STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035130	A. BUILDING _____ B. WING _____	**08/19/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ARCHSTONE CARE CENTER	**1980 WEST PECOS ROAD CHANDLER, AZ 85224**

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	**Provide and implement an infection prevention and control program.** Based on observations, staff interviews, review of the Centers 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, including COVID-19. Findings include: -On August 19, 2020 at 8:45 a.m., a resident was observed being transported out of the facility in a stretcher from a non-COVID unit. The resident was not wearing a facemask or any type of face covering while being transported out of the building. On August 19, 2020 at 9:50 a.m., another resident was observed sitting in a shower chair in the hallway near the nursing station on a non COVID unit. The resident was not wearing a face mask or other type of face covering while in the hallway. The resident was observed in the hallway without a face mask/covering for 15 minutes. During this observation, there were times when staff and other residents did not maintain social distancing of 6 feet of the resident. An interview was conducted with a Certified Nursing Assistant (CNA/staff #17) On August 19, 2020 at 11:30 a.m. regarding if a mask was offered to the resident who was in the hallway. Staff #17 stated that he did not offer the resident a mask before leaving his room. An interview was conducted with the Director of Nursing (DON/staff #18) on August 19, 2020 at 12:30 p.m. She stated that all residents should be wearing face masks when they are outside of their rooms. A facility's policy for managing infections stated that regardless of COVID-19 status, a facemask is placed on the resident prior to leaving his or her room. Review of the CDC's guidance regarding Preparing for COVID-19 in Nursing Homes updated June 25, 2020, revealed that residents should wear a cloth face covering or facemask whenever they leave their room, including for procedures outside of the facility. -An observation was conducted on 8/19/2020 at 11:00 a.m. of a Licensed Practical Nurse (LPN/staff #37) who was preparing to disinfect a glucometer following resident use. The LPN placed the glucometer on a barrier on the bedside table and retrieved clean gloves. However, while donning the gloves, she dropped one of the gloves on the floor, picked the glove up and proceeded to donn the glove on her left hand. She then opened the bleach wipe package, wiped down the glucometer and returned to the medication cart. An interview was conducted on 8/19/2020 at 11:10 a.m. with staff #37, who stated that she should not have used the glove that she dropped on the floor. She said that she should have left it there and got a clean one, but she was only cleaning the glucometer. On 8/19/20 at 12:30 p.m., an interview was conducted with Director of Nursing (DON/staff #18). The DON said that gloves should never be used after being dropped on the floor. Review of facility policy titled, Standard Precautions with a revision date of October 2018, revealed that gloves are to be changed as necessary, during cares to prevent cross-contamination, when moving from dirty to clean and that gloves are not to be reused. The CDC recommendations regarding Standard Precautions included to use gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur. Change gloves and perform hand hygiene during patient care, if gloves become damaged, gloves become visibly soiled with blood or body fluids following a task, moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene occurs. -An observation was conducted on 8/19/2020 at 10:30 a.m. on the long term care unit. Outside of one resident's room was an isolation cart. The sign on the door frame stated to see the nurse at the nurses station before entering. The signage also stated for Contact Isolation, Personal Protective Equipment (PPE) which included that gloves, gowns, facemask and eye protection were to be worn. The isolation cart contained reusable cloth gowns and gloves. An interview was conducted on 8/19/2020 at 11:30 a.m. with a Registered Nurse (RN/staff #96), who was standing by the doorway of this resident's room with a medication cart. Staff #96 said the resident was pending COVID test results, and that staff are wearing masks, gloves and gowns. When asked about eye protection, the RN stated that they do not wear any eye protection (i.e. goggles/faceshields) when going into this resident's room, but they probably should be. On 8/19/2020 at 12:00 p.m., an interview was conducted with the DON. She stated that goggles/eye protection should be worn by staff when caring for a resident with a pending COVID test. Review of a facility policy titled, Infection Control-Strategies for Managing COVID-19 revealed that for residents with undiagnosed respiratory infection, Standard, Contact and Droplet Precautions (i.e. facemask, gloves, isolation gown), with eye protection are implemented, and for residents with suspected COVID-19, staff are to wear gloves, isolation gown, eye protection and a N 95 or higher respirator if available (a face mask is an acceptable alternative if respirator is not available). The CDC recommendations for Preparing for COVID-19 in Nursing Homes stated to adhere to recommended infection prevention and control practices. The guidelines stated that PPE supplies included the use of eye protection (i.e. face shield or goggles). Review of the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease dated July 15, 2020, revealed that for healthcare personnel, the potential for exposure to COVID-19 is not limited to direct patient care interactions. Emphasize the importance of source control and physical distancing in non-patient care areas. For healthcare personnel working in areas with minimal to no community transmission, personnel should continue to adhere to standard and transmission based precautions, including the use of eye protection.

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