

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2020
NAME OF PROVIDER OF SUPPLIER LAKE PLEASANT POST ACUTE REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 20625 NORTH LAKE PLEASANT ROAD PEORIA, AZ 85382	
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 observations, facility documentation, 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 on April 17, 2020 at 10:00 a.m. Inside the facility lobby area was a front desk and a receptionist (staff #87) was sitting behind the desk. Staff #87 was wearing a face mask, however, the top of the mask was positioned just above her upper lip, and her nose was fully exposed. At this time, staff #87 told the surveyors to sign in and did not give any other instructions. The Visitor Sign-in Sheet was located on the counter above the reception desk, which was much higher than the receptionist's eye level. Review of the Visitor Sign-in Sheet revealed a place to write your name and record a temperature, along with the following screening questions: 1. Were hands sanitized prior to entry? 2. Do you have a cough, fever or flu? 3. Have you recently traveled outside of the USA, had a possible/actual exposure to a COVID-19 patient, or had any respiratory infections? Further review of the screening questions revealed that shortness of breath was not one of the symptoms that visitors were screened for. After the surveyors wrote in their names and answered the screening questions, staff #87 then took each surveyor's temperature. The surveyors documented their temperature results on the Visitor Sign-in sheet. Staff #87 did not review the answers to the questions on the sign-in sheet (which was to be used as a part of the infection control screening process). Further review of the Visitor Sign-in Sheet revealed that previous visitors had also signed in, however, there were no temperatures documented for any of them. During this process, the facility's Administrator (staff #133) was present at the beginning of the screening process and returned towards the end of the screening process to provide N95 masks and face splash guards for the surveyors. At no time, did staff #87 reposition her mask to ensure it covered her nose, nor did the Administrator instruct staff #87 on the correct positioning of the mask. The Administrator further stated that everyone must wear a N95 mask and a face splash guard, when they are in the building. A follow-up interview was conducted with the Administrator on April 17, 2020. The Administrator confirmed that the 100 hallway was designated for COVID-19 residents only, and the 200 hallway was a mixed unit, where half were confirmed positive for COVID-19, and the other half were designated for negative COVID-19 residents. The Administrator stated that a face shield and N95 mask were required for movement within the facility, and that further personal protective equipment (PPE) was required for access to these units. The Administrator also said that there were 25 staff who had tested positive for COVID-19. Review of the resident census data information revealed there were 15 residents who tested positive for COVID-19 on the 100 hallway and 1 presumptive positive, and there were 11 residents who tested positive on the 200 hallway, along with 13 residents who had not exhibited any symptoms so did not require testing. The census data also revealed that 3 residents had tested positive for COVID-19 on the 300 hallway. Review of the in-service training sign-in sheets dated March 23, 2020 regarding COVID-19; PPE including donning and doffing; hand washing and visitor screening revealed that staff #87 had attended the trainings. On April 17, 2020 at 10:45 a.m., an interview was conducted with the facility's receptionist (staff #87), who stated that she had received infection control training, which included how to wear a face mask. She stated the mask is supposed to cover the nose and mouth area, and that there is a clamp to pinch around the nose area which holds the mask in place. Staff #87 said she was aware that she was not wearing the mask correctly when surveyors entered the building at 10:00 a.m. She said that she often removes her mask when answering the phone, because it is difficult for callers to understand what she is saying. She acknowledged that the training for PPE included wearing a face mask at all times, while in the facility. Staff #87 also said that she had received training on the infection control screening process and was responsible for screening visitors, which included x-ray technicians, lab technicians, hospice nurses and physicians. She further acknowledged that she did not review the screening questions on the Visitor Sign-In sheet, when the surveyors entered the building. She said that she usually reviews the questions later, after a visitor has entered the building. She said if a visitor had documented that he/she had a cough, flu like symptoms, had traveled outside of the USA, or was recently exposed to COVID-19, she would go find the visitor and tell the visitor that he/she could not be in the building. When asked why she reviews the screening questions after the visitors are already in the building as residents and staff could possibly be exposed she said, Visitors can read the form and should know if they should enter the building or not. She further stated that she usually documents the temperature if a visitor doesn't document their temperature when signing in. Upon review of the Visitor Sign-In sheet, she acknowledged that the temperatures for multiple visitors had not been recorded. On April 17, 2020 at 2:45 p.m., an observation was conducted in a hallway where a back entrance into the facility was located. Observations revealed that if entering the building through the back entrance, the laundry area was located on the left side of the hallway and the kitchen door was