STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035217	A. BUILDING _____ B. WING _____	04/15/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SCOTTSDALE VILLAGE SQUARE	2620 NORTH 68TH STREET SCOTTSDALE, AZ 85257

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)
E 0024 **Level of harm** - Potential for minimal harm **Residents Affected** - Many	**Establish policies and procedures for volunteers.** Based on record review and staff interview, the facility failed to develop and implement policy and procedures for the use of volunteers in an emergency. Failure to address the use of volunteers in an emergency could adversely impact resident care during an emergency. Policies and procedures The facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following: (6) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency. Findings include: On April 14, 2020, the surveyors reviewed the facility's Emergency Plan. The plan did not include policies and procedures to address the use of volunteers in an emergency or other staffing strategies, including the use of State and Federally designated health care professional during an emergency such as COVID-19. During the telephonic exit conference on April 15, 2020 the above finding was again acknowledged by the Director of Nursing and administrator.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, review of the Center for Disease Control (CDC) recommendations and policies and procedures, the facility failed to ensure that infection control standards were followed. The deficient practice could result in the spread of infections, including COVID-19 to residents and staff. Findings include: The survey team entered the facility at 1:00 p.m. on April 14, 2020. Upon entering, the surveyors followed a staff member through the facility's double sliding doors, which opened to a lobby. Once inside the lobby there was a reception desk off to the left, however, there was no staff personnel at the desk. The signage at the desk indicated that this was where visitor and staff screenings were performed. On the desk was a bell with a sign that read to ring bell for assistance. At this time, the staff member stopped at the desk and used the check in time clock. The staff member then walked down toward the dining area. The staff member was not screened after entering the building. A few minutes later, a staff member came to the desk and preceded to check in the survey team. The staff member then took the surveyor's temperatures and requested that they write the results next to their names on the sign in sheet. The staff member did not ask any questions of the surveyors about exposure to COVID-19 or if they exhibited any signs and symptoms of [MEDICAL CONDITION]. During the entrance conference, the Administrator confirmed that the secured unit had 20 residents who had tested positive for COVID-19. An observation of the secured unit was conducted at 1:25 p.m. The double doors leading into the unit had a sign that notified staff and visitors to check in at the reception desk, prior to entering. Once inside, the Administrator and surveyors entered a long hallway leading to a door with a half gate. Located on the left side of the gate were containers that held clean personal protective equipment (PPE). During observations on the unit, two Certified Nursing Assistants (CNA's) with PPE on were taking a resident into a room in a wheelchair. One of the CNA's (staff #151) was holding a cloth gait belt in her gloved hand. After the two CNA's exited the resident's room, staff #151 still had the cloth gait belt in her gloved hand and then entered the day room and proceeded to provide resident care. Staff #151 was not observed to wash her hands or change her gloves after exiting the resident's room and prior to assisting other residents in the day room. Also in the day room was a half wall, which separated the nurses station and the day room. On the other side of the half wall was a counter with a cloth backpack on it. At this time, a Licensed Practical Nurse (LPN/staff #68) stated that the backpack belonged to one of the staff. When asked about the disinfecting process for the cloth backpack she stated the staff person would take it home in a plastic bag after work. Additional observations were conducted on this unit in the hallway past the day room and revealed the following: a wheelchair had a dark curly hair and some crumbs on the seat; a beverage cart had several visible stains on the top portion; and a wheelchair scale had a large yellowish-brown stain on the platform of the scale. -During the survey, the educational training inservice documentation and sign-in sheets for COVID-19 were reviewed. Further review revealed that staff #151 and 12 other staff members (nurse's and CNA's) had not received the COVID-19 training, as the signature line next to their names were blank. Per the documentation, the trainings were offered on April 1 and April 4, 2020. According to the staffing punch detail reports from April 1 through April 14, 2020, staff #151 had worked nine shifts after April 1, and the 12 other staff members had worked a total of 112 shifts without receiving the COVID-19 training. The facility was unable to provide any evidence that staff #151 and the 12 other staff members had been provided COVID-19 training, prior to April 14, 2020. An interview was conducted on April 14, 2020 at 4:55 p.m., with the Director of Nursing (DON) and the Administrator. The DON stated that all staff have been trained on the proper procedures for providing care to residents during the COVID-19 pandemic, and that all staff who are providing direct care to residents with COVID-19 have also been trained. Regarding staff #151 who currently worked on the COVID-19 unit but did not have documentation that training had been provided, the DON said that if staff #151 was asked she would say that she had the training. Regarding the use of registry staff, the DON and Administrator said they used a registry CNA a few days ago. When asked how they ensure registry staff have received the COVID-19 training, the DON stated that the facility is working on a form for registry staff to complete at the beginning of their shift to indicate that they had received the training. However, she stated that the form has not been completed yet. Continued in the interview the DON stated that staff should not be keeping personal effects on the unit, because of the risk of indirect contact transmission. She stated that staff should leave personal items in their cars. A faxed was received from the facility on April 15, 2020 at 11:39 a.m. The documentation included a signed acknowledgement from staff #151 that she had received COVID-19 training on April 15, 2020. The documents also included a training titled Infection Control Inservice - Employee Personal Effects which stated it was identified that employee's are bringing in personal items onto the (name of unit) where COVID has been identified and items were placed within reach of infected residents. It is important to note that the transmission of COVID is by contact and droplet. Bringing personal effects onto the unit where they can become contaminated and taking them to other areas of the building or personal home can [MEDICAL CONDITION] transmission. It is vitally important to reduced the spread of virus while on and off the unit. Moving forward, staff are asked to refrain from bringing personal effects onto the (name of unit). Alternate location of storage can be found in Employee Break Room Locker or other designated location. A phone interview was conducted on April 15, 2020 at 1:00 p.m., with the DON and Administrator. They confirmed that a registry CNA worked on April 11 and 12, 2020 and that the CNA had not received the COVID-19 training, prior to working on the COVID unit. A policy for the Gait Belt Cleaning Schedule for residents on isolation for Communicable Disease of COVID-19 included that dedicated gait belts are utilized for residents who are on contact/droplet isolation precautions due to COVID-19, and that gait belts are laundered on a weekly basis or sooner if visible contamination is noted. Review of the facility's policy regarding COVID-19 revealed the purpose was to provide guidelines regarding symptoms of the Coronavirus criteria for potential suspicion of a case of COVID-19, and management processes when a suspected and/or confirmed case is identified. The policy

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 IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035217	A. BUILDING _____ B. WING _____	**04/15/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SCOTTSDALE VILLAGE SQUARE	**2620 NORTH 68TH STREET SCOTTSDALE, AZ 85257**

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	(continued... from page 1) included that screenings are conducted and documented using the screening tool and log for team members, residents, essential visitors .All team members are screened for fever and/or respiratory symptoms prior to the beginning of each shift. Complete the Team Member portion of the Team Member, Resident and Visitor Screening Tool and Log. Regarding droplet and isolation precautions, the policy stated to ensure that precautions are maintained to minimize the risk of transmitting microorganisms to other residents and contaminating environmental surfaces and equipment. If equipment must be used for more than one resident, it is cleaned and disinfected before using on another resident. The policy further included for staff to wash their hands with soap and water before and after donning gloves and after each resident contact. Review of a policy titled, Hand Washing revealed that proper hand washing/hand hygiene technique must be used at all times when indicated. Per the policy, hand washing is the most important component for managing the spread of infection. The use of gloves does not eliminate the need to wash hands. Review of 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.