

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035263	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2020
NAME OF PROVIDER OF SUPPLIER ARCHIE HENDRICKS SENIOR SKILLED NURSING FACILITY		STREET ADDRESS, CITY, STATE, ZIP HCO 1 BOX 9100 SELLS, AZ 85634	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>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 maintain an infection prevention and control program designed to provide a safe and sanitary environment and to help prevent the transmission of communicable diseases during their response to a COVID-19 outbreak. Specifically they failed to ensure staff (Licensed Nurse 7 (LN7), Nursing Assistants 5 (NA5), NA3, NA8, and Housekeeper 4 (HK4)) implemented appropriate hand hygiene and used personal protective equipment (PPE) in accordance with national standards. These failures had the potential to further spread the highly communicable and novel [MEDICAL CONDITIONS]-CoV-2 responsible for COVID-19 to other residents and staff. Findings: During the entrance conference on 09/01/2020 at 10:00 AM, the facility Administrator confirmed the facility was responding to an outbreak of COVID-19. Recently three residents tested positive for COVID-19, and a few staff members also tested positive about the same time. During a later interview the same day at 07:00 PM, the Director of Nursing (DON) clarified that every resident was placed on transmission based precautions for COVID-19, and the PPE required for those precautions were a gown, an N-95 respirator, a face mask, gloves and a face shield. Observed staff 4, a housekeeper, on 09/01/2020 at 11:40 AM clean a room on the 600 hallway. Staff 4 donned all appropriate PPE and enter the room which was under transmission based precautions. After cleaning surfaces, Staff 4 removed gloves and then handled the mop. Staff 4 did not perform hand hygiene after removing gloves, and proceeded to mop the floors. Observed LN7 enter a room under TBP to administer a medication on 09/01/2020 at 12:30 PM. LN7 entered the PPE donning/doffing area wearing a face mask and set the medication on a shelf. LN7 removed a reusable gown from the back of the door and donned it. LN7 touched the gown with ungloved hands, handling the outside of the gown and tied it. LN7 then reached inside a box of clean gloves, removed a pair and donned them. LN7 did not perform hand hygiene after touching the potentially contaminated gown, and did not don any eye protection or wear a respirator into the room. Observed LN7 doff the PPE a minute later. LN7 removed the gloves and then gown, running an ungloved hand along the inside of the gown touching the bare skin of the opposite forearm. LN7 did not perform hand hygiene before touching their skin under the gown. During an interview immediately following the observation LN7 confirmed that hand hygiene should occur after doffing gloves. When asked if handling clean items without performing hand hygiene after doffing gloves could contaminate the items, such as a box of clean gloves LN7 stated yes. During a second interview at 13:09 PM on the same day, when a surveyor asked what personal protective equipment LN7 should wear, LN7 stated, A gown, gloves, a mask and a face shield. When asked why he was not wearing a face shield, he stated, it fogs up and I can't see well. When asked if there was another form of eye protection he could wear, he stated he could wear goggles and that they were available. When asked which mask he should wear, he stated, I think I should be wearing an N95. They gave me three N95 masks. I wore one yesterday for about 20 minutes when I was doing the COVID testing for the staff. I took it off and put it in a bag. When asked, how long N95 could be used he responded, I am not sure. When I finish with it I put it in a bag with my name on it. Observed CNA5 in a resident room on the 600 hallway under TBP on 09/01/2020 at 12:40 PM. CNA5 was wearing PPE which included a face mask, gown and gloves. CNA5 was not wearing any eye protection or a respirator. CNA5 proceeded to doff the PPE and exit the room. CNA5 doffed the PPE appropriately and performed hand hygiene. Interviewed CNA5 immediately following the observation. CNA5 stated that today was her first day working at the facility, and that CNA3 was her preceptor. When asked if eye protection was required in the room she was in, she stated no one told me I did. CNA3 joined the interview and stated that face shields (a form of eye protection) were not required in the rooms and that the rooms were not under transmission based precautions. Observed a transport van pull up at the end of the 500 hallway on 09/01/2020 at 1:12 PM. Observed NA9 and NA8 both don full PPE and enter Resident 1's room. At approximately 1:35 PM Resident 1 was wheeled out of the room and into the hallway. Resident 1 was sitting in a wheel chair and wore a face mask. Observed transport staff lower a wheel chair ramp and assist resident into the van and drive away. Observed NA8 and NA9 exit the room after doffing their PPE. NA8 did not immediately remove her face shield. NA9 removed her face shield and hung it on the door. Interviewed NA8 on 09/01/2020 at 1:50 PM. NA8 stated she was a temporary nursing assistant and was assigned to Resident 1 today. She further reported that Resident 1 had a medical appointment in Tucson, and that Resident 1 had frequent appointments. She confirmed that Resident 1 was on TBP. When asked what PPE was required for Resident 1's precautions, NA8 stated gown, N-95, face shield, and the gloves. She explained they had just started using the N-95 respirators after the recent COVID-19 outbreak. When asked about the reuse of PPE, NA8 walked surveyor to Resident 1's doorway and stated reusable PPE is hung up. Observed a face shield hanging on the outside of the door. When asked about the disinfection process for reusable face shields, NA8 was able to describe how they disinfected it which was in accordance with CDC guidance. NA8 described when the face shield should be disinfected as at the end of the day which was not in accordance with CDC guidelines. She stated she had training on PPE reuse two weeks ago. NA8 confirmed she did not wear the face shield off of the observation hallway. Facility policy titled Prevention and Control of Communicable Disease with revision date 04/03/2020 was reviewed on 09/02/2020. Point 2 under the heading of Standard Precautions read, Hand Hygiene: a. Staff will perform hand hygiene frequently, including before and after all resident contact, contact with potentially infectious material and before putting on and upon removal of personal protective equipment, including gloves. Under the heading of Droplet Precautions it read 1. Droplet precautions will be implemented for residents with suspected or confirmed COVID-19. 