on the right side. There was also a rack on the right side of the wall close to the kitchen door which contained individual staff cards, with documentation of body temperatures. In this area, there were no staff present to screen staff as they entered the building. There was also no PPE, no thermometer and there was no screening tool to be used when staff enter the building. At the other end of the hallway, there was a door that lead to the nursing station. During this observation, an interview was conducted with the Dietary Supervisor (staff #75), who stated that all of the staff are using this back entrance to enter and exit the building. When asked how staff are being screened when entering, she said that she didn't know. Staff #75 acknowledged that there was no screening station when staff entered the building, via this back entrance. She said that she takes the temperature of the kitchen staff, but did not know who was taking the temperature of the other staff. An interview was conducted on April 17, 2020, with the Leadership Team, the Administrator, Director of Nursing (DON/staff #134), and the Infection Preventionist (LPN/staff #88). During the interview, staff #88 stated that no one enters through the front entrance of the building, because the facility is not accepting visitors at this time. However, she also acknowledged that x-ray technicians and lab technicians (ancillary healthcare providers) are entering through the front entrance. She said they usually don't wear PPE on entering the building, but was unable to explain how this process worked. She also acknowledged that taking body temperatures were part of the screening process and should be documented when visitors enter the building. She said that staff are entering and exiting at the back of the building in the hallway located by the kitchen. She said that she reviews the documentation of the staff's body temperatures when she comes into work, however, she could not explain how staff are being screened at the time when they enter the building. Staff #88 and the DON said that they are responsible for monitoring the infection control process and that neither of them had identified any concerns.</p> <p>-An interview was conducted with the Administrator on April 17, 2020 at 11:00 a.m. The Administrator stated that the facility received positive COVID-19 results this morning on three residents, who resided on the 300 hallway and that the three residents would be moved to the 100 hallway, which was the designated hallway for COVID-19 residents. He stated that when moving the positive COVID-19 residents from the 300 hallway to the 100 hallway, staff should be wearing appropriate</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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>PPE and that the residents should be wearing a mask. An observation was conducted on the 300 hallway on April 17, 2020 at 11:25 a.m. Two staff members were observed transporting a resident in her bed from the 300 hallway to the 100 hallway (COVID-19 designated unit). One of the two staff members had a gown, gloves and a mask on, however, did not have a face shield in place during the transport to the COVID-19 unit. Another observation was conducted on the 300 hallway at 11:35 a.m. A Certified Nursing Assistant (CNA/staff #70) was observed transporting a resident in her bed from the 300 hallway to the 100 hallway. At this time, another staff member identified that this resident was positive for COVID-19. However, this resident did not have a mask in place during the transport and was observed to stop in front of the nurse's station for a brief time, while the resident talked to staff. An interview was conducted with the Administrator, the Director of Nursing (staff #134) and the Infection Control Preventionist (ICP/staff #88) on April 17, 2020 at 3:00 p.m. The Administrator stated that they had been monitoring for symptoms and were following procedures for COVID-19. The ICP stated that in regard to transporting a COVID-19 positive resident through the facility, staff were required to wear all PPE, which included gloves, gown, N95 mask and a face shield. She also stated the resident should wear a face mask for the transport to prevent the spread of infected droplets. When discussing the concern that a COVID-19 resident was observed being transported to the 100 hallway without a mask, she stated that maybe the resident refused the mask. When asked what staff were supposed to do if a resident refused to wear a mask, she stated they would have to enforce that the mask be used. She further stated that the transfer of COVID-19 positive residents was usually done by the leadership team who had received education on the process and PPE requirements. She stated that transporting a COVID-19 positive resident without full PPE and the resident not wearing a mask did not follow their expectations. She stated that all staff members were educated on the transport of residents with [MEDICAL TREATMENT], and that she included in the training that the same policy applied to any resident that needed to leave their room. She said the leadership team would be providing oversight to ensure staff were following education/protocols.