), culture results, date resolved was not completed for all 21 infections shown. R5 was shown twice on May's report for urinary tract infection [MEDICAL CONDITION] and c.diff ([MEDICAL CONDITION] is a specific kind of bacterial infection that causes mild to life-threatening forms of diarrhea and [MEDICAL CONDITION] and typically occurs after antibiotic use, stressing the importance of using the right antibiotic based on culture results). R6's UTI had an onset date of 5/3/20 and [DIAGNOSES REDACTED] infection had an onset date of 5/15/20. There were no culture results for R6's UTI. The log failed to document if the ordered antibiotic was appropriate to treat the infection or if, and when, the infection was resolved. The May 2020 report also included a map of the facility color coded with type of infection, but there was no organism identified on the map or infection control monthly log and therefore the facility map was very limited to assess the potential relationship and spread of infection in the facility. There was no documented evidence of analysis, narrative or calculation to show the monthly infection per 1000 resident days, specific issues or infection trends identified, or actions taken relating to the specific issues or trends identified. Review of facility's Infection Control Monthly Log, dated June 2020, showed resident's name, room, type of infection, sit of infection, date of onset, cultures Y(es) or N(o), culture results, antibiotic or antiinfective, type of isolation, date resolved, nosocomial Y(es) or N(o). The column for type of infection showed infection without any entry for the site of infection or culture results for 7 of 37 infections instead of the specific type of infection such as osteo[DIAGNOSES REDACTED], skin, UTI, pneumonia. In addition, 2 of the 7 urinary tract infections listed did not include culture results even though the log showed urine culture was done. R9 was shown to have a UTI with [MEDICAL CONDITION]-resistant staphylococcus aureus (MRSA, infections caused by specific bacteria that are resistant to commonly used antibiotics which could result in several different types of infections such as UTI, skin, pneumonia, bloodstream). R9'[MEDICAL CONDITION] UTI infection had an onset date of 6/23/20. There were six infections shown with infections with onset dates after 6/23/20 such as infection, UTI, [MEDICAL CONDITION], and pneumonia that did not have documented culture results; therefore, it was unclear if these subsequent infections might have also [MEDICAL CONDITION] infections as a result of pathogen transmission. The log failed to document if the ordered antibiotic was appropriate to treat the infection or if, and when, the infection was resolved for any of the 37 infections shown. There were 4 residents who had c.diff infections but contact transmission based precautions was not shown as implemented for any of these infections. The June 2020 report also included a map of the facility color coded with type of infection, but there was no organism identified on the map and only 5 of 37 infections had an organism identified on the monthly log and therefore the facility map was very limited to assess the potential relationship and spread of infection in the facility. There was no documented evidence of analysis, narrative or calculation to show the monthly infection per 1000 resident days, specific issues or infection trends identified, or actions taken relating to the specific issues or trends identified. During an interview on 7/9/20 at 11:10 AM Infection Preventionist (IP) stated that she was new to the infection prevention role and June's Infection Control monthly log was her first monthly log completed. IP stated she completed CDC (Center for Disease Control and Prevention) nursing home IP courses but was still learning. When asked about lack of documented culture results on June's report, IP stated she can go back and complete that information. When asked how IP used report to determine actions, trends or infection issues, IP stated that UTIs are the primary focus to assess need for pericare or hand hygiene. When shown that 2 of the 7 UTIs did not have culture results documented even though one of the two showed a culture was obtained, IP nodded her head and stated that the form was incomplete and should have contained the information. When asked [MEDICAL CONDITION] infection on 6/23/20 and how IP knew if any of the subsequent infections could have [MEDICAL CONDITION] since cultures obtained and culture results were not shown, IP stated that she did not know. When asked about lack of documentation for type of isolation used for 4 c.diff infections, IP stated that form was incomplete. IP stated some residents are colonized but nodded head in agreement that residents colonized can still spread infections to others. During an interview on 7/9/20 at 12:20 PM DON stated that she completed Infection Control monthly log in May and this was a new responsibility at the time. DON stated she completed CDC (Center for Disease Control and Prevention) nursing home IP courses but was still learning. When asked about lack of documented culture results

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.

