

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035193	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OF SUPPLIER ALLEGIAN HEALTHCARE OF MESA		STREET ADDRESS, CITY, STATE, ZIP 3130 EAST BROADWAY ROAD MESA, AZ 85204	
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 - Immediate jeopardy Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to operationalize all components of the infection prevention and control program and the Centers for Disease Control and Prevention (CDC) recommendations to provide a safe, sanitary environment to help prevent and/or contain COVID-19 (an infectious disease by a new virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, dizziness, nausea, vomiting, diarrhea, loss of taste and/or smell, and in severe cases difficulty breathing that could result in severe impairment or death) when: 1) staff failed to follow droplet precautions for personal protective equipment (PPE) eye wear (goggles, face shields, etc.) during the care of presumptive COVID-19 residents and COVID-19 positive residents and then proceed to leave the area and/or proceed to care for other residents were COVID-19 negative, and 2) staff failed to properly clean and disinfect a blood pressure cuff after use on several COVID-19 positive residents. These failures increased the likelihood for serious injury, serious harm or death and required immediate action to prevent the spread of COVID-19 from residents who were positive and/or presumptive for COVID-19 to negative COVID-19 residents and staff. On 7/9/2020 at 1:05 PM, the administrative staff (Administrator, Director of Nursing (DON), and Infection Preventionist (IP)) were informed of the immediate jeopardy situations. Findings include: The facility policy entitled, New Admissions During COVID-19 State of Emergency (undated) indicated that: Residents with confirmed or suspected cases of COVID-19 will be cared for in accordance with guidelines as stipulated by the CDC. All efforts will be made to prevent transmission, treat symptoms. Facility will continue to follow the recommendations of the Center for Disease Control, including handwashing procedures and wearing of personal protective equipment (PPE) when indicated by the resident's presenting condition. PROCEDURES: ADMISSION: 1. Patients admitted to the facility will be placed onto transmission-based precautions. 2. The patient will be placed on transmission-based precautions for 14 days. 4. c. Appropriate transmission-based PPE will be placed inside of rooms-gowns, masks, face shield/goggles and gloves. d. When possible, dedicated equipment will be stored in patient rooms, if not then equipment will be sanitized between each use per manufacturer's recommendations. The facility's undated policy for Isolation-Categories of Transmission-Based Precautions indicated the following: 2. Transmission-based precautions are additional measures that protect staff, visitors, and other residents from becoming infected. These measures are determined by the specific pathogen and how it is spread from person to person. The three types of transmission-based precautions are contact, droplet, and airborne. 6. When transmission-based precautions are in effect, non-critical resident-care equipment items such as a stethoscope, sphygmomanometer (an instrument for measuring blood pressure, typically consisting of an inflatable rubber cuff which is applied to the arm and connected to a scale, which by increasing and gradually releasing the pressure in the cuff provides a blood pressure reading), or digital thermometer will be dedicated to a single resident (or cohort of residents) when possible. a. If re-use of items is necessary, then the item will be cleaned and disinfected according to current guidelines before use with another resident. 1. Droplet Precautions may be implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplets. 3. Masks will be worn when entering the room. 4. Gloves, gown, and goggles should be worn if there is risk of spraying respiratory secretions. Allegiant Healthcare of Mesa is in Maricopa County. It should be noted that Maricopa County in Arizona was and continued to be a hotspot for COVID-19. As of 7/15/2020, the State of Arizona reported a total number of COVID-19 cases to be 131,354 with 86,483 cases in Maricopa County, which would be considered a substantial community transmission rate. https://www.azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/covid-19/dashboards/index.php Protective Eye Wear: The CDC's recommendations included the following, Use of eye protection is recommended in areas with moderate to substantial community transmission. The CDC recommendations also included the following, Prioritize eye protection for selected activities such as: During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures. During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html. Per CDC information, Infectious