</p> <p>-An observation of the central nurse's station was conducted on April 17, 2020 at 11:20 a.m. There were no staff or other personnel at the central nurse's station at this time. There were four wings/hallways which were off of the nurse's station (the 100 hallway, 200 hallway, 300 hallway and 400 hallway). The entrance to the 100 hallway had double doors which were closed and the double doors to the 200 hallway were locked. At 11:40 a.m., this surveyor approached the 100 hallway entrance. The double doors did not have a sign posted to contact staff prior to entering the hallway, or of the need for PPE. At this time, a CNA (staff # 98) was observed opening the 100 hallway door. The CNA was asked what residents were in this area of the facility. Staff #98 stated that COVID-19 positive residents were in the 100 hallway and that both COVID-19 positive and negative residents were on the 200 hallway. The CNA was wearing a mask, however, she was not wearing a face shield as she entered the 100 hallway. At 11:50 a.m., this surveyor in full PPE entered the 100 hallway. To the left was a room with a sign that read clean room and to the right of the entrance was a short hallway, which led to the 200 hallway. At this time, there were three residents who were in beds in the 100 hallway. One CNA was observed going from resident to resident and was touching their beds. The CNA was wearing a gown, but did not have any gloves on, did not have a mask on and had no face shield in place. The CNA did not sanitize/wash his hands after each resident contact. When the CNA was finished with the residents, he then exited the 100 hallway through the double doors, which led to the nurse's station. The CNA did not remove his gown or sanitize/wash his hands, prior to exiting the COVID-19 unit. An interview was conducted on April 17, 2020 at 12:15 p.m. with the Dietary Supervisor (staff #75), who was on the 100 hallway. When asked why there were three residents in beds in the hallway she stated that the residents were being transferred to newer/updated beds. During this same observation, there was an empty resident bed near the exit door of the 100 hallway. A CNA (staff #98) was observed cleaning the bed with bleach wipes. Staff #98 was wearing a gown, mask, face shield and gloves. However, her gown was not fastened at the neck or tied in the back and the gown had dropped down past her shoulders, exposing her clothing. Upon entering the 200 hallway through the adjoining 100 hallway at 12:30 p.m., multiple staff were observed wearing either full PPE or only wearing a N95 mask and face shield. At this time, an interview was conducted with a Licensed Practical Nurse (staff #135), who stated that both COVID-19 positive and negative residents were housed on the 200 hallway. She stated that a red and green color paper system had recently been created to identify COVID-19 residents and non COVID-19 residents on this unit. She said positive residents are identified by a red colored paper and the negative residents are identified using a green colored paper. It was observed that colored paper sheets were taped on the outside of the resident room doors, with their room number. Staff #135 stated that specific staff are assigned to care for either the COVID-19 positive residents or negative residents, but not both. She said for resident care, the COVID-19 positive residents require full PPE and the negative residents require a N95 mask and face shield. She added that the area between the 100 and 200 hallway is referred to as the clean area and that resident charting is completed there. She said the clean area is a common area and that per the Administrator, only N95 masks and face shields are required in the clean area. An observation was conducted of the clean area at 12:50 p.m. When in the clean area, the 100 and 200 hallway entrances are visible. At this time, staff from the 100 and 200 hallways were observed entering the clean area and did not doff their contaminated gowns and gloves. Also, there were no receptacles to place the contaminated PPE in. During the observation, there were four staff members at the computer table and two of them had no masks on, but were wearing face shields and the other two staff were wearing gowns, but no masks and no face shields. At 1:30 p.m., this surveyor was preparing to exit the 100 hallway. However, there were no receptacles for contaminated PPE at the 100 hallway exit. At this time, the Administrator and the Director of Nursing (DON staff #134) were walking past this location and they directed this surveyor to the 100 hallway clean room to discard the used PPE. However, there were no receptacles outside of the clean room for contaminated PPE. An interview was conducted with the Administrator, the DON and the Infection Control Preventionist (ICP/staff #88) at 3:00 p.m. When questioned regarding no signage posted outside the double doors to the 100 hallway COVID-19 unit prompting anyone entering to contact staff or the need for PPE prior to entrance, they had no explanation. Staff #88 and the DON said they are responsible for monitoring staff's adherence to the facility PPE policies and procedures. They further stated that neither of them had identified any concerns with the staff's use of PPE. When specific observations of staff not adhering to proper use of PPE were discussed, no explanation was given and they reaffirmed that they had not observed any concerns. Regarding the concerns with PPE not being removed and the proper PPE not being applied in the clean area (the area between the 100 and 200 hallway), and that there were no receptacles for the contaminated PPE, the Administrator stated that the only PPE to be worn in the clean area was a N95 mask and face shield. The Administrator and the DON reaffirmed that they had observed no concerns. When questioned regarding the doffing of contaminated PPE prior to exiting the 100 hallway, the Administrator, DON and staff #88 referenced the clean room. However, when discussed that there were no receptacles outside of the clean room or at the exit of the 100 hallway for the doffing of contaminated PPE, no explanation was given and they reaffirmed that there were no observed concerns. Review of an in-service sign in log dated March 4, 2020 titled, Hand Washing/Donning and Doffing PPE revealed that staff #98 participated in this in-service, as indicated by a signature. Review of the Infection Control policy and procedure dated March 