4. Staff will don a facemask, gown, gloves and goggles when entering the room of a resident suspected or confirmed COVID-19. Alternative PPE was described as face shields and N95 respirators. The Centers for Disease Control's (CDC) guidance to long term care facilities titled Preparing for COVID-19 in Nursing Homes dated 06/25/2020 read, Residents with known or suspected COVID-19 should be cared for using all recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown. Facility policy titled Personal Protective Equipment - Using Protective Eyewear dated 6/2/2020 and revised on 09/02/2020 was reviewed on 09/02/2020. It read, Full Face Shield Disinfection After removal then outlined the steps for disinfection. The CDC's guidance titled Strategies for Optimizing the Supply of Eye Protection - Eye Protection dated 07/15/2020 reviewed on 9/2/2020. It read, If a disposable face shield is reprocessed, it should be dedicated to one HCP and reprocessed whenever it is visibly soiled or removed. The undated policy titled Personal Protective Equipment - Using Face Masks/Respirators was provided to and reviewed by surveyors on 09/03/2020. The policy did not identify when a respirator should be worn instead of a face mask. Under the heading When to Use a Mask or Respirator it read, When providing treatment or services to a resident who has a communicable respiratory infection. During an interview with the DON and the Infection Preventionist (IP) on 9/1/2020 at 7:00 PM, the DON stated When we had our first positive COVID we initiated the specific PPE and had educated the staff on the precautions to use. The Administrator clarified this included the expectation of using a respirator level facemask. During another interview with the DON and Administrator on 09/02/2020 at 4:19 PM, they confirmed the policy on respirators did not address how long a respirator maybe reused. The DON stated I don't believe it is on there. He further stated respirators could be used up until the point it is soiled, and they had identified this issue and were moving to the five on and five off rule. When</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.

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F 0882 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Based on interview and record review, the facility failed to ensure their designated Infection Preventionist (IP) had completed specialized training in infection prevention and control, or attend the facility's Quality Assurance and Quality Improvement committee meetings. These failures had the potential to affect the entire infection prevention and control program including surveillance and facility response to COVID-19. Findings: During the entrance conference meeting on 09/01/2020 at 10:00 AM the Administrator stated Licensed Nurse 13 (LN13) was the facility's Infection Preventionist. A virtual zoom meeting with the Infection Preventionist, and collaborating team members, the DON and Administrator and the Nursing Administrative Assistant, was held on 09/01/2020 to discuss infection prevention and COVID-19 outbreak response in the facility. LN13 validated that she was the facility's Infection Preventionist. LN13 stated that she had been the facility IP for about a year. The IP stated that her collateral duties include completion of Minimum Data Set Assessments for residents, and providing direct care. She estimated that she spent approximately 25% of her time on IP duties. When asked the IP to describe the surveillance activities related to COVID-19, she was not able to describe the activities. The DON was able to describe their surveillance, and the IP confirmed she gathered that data. When asked what specialized training the IP had, LN13 stated she had started her IP training in 2019 and had completed the first module on the CDC Train site. LN13 also stated that she had attended a Leading Edge training. Surveyor requested documentation of completed training. The IP stated that the last Quality Assurance and Quality Improvement committee that she had attended was in January of 2020. LN13 stated that she prepared the reports, and the other collaborating team members presented them. LN13 further stated that she read the minutes from the meeting. The Administrator clarified via e-mail communication on 09/02/2020 at 1:26 PM that the facility had been utilizing a team approach to the IP duties as LN13 has been helping on the floor providing direct care to residents. She stated that the QA Coordinator, the DON and the Nursing Administrative Assistant were helping with the overall IP work load. The Administrator further wrote, in the process of signing up for Infection Preventionist Training for Admins. During an interview at 11:30 AM on 09/03/2020 with the Administrator and DON, When asked who reviewed the staff screening forms for surveillance purposes the administrator stated currently she did. When asked who maintained the line list they submitted as used for surveillance titled Book 8 the Administrator stated that she did. Guidance was provided to the Administrator that the list did not conform to standard practice for a surveillance line list, and the CDC's Long Term Care Respiratory Outbreak line was provided to them. Reviewed all submitted training records on 09/03/2020. A single certificate from CDC Train read LN13 had successfully completed Module 1 - Infection Prevention & Control Program from the Nursing Home Infection Preventionist Training Course dated 04/14/2019. No other certificates were submitted for LN13 or any other collaborating staff helping with the duties. Reviewed the CDC Train website located at https://www.train.org/cdctrain/training_plan/3814 on 09/03/2020. Under the description of Module 1 it read, Module 1 - Infection Prevention & Control Program is part of the Nursing Home Infection Preventionist Training Course. Module 1 will provide an overview of the infection prevention and control (IPC) program. The site further read This module is part of a larger 23 module course, the Nursing Home Infection Preventionist Training Course</p>		