diseases can be transmitted through various mechanisms, among which are infections that can be introduced through the mucous membranes of the eye (conjunctiva). Infectious agents are introduced to the eye either directly (e.g., blood splashes, respiratory droplets generated during coughing or suctioning) or from touching the eyes with contaminated fingers or other objects. As for the type of eye protection, the CDC indicated that Many safety goggles .fit comfortably over street eyewear and can provide satisfactory protection without impairing the fit of the prescription eyewear. Prescription safety glasses with side protection are available, but do not protect against splashes or droplets as well as goggles https://www.cdc.gov/niosh/topics/eye/eye-infectious.html The residents in room [ROOM NUMBER]: *Resident (R1) was admitted to the facility on [DATE] and had a physician's orders [REDACTED]. Review of R1's medical record revealed that R1 had a positive COVID-19 test on 6/17/2020. R1's [DIAGNOSES REDACTED]. *Resident (R2) was admitted to the facility on [DATE] and had a physician's orders [REDACTED]. R2's [DIAGNOSES REDACTED]. The residents in room [ROOM NUMBER]: *Resident (R5) was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. *Resident (R6) was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R6 had a physician's orders [REDACTED]. Observation on the Isolation Unit: On 7/9/2020 at approximately 6:55 AM, Certified Nursing Assistant (CNA11) was observed donning PPE before entering resident room [ROOM NUMBER]. The sign on the door indicated the residents in room [ROOM NUMBER] were on droplet precautions and that Doctors/Staff must: Wear eye protection with respiratory symptoms and standard precautions if contact with secretions likely. CNA11 did not don eye protection before entering the room. At 7:05 AM, while CNA11 was still in the room, Licensed Nurse (LN4) donned full PPE including goggles to enter the resident's room. CNA11 came out of room [ROOM NUMBER] at 7:13 AM and was wearing a pair of prescription glasses. At 7:20 AM, CNA11 went to room [ROOM NUMBER] (an isolation room for R5 and R6) donned PPE except for eye protection and went into the resident room. On 7/9/2020 at 9:20 AM, CNA11 was observed in resident room [ROOM NUMBER]. CNA11 had full PPE on including goggles. CNA11 came to the door and looked in the hallway. CNA11 asked if I, the surveyor could get the LN. There was a LN in the Nurse's Station 2B. The LN went to speak with CNA11. CNA11 was observed to have her goggles pushed up on the top of her head when the LN approached the room. The resident in room [ROOM NUMBER]: *Resident (R3)-R3's [DIAGNOSES REDACTED]. (a surgical procedure that placed a tube into the stomach, which is done due to a patient's inability to swallow). R3 had a physician's orders [REDACTED]. *Resident (R4)-R4's [DIAGNOSES REDACTED]. R4 had a physician's orders [REDACTED]. Observation on the Respiratory Unit: On 7/9/2020 at 7:55 AM, CNA13 was observed donning PPE before entering R3's room (room [ROOM NUMBER]); however, CNA13 did not put on eye protection. The signs on the door indicated that the resident was on droplet precautions. On 7/9/2020 at 8:10 AM, LN6 was observed preparing medications near R4's room (room [ROOM NUMBER]), which included insulin and crushed medications in a cup. After preparing the medications, LN6 donned PPE. LN6 wore prescription glasses and did not don protective eye wear over his glasses. LN6 took the medication into R4's room and gave the medication via R4's PEG tube and gave the insulin injection. LN6 was interviewed on 7/9/2020 at 8:35 AM, LN6 was asked about donning PPE. LN6 stated that for those residents</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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On 7/9/2020 at 10:20 AM, LN5 was interviewed regarding PPE. LN5 explained PPE use and how he donned and doffed PPE. LN5 was asked about eye protection. LN5 stated that he did not have to use eye protection because he wore glasses (prescription). LN5 further explained that his glasses were for reading only so he tried to wear goggles over them but the goggles did not work very well so he was trying to just wear the goggles. On 7/9/2020 at 11:15 AM, the UM of the respiratory unit was interviewed. The UM stated that the respiratory unit [MEDICAL CONDITION] ventilator dependent residents. The UM was asked about PPE use on the respiratory unit. The UM indicated that if the residents had COVID-19 symptoms the staff would wear full PPE (mask, gloves, gown, and eye protection); however, if the resident was just on a 14-day quarantine no goggles were required. The failure of staff to wear protective eye covering when providing care had the potential of spreading COVID-19 from positive and/or presumptive COVID-19 residents to negative COVID-19 residents and staff. Cleaning and Disinfecting Equipment: The CDC recommended the following for cleaning and disinfecting, Disinfect-Recommend use of EPA registered household disinfectant. https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-diagnoses-redacted-cov-2-covid-19 Follow the instructions on the label to ensure safe and effective use of the product. Many products recommend: Keeping surface wet for a period of time (see product label) . https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html On 7/9/2020 at approximately 7:00 AM, a vital sign monitor was observed on the isolation unit. In the attached basket was a spray bottle that indicated it was Virex II 256, one-step disinfectant cleaner and deodorant. There were no directions on the spray bottle directing how the spray should be used. Virex II 256 is a product distributed by Diversey, a one-step disinfectant cleaner concentrate that provides broad spectrum disinfection used in healthcare and other facilities where cleaning and prevention of cross-contamination are critical. The directions indicate the following, apply solution to hard, non-porous environmental surfaces. To disinfect, all surfaces must remain wet for 10 minutes. Air dry, wipe surfaces to dry and remove any residue, or rinse with potable water as necessary. https://diversey.com/en/product-catalogue/virex-ii-256-one-step-disinfectant-cleaner-and-deodorant The residents in room [ROOM NUMBER]: *Resident (R1) was admitted to the facility on [DATE] and had a physician's orders [REDACTED]. Review of R1's medical record revealed that R1 had a positive COVID-19 test on 6/17/2020. R1's [DIAGNOSES REDACTED]. *Resident (R2) was admitted to the facility on [DATE] and had a physician's orders [REDACTED]. R2's [DIAGNOSES REDACTED]. The residents in room [ROOM NUMBER]: *Resident (R5) was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. *Resident (R6) was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R6 had a physician's orders [REDACTED]. On 7/9/2020 at approximately 7:13 AM, CNA11 came out of resident room [ROOM NUMBER] (isolation room-R1 and R2) pushing a vital sign monitor. In the monitor's attached basket was a white cloth and a spray bottle. CNA11 sprayed the cloth with the fluid from the spray bottle and wiped the blood pressure cuff and the temperature probe. The cleaning process took less than 3 minutes. At approximately 7:25 AM, CNA11 pushed the vital sign monitor out of resident room [ROOM NUMBER]. CNA11 sprayed the Virex II onto the cloth (that was in the attached basket) and wiped the blood pressure cuff. CNA11 was asked if the blood pressure cuff was kept wet. CNA11 stated No, it's not wet. CNA11 wiped the blood pressure cuff for less than 3 minutes. During the observation, at no time did the blood pressure cuff appear to be wet with the Virex II. On 7/9/2020 at 9:40 AM an interview was conducted with CNA10. CNA10 was asked about the cleaning of the vital sign monitor. CNA10 indicated that because it was the isolation unit the monitor needed to be cleaned between each resident. CNA10 indicated that the solution in the spray bottle was sprayed onto the equipment and then wiped off. CNA10 was unable to say if the equipment needed to stay wet for a certain period of time. At 11:00 AM, the Acting Housekeeping Supervisor stated that the Virex II spray solution needed to stay wet for 10 minutes to be effective. The failure to clean and disinfect resident shared equipment had the potential of spreading COVID-19 from positive and/or presumptive COVID-19 residents to negative COVID-19 residents and staff. On 7/9/2020 at 2:24 PM, the administrative staff provided two acceptable removal plans: 1. The removal plan for the wearing of protective eye wear: *Effective immediately, staff were in-serviced on use of proper protection (shield or goggles) in a droplet isolation room *An audit was completed to ensure that staff had access to proper eye protection *The DON and/or designee will audit the use of protective eye wear daily for seven days, then weekly for three months *Results of the audit will be reported to and monitored by the Quality Assurance committee 2. The removal plan for the cleaning and disinfecting of shared resident equipment: *Effective immediately, each isolation room will be issued its' own designated blood pressure cuff *All blood pressure cuffs currently in use were sanitized using Sani cloth bleach wipes *Staff would be in-serviced on the proper sanitation of blood pressure cuffs and vital sign monitors using Sani cloth bleach wipes. The in-service will include proper surface drying times *The DON and/or designee will audit daily for the next seven days and then weekly for the next three months *Results of the audits will be reported to and monitored by the Quality Assurance committee. On 7/10/2020 at 6:30 AM, the facility's two removal plans were verified as being implemented and the immediate jeopardizes were removed.</p>		