9, 2020 regarding the Coronavirus (COVID-19) revealed that droplet and contact precautions will be used for specified patients known or suspected of being infected with COVID-19. This microorganism is a respiratory virus, which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose or by contact with contaminated inanimate or environmental surfaces. The policy included that the goal was to implement recommended appropriate infection control strategies, and guidance and standards from local State and Federal agencies. The policy stated 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. Under Procedures it stated to ensure that the facility's policies and practices are in place to minimize exposures to respiratory pathogens including [DIAGNOSES REDACTED]-CoV-2, [MEDICAL CONDITION] that causes COVID-19. Measures should be implemented before patient arrival, upon arrival and throughout the duration of the affected patient's stay. Take steps to ensure that all persons with symptoms of suspected COVID-19 or other respiratory infections, adhere to respiratory hygiene, cough etiquette and hand hygiene. Post visual alerts (e.g. signs, posters) at the entrance and in strategic places to provide patients and healthcare personnel with instructions regarding hand hygiene, respiratory hygiene and cough etiquette. Instructions should include .how to perform hand hygiene. The policy also stated to provide supplies for respiratory hygiene and cough etiquette including the following: alcohol based hand sanitizers, no touch receptacles for disposal of PPE and face masks at facility entrances and other common areas. Regarding hand hygiene, the policy stated that healthcare personnel should wash their hands with soap and water for at least 20 seconds before and after all patient contact, contact with potentially infectious material and before putting on and upon removal of PPE,</p>		

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Regarding PPE, the policy included that healthcare personnel must receive training on and demonstrate an understanding of when to use PPE; what PPE is necessary; how to properly don, use and doff PPE in a manner to prevent self-contamination; how to properly dispose of or disinfect and maintain PPE; and the limitations of PPE. For gloves it stated to perform hand hygiene, then put on clean gloves upon entry into a patient room or care area. Remove and discard gloves when leaving the patient room or care area and immediately perform hand hygiene. For gowns it stated to put on a clean isolation gown upon entry to a patient room or area. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. For respiratory protection it stated to use a N95 filtering face piece respirator before entry into the patient room or care area. Disposable respirators should be removed and discarded after exiting the patient's room or care area. The policy also included to ensure that healthcare personnel are educated, trained and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin and environment during the process of removing such equipment. In addition, the facility was to provide health care personnel with job or task specific education and training on preventing transmission or infectious agents, including refresher training. Under the section regarding patient transport, the policy included to limit the movement and transport of the patient from the room to essential purposes only. If the patient is transported, ensure that precautions are maintained to minimize the risk of transmission of microorganisms to other patients and contamination of the environmental surfaces or equipment. When transport is necessary, use appropriate barriers on the patient. The transporter should wear a gown, gloves, mask and eye protection. Further review of the Infection Control and Prevention policy revealed a section regarding managing visitor access and movement within the facility. The policy stated to establish procedures for monitoring, managing and training visitors. The facility shall provide instruction before visitors enter patient rooms, on hand hygiene, limiting surfaces touched, and the use of PPE according to current facility policy. The facility shall maintain a record (e.g. log book) of all visitors who enter. Visitors should be instructed to limit their movement within the facility. All visitors shall follow respiratory hygiene and cough etiquette precautions, while in the common areas of the facility. Review of the policy on guidelines for managing [MEDICAL TREATMENT] residents during the COVID-19 outbreak revealed that on [MEDICAL TREATMENT] days, put on a washable gown or lab coat over the resident's clothes and put on washable mask cover or mask and apply before pick up. Additional education documentation was provided by the facility, which was from the Maricopa County Department of Public Health related to COVID-19, and included guidance for long-term care facilities. The documentation included that a new respiratory disease COVID-19 is spreading globally, in the United States and in Arizona. Long-term care facilities should assume COVID-19 is in their community and restrict all non-essential visitors to their facilities. Resident specific guidance included the following: Restrict residents with fever or acute respiratory symptoms to their room. If they must leave the room for medically necessary procedures or appointments, have them wear a face mask (if tolerated). If a resident with COVID 19 is diagnosed , encourage residents to remain in their room and restrict movement except for medically necessary purposes. If residents leave their room, residents should wear a face mask, perform hand hygiene, limit their movement in the facility and perform social distancing (stay at least 6 feet away from others). 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.</p>		