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	(continued... from page 1) and how actions, trends or infection issues was determined or antibiotic effectiveness/appropriateness could be determined without culture results, DON stated that the report was incomplete and did not yield the needed information to track and identify infections. During interview on 7/9/20 at 2:00 PM with DON and Operations Manager when informed of concerns with the lack of infection tracking and surveillance, no further information was provided. 2. COVID symptom monitoring *R6 Record review of R6's progress notes, physician orders, Medication Administration Record [REDACTED]. There was no documented evidence that R6 had daily monitoring for COVID-19 symptoms from admission on 6/29/20 to 7/9/20. Resident's temperature was shown on 7/5/20 to be 101.5 degrees Fahrenheit and progress note on 7/7/20 showed that resident was tested with positive test results for [DIAGNOSES REDACTED]-CoV2 (Severe acute respiratory syndrome coronavirus 2, which is the strain of coronavirus that causes coronavirus disease 2019, COVID-19) and was moved to COVID unit. An order was written on 7/9/20 for change of condition for COVID symptoms for 3 days and covid symptom monitoring was started on 7/9/20; the order showed Document Temp(erature)/O2 (oxygen) sats (saturation) and monitor for the following symptoms: Fever, Cough, Shortness of breath or difficulty breathing, Chills, Repeated shaking with chills, Muscle pain, Headache, Sore throat, New loss of taste or smell, Congestion, Runny Nose. GI (gastrointestinal) Symptoms: Diarrhea/Nausea/Vomiting every 4 hours **Notify NP/MD (nurse practitioner/medical doctor) if present. Order Date-7/9/20. During an interview on 7/10/20 at 12:45 PM when asked about lack of COVID symptom monitoring from admission on 6/29/20 to 7/9/20; two days after R6 tested positive for COVID-19 DON stated that she checked records and it looks like COVID symptom monitoring was missed during that time frame. DON stated that resident's vital signs (including blood pressure, pulse, temperature, respiratory rate) were monitored since admission. DON confirmed there was no documented evidence for active monitoring of COVID symptoms that included subjective fever, Cough, Shortness of breath or difficulty breathing, Chills, Repeated shaking with chills, Muscle pain, Headache, Sore throat, New loss of taste or smell, Congestion, Runny Nose. GI (gastrointestinal) Symptoms: Diarrhea/Nausea/Vomiting. When asked about the process for COVID symptom monitoring, DON stated that on admission the floor nurse completes admission batch orders and the DON or IP goes over them. DON stated that unfortunately R6's orders was overlooked. *R7 Record review of R7's progress notes, physician orders, Medication Administration Record [REDACTED]. With ESBL infections, common antibiotics can become useless making infection difficult to treat),[MEDICAL CONDITION] infection and [MEDICAL CONDITION] (Disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body and can cause muscle weakness). Resident was admitted to the hospital on [DATE] and transferred to the facility on [DATE]. Resident had COVID-19 negative test on 6/29/20. R7 had an order for [REDACTED]. There was no documented evidence that R7 had daily monitoring for COVID-19 symptoms on 7/1/20, 7/5/20, 7/6/20, 7/8/20 and 7/9/20. *R8 Record review of R8's progress notes, physician orders, Medication Administration Record [REDACTED]. Resident was transferred to hospital on [DATE]. There was no documented evidence that R8 had daily monitoring for COVID-19 symptoms from admission on 7/5/20 to 7/9/20. Review of CDC's Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, accessed 7/10/20, https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html, showed Actively monitor all residents upon admission and at least daily for fever (T?100.0oF) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry .Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >99.0oF might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19. During Exit interview on 7/10/20 at 1:45 PM with DON, Assistant DON, Operations Manager, and IP when informed that R6, R7, and R8 did not have daily COVID-19 symptom monitoring for several days, no further information was provided. 3. Glucometer protective barrier During a concurrent observation and interview on 7/9/20 at 11:10 AM showed LN1 enter R1's room with gloved hands, glucometer (Glucometer is a blood glucose meters device that measure blood glucose levels), lancet, alcohol swab, and strip. R1 did his own blood sugar measurement by pricking his finger with lancet with a small bead of blood shown and then bringing the glucometer towards blood and blood was shown on the strip inserted in glucometer. Blood sugar reading was obtained. Resident gave the used glucometer to LN1 who exited the room and then placed the used glucometer on the medication cart outside the resident's room. LN1 then wiped the glucometer with sani cloth wipes. LN1 did not wipe the medication cart with sani cloth wipes where used glucometer was placed. LN1 then entered R2's room with the same glucometer and placed the glucometer on R2's over bed table. No barrier was used to protect shared glucometer from resident's over bed table. After pricking R2's finger and placing bead of blood on glucometer strip and obtaining blood sugar measurement, LN1 exited the room and placed the used glucometer on the medication cart and then obtained a sani cloth wipe and wiped the glucometer. LN1 did not wipe the medication cart with sani cloth wipes where used glucometer was placed. When asked about placement of used glucometer in resident's room and medication cart, LN1 stated that she had not considered the need to place a barrier such as a paper towel, tissue or tray to protect resident surface environments or medication cart, but it made sense and she would do so in the future. Review of Centers for Disease Control and Prevention Guidelines for Environmental Infection Control in Health-Care Facilities (2003), https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html, accessed 6/17/20, showed under Recommendations - Environmental Services on subsection Cleaning and Disinfecting Strategies for Environmental Surfaces in Patient Care Areas, .3. Use barrier protective coverings as appropriate for noncritical surfaces that are 1) touched frequently with gloved hands during the delivery of patient care; 2) likely to become contaminated with blood or body substances . Record review of R1's progress notes, physician orders, Medication Administration Record [REDACTED]. Record review of R2's progress notes, physician orders, Medication Administration Record [REDACTED]. During an interview on 7/9/20 at 12:20 PM when asked about use of protective barrier when using glucometer DON stated that she had never heard of that before but she started to inservice staff about this. DON stated that the facility did not have a policy outlining use of a protective barrier when using glucometers.