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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>035158</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                   | (X3) DATE SURVEY COMPLETED<br><b>06/11/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>GOOD SAMARITAN SOCIETY-PRESCOTT VILLAGE</b>   |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>1030 SCOTT DRIVE<br/>PRESCOTT, AZ 86301</b> |   |
| 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<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Some</b>             | <p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, facility documentation, staff interviews, 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 infection, including COVID-19 to residents and staff. Findings include: Regarding facial masks On June 11, 2020 at 10:20 a.m. a Certified Nursing Assistant (CNA/staff #69) was observed entering through the front door of the facility with a surgical mask pulled down around her neck. After sanitizing her hands, she continued through the fire doors into the facility where residents resided. An interview was conducted on June 11, 2020 at 10:35 a.m. with staff #69, who said she was returning from her break when she entered the facility at 10:20 a.m. She acknowledged that she had worn the mask she was wearing prior to taking her break and that the mask was pulled down around her neck when she reentered the building. The CNA stated that she had received in-service training on Personal Protective Equipment (PPE) and that she was trained to remove her mask before she leaves the building to prevent contamination. She said she usually removes her mask when she leaves the facility and that she puts the mask in the trash or in her pocket. She demonstrated how she folds the mask with the outside of the mask (the contaminated side) inward before putting it in her pocket. When asked if there was any risk to folding her mask and placing it in her pocket, she said that it could become contaminated. The CNA further stated she was not sure what else to do with the mask when she is on a break and that she should have asked someone. She also said that staff are given five masks that are kept in a brown paper bag located on the left wall at the entrance of the facility just before entering the fire doors where the residents reside. Staff #69 stated that she probably should have gotten a new/clean mask when she entered the facility. During an interview conducted with the Director of Nursing (DON/staff #59) on June 11, 2020 at 11:15 a.m., she said staff are to put on a clean surgical mask prior to leaving the reception area at the front of the building before entering the hallway where residents reside. She said there is a brown bag with extra masks for each staff member on the wall in the reception area. The DON stated that staff are to remove his/her mask prior to leaving the facility, fold it in half with the outside facing inwards, and clip it to his/her brown paper bag with a clothespin. She said this process reduces the risk of contamination. An interview was conducted on June 11, 2020 at 12:10 p.m. with the Director of Food and Nutrition (staff #26). During the interview, her mask was observed to have slipped down and her nose was fully exposed. She did not make any attempt to reposition her mask. When the interview was completed, she was asked if she realized her mask was down and her nose was exposed and she said yes. She stated that she was nervous and did not know what to do. She said if the mask is not worn correctly, it can lead to contamination. Staff #26 stated normally she would put the mask back on correctly and wash her hands, but that there was not a sink nearby. A hand sanitizer dispenser was observed on the wall nearby. When asked what she could do if there was not a sink nearby to wash her hands; she did not respond. She was then asked if she could use hand sanitizer. Staff #26 replied by asking if it was alright to use hand sanitizer if she could not wash her hands with soap and water. An interview was conducted on June 11, 2020 at 1:24 p.m. with the Administrator (staff #28), who stated that staff #69 had received training on PPE, which included removing his/her surgical mask prior to going outside of the facility to prevent contamination. Staff #28 also said that staff #26 had received training on the use of PPE. She stated staff #26 knew her mask was not covering her nose when she was being interviewed, but that staff #26 was nervous. Review of the sign-in sheet dated March 11, 2020 for PPE, COVID-19, and infection control training revealed staff #69's signature. Review of the PPE training dated May 18, 2020 revealed staff #26 received the training, which included fixing the flexible band of the mask to the nose bridge and fitting the mask snug to the face and below the chin. Review of the facility's policy for Donning and Doffing PPE revised February 1, 2018, revealed that PPE will be removed before leaving the work area and placed in an appropriately designated area or container for storage. The CDC recommendations for the Coronavirus Disease 2019, revealed 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. Regarding gowns During an interview conducted with the DON on June 11, 2020 at 11:15 a.m., she said 4 rooms were designated for new admissions and that the residents that are admitted to these rooms are observed for COVID-19 symptoms for 14 days. A plastic container with multiple drawers was observed by one of the designated room. The DON stated the container contained PPE for staff to use when entering one of the designated rooms. Observations conducted of the container with the DON revealed gloves, surgical masks, goggles, and alcohol wipes in the drawers and a bottle of hand sanitizer on top of the container. The DON stated staff must wear a mask, goggles, and gloves before entering one of the designated rooms. She said that staff are not required to wear a gown because the residents in those rooms are just being observed for symptoms of COVID-19. The DON stated the residents are asymptomatic but acknowledged that a new resident could have COVID-19 and be asymptomatic. She also stated that staff are providing direct care to those residents. The CDC guidance titled Responding to Coronavirus (COVID-19) in Nursing Homes revealed all recommended COVID-19 PPE should be worn during care of residents under observation for COVID-19 symptoms, which includes use N95 or facemask, eye protection, gloves, and gown. The CDC guidance regarding Preparing for COVID-19 in Nursing Homes updated May 19, 2020 revealed staff should wear an N95 or facemask, eye protection, gloves, and gown when caring for new admissions and readmissions whose COVID-19 status is unknown that are under observation for COVID-19 symptoms. The guidance included older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms.</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.