

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PEORIA POST ACUTE AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>13215 NORTH 94TH DRIVE PEORIA, AZ 85381</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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on facility documentation, staff interviews, review of the Centers for Disease Control (CDC) guidelines and policy review, the facility failed to ensure that multiple staff were thoroughly and accurately screened, prior to their shift. The deficient practice could result in symptomatic staff caring for residents, while exhibiting symptoms of COVID-19. Findings include: On July 7, 2020 at 9:10 a.m., an entrance conference was conducted with the facility's Administrator (staff #30), the Director of Nursing (DON/staff #5), and a Resource Nurse (staff #24). The Administrator stated the facility census was 106, and that there were currently no COVID positive residents. He stated that approximately one month ago, there was one resident who tested positive for COVID-19 and was transferred to a COVID positive facility, within a couple of hours after receiving the positive test result. He stated that two staff members had serology results that were positive for COVID-19 antibodies (approximately one month ago). An interview was conducted on July 7, 2020 at 12:19 p.m., with the DON. She stated that all staff have been educated regarding the screening process and that all staff screen themselves. Review of the Employee Entrance Process which was posted at the staff entrance revealed that each employee is responsible to answer the questions on the screening log. If they answer yes to any questions, or if their temperature is greater than 100 degrees F, they are to call their immediate supervisor and will be sent home. The posted information also included that if the employee meets requirements they will clock in, and that a nursing supervisor will review the log daily. A review of the staff screening logs dated June 15, 2020 through July 1, 2020 was conducted on July 7, 2020 and included alterations or missing information as follows: June 15: The answers were completely missing for two staff, and were partially missing for two other staff. June 16: Two staff had marked lines through both the yes and no answers for multiple screening questions. June 16: Three staff had not answered all of the questions and one staff had scribbled through both the yes and no answers for two questions. June 17: One staff member failed to write down her temperature at the start of her shift. June 18: Seven staff members did not answer all of the screening questions. One staff member answered both yes and no to three questions. June 19: Three staff did not answer all of the questions on the questionnaire. June 20: Two staff members did not answer all of the questions on the questionnaire, and two staff marked lines through both the yes and no answers for multiple screening questions. June 21: one staff member had a missing answer to a screening question and answered yes to having multiple symptoms. June 22: Three staff members marked lines through both the yes and no answers for multiple questions. Two staff members did not answer all of the screening questions. June 23: One staff member did not answer all of the screening questions. June 25: One staff member did not answer any screening questions (staff #3), one staff member had marked lines through both the yes and no answers for multiple screening questions, and one staff member did not answer one of the screening questions. June 26: Two staff had marked lines through both the yes and no answers for multiple screening questions. June 27: Two staff members had marked lines through both the yes and no answers for multiple screening questions. June 29: Two staff marked both yes and no for several screening questions. One staff member (#97) marked lines through both the yes and no answers. June 30: Two staff members marked lines through both the yes and no answers for multiple screening questions, and two staff did not write down their temperatures, when leaving their shifts. July 1: One staff member did not answer all of the screening questions. An interview was conducted with a member of the housekeeping staff (staff #17) on July 7, 2020 at 12:38 p.m. She stated that she thought she had completely filled out the screening log. She stated that she has not received any inservice education regarding how to fill them out. On July 7, 2020 at 12:47 p.m., an interview was conducted with the DON. The DON said that she talks to staff every two weeks regarding screening and goes over the process each time. She stated that her expectation is for staff to be truthful and honest, and that they understand everything that the screening log is asking. She said that staff are not to be fearful of answering that they do have symptoms. She stated that all staff have listened to a presentation on how to fill out the screening log, and that they talk about the signs and symptoms in huddle constantly. The DON reviewed the staff screening logs and stated that they did not meet her expectation at all. An interview was conducted on July 7, 2020 at 1:40 p.m., with a member of the dietary staff (staff #3). She stated that she has attended three in-services that went over all of the steps to complete the screening form. She stated that on June 25, she must have been in a hurry and forgot to answer all of the questions. On July 7, 2020 at 2:00 p.m., an interview was conducted with a Certified Nursing Assistant (CNA/staff #97). She reviewed the process for screening in at the beginning of her shift and stated that she had attended an inservice. She stated that she had not realized that she had marked through both the yes and no answers on the screening form. Another interview was conducted on July 7, 2020 at 2:21 p.m., with the DON. She stated that she tries to look at the screening logs throughout the day, and reviews them on a weekly basis. She said if she notices something missing or concerning, she would go back and ask the staff member follow-up questions. She stated that she did not see these omissions. The DON said that she has educated her staff and they have no problem telling her or other administrative staff if they are symptomatic. The DON said her process is to provide education during huddle with the staff, and that her expectation is for the screening logs to be filled out completely. According to the DON, the Employee Entrance Process (which is posted at the staff entrance) is their screening policy. The Entrance Process stated that all employees come in through one entrance which is the back entrance. Employees are to wash/sanitize their hands. Employees are to put a mask on. Each employee is responsible to answer questions on the screening log. If they answer yes to any questions or if their temperature is greater than 100 degrees F, they are instructed to call their supervisor and they will be sent home. Employee is to sign in on employee log, and if employee meets requirements, then the employee will clock in. The process included that a nursing supervisor will review the log daily. Review of the Infection Control and Prevention policy revealed to include preparatory plans and actions to respond to the threat of COVID-19, including but not limited to infection prevention and control practices in order to prevent transmission. The policy included to ensure that policies and practices are in place to minimize exposures to respiratory pathogens, including [MEDICAL CONDITION] that causes COVID-19. It is particularly important to protect individuals at increased risk for adverse outcomes from COVID-19 (e.g. older individuals with comorbid conditions), including healthcare personnel who are in a recognized risk category. Review of the CDC guidance titled, Preparing for COVID-19 in Nursing Homes revealed that as part of a routine practice, screen all Healthcare Personnel (HCP) at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. Fever is either measured as a temperature greater than 100.0 degrees F or subjective fever.</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.