

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035250	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER IMMANUEL CAMPUS OF CARE		STREET ADDRESS, CITY, STATE, ZIP 11301 NORTH 99TH AVENUE PEORIA, AZ 85345	
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 - 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, 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 infection, including COVID-19 to residents and staff. Findings include: Secured high acuity behavioral units' observations -An observation was conducted of one the secured high acuity behavioral unit on July 8, 2020 at 9:34 a.m. Some of the residents residing on the unit were on isolation due to being observed for signs and symptoms of COVID-19. A behavioral Health Program Manager (staff #124) and a behavioral Health Specialist (staff #125) were observed in an office behind the nursing station having a conversation across the desk. Staff #124 was not wearing a facemask. Staff #125 was observed wearing a cloth facemask. They were not observed to be 6 feet apart. Following this observation, an interview was conducted with staff #124 and staff #125. Staff #125 stated that because he provides no hands-on resident care, it was okay for him to wear a cloth facemask. He stated the cloth facemasks were reserved for them. Staff #124 stated that he was supposed to be wearing a facemask in his office if another staff member was present. An interview was conducted with the ICP (RN/staff #123) on July 8, 2020 at 1:00 p.m. She stated all staff are required to wear facemasks while in the facility. She stated that staff needed to wear a facemask in their office if another staff member was present. -At 9:37 a.m. on the same unit, a Certified Nursing Assistant (CNA/staff 15#) was observed sitting in the hallway wearing a cloth facemask. The CNA stated it was okay to wear a cloth facemask in the hallway. She stated that she would don a N95 facemask if she went into an isolation room. During an interview conducted with a Registered Nurse (RN/staff #108) on the unit at 9:55 a.m. on July 8, 2020, he stated that when there was a shortage of facemasks, staff were given cloth facemasks to wear. The RN stated that for the last 3-4 weeks, there has been an adequate supply of facemasks. The RN also stated that the administration staff had provided N95 facemasks to wear, but that some staff preferred the facemasks. An interview was conducted with the CNA (staff #15) and the RN Infection Control Preventionist (ICP/staff #123) on July 8, 2020 at 1:40 p.m. The CNA stated the cloth facemask did not contain a filter. The ICP stated that the cloth facemask did not meet the requirements for the unit. Staff #123 stated that not wearing the appropriate facemask increases the risk for transmission of the COVID-19 infection. -An observation was conducted of another secured high acuity behavioral unit on July 8, 2020 at 10:23 a.m. This unit also had residents residing on the unit that were on isolation for observation of signs and symptoms of COVID-19. Two Licensed Practical Nurses (LPN/staff #97 and staff #210) were observed in the nursing station wearing cloth facemasks. An interview was immediately conducted with the LPNs. Staff #97 stated that she was wearing a cloth facemask and that she would don a facemask before entering a non-isolation resident room or a N95 facemask before entering an isolation room. She stated that she was not told that she could not wear a cloth facemask when she was not in a resident room. Staff #210 stated that he was wearing a cloth facemask. During an interview conducted with the LPN (staff #210) and the ICP (staff #123) on July 8, 2020 at 1:53 p.m., the LPN stated his facemask did not contain a filter. The LPN stated the other facemasks caused redness so he wore his cloth facemask with a face shield when entering an isolation room. The ICP stated to the LPN that he needed to wear a N95 facemask in the isolation rooms. Long-term care unit observations -An observation was conducted on a long-term care unit on July 8, 2020 at 10:45 a.m. This unit included residents on isolation precautions due to being observed for signs and symptoms of COVID-19. A CNA (staff #29) was observed with her facemask under her chin. An LPN (staff #199) was observed with her facemask under her nose. At 10:49 a.m., a staff member wearing a cloth facemask was observed conducting a bingo activity in the residents' dining room with five residents. The staff member and a resident were observed sitting at a table approximately 3 - 4 feet from each other. The other four residents were observed sitting at a square table. Two of the residents had beverages in front of them. Three of the four residents at the table had their facemask under their chin. The residents were observed to be approximately 3-4 feet away from each other. On July 8, 2020 at 10:51 a.m., an interview was conducted with the LPN (staff #199) working on the unit. She stated that staff could wear facemasks on the unit, but are not to wear cloth facemasks. The LPN stated that a N95 mask needed to be donned before going into an isolation room. She further stated all nursing staff are supposed to be wearing either a facemask or a N95 mask, not cloth facemasks. The LPN stated a resident activity could be conducted as long as there were no more than 10 residents in attendance, the residents were wearing facemasks, and 6 feet social distancing was being implemented. After observing the bingo activity, the LPN stated one resident's mask was not positioned correctly and 6 feet social distancing was not being implemented. An interview was conducted with the ICP (RN/staff #123) on July 8, 2020 at 1:00 p.m. She stated all staff are required to wear facemasks while in the facility. She stated that staff could, at minimum, wear a cloth facemask if the unit did not have residents with COVID-19 or residents being observed for COVID-19 or in areas that were not part of a resident care unit. She stated staff on units with residents on isolation for COVID-19 positive or observation needed to don a N95 facemask before entering the residents' rooms. Staff #123 stated staff taking care of residents that are not COVID-19 positive or on observation can wear a facemask, not a cloth facemask. The ICP stated residents are encouraged to wear a facemask. She stated group activities are conducted for 10 or less residents and that the residents should wear a facemask and be at least 6 feet from each other. Random observation -During an observation conducted with the ICP on July 8, 2020 at 1:55 p.m., a resident was observed being transported off the elevator to the lobby without wearing a facemask. The ICP stated the resident should have had a facemask on.</p> <p>Unsecured behavior unit observation -At 11:00 AM on July 8, 2020, an LPN (staff #202) was observed at the nursing station on an unsecured behavior unit with his facemask pulled down past his nose and mouth. As the surveyor approached the nursing station, the LPN repositioned his facemask to cover his nose and mouth. The LPN stated that he had pulled his facemask down to wipe his nose. Review of the facility's policy regarding Infection Control Measures During the Pandemic COVID-19 revealed aggressive infection control measures will be implemented to prevent introduction of [MEDICAL CONDITION] to residents, staff and visitors. The policy included infection control measures will be implemented according to the most current CDC recommendations for pandemic COVID-19. Review of the CDC guidelines for Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated June 19, 2020 revealed source control refers to use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. The guidance included that patients and visitors should, ideally, wear their own cloth face covering (if tolerated) throughout their stay in the facility. Patients may remove their cloth face covering when in their rooms but should put it back on when around others or leaving their room. The guidance included that HCP should wear a facemask at all times while they are in the healthcare facility, including break rooms or other spaces where they might encounter co-workers. When available, facemasks are preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious</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>material from others and that cloth face coverings should not be worn instead of a respirator or facemask if more than source control is needed. The guidance stated to reduce the number of times HCP must touch their face and potential risk for self-contamination, HCP should consider continuing to wear the same respirator or facemask (extended use) throughout their entire work shift, instead of switching back to their cloth face coverings. The guidance included that patients should wear a facemask or cloth face covering to contain secretions during transport. HCP must receive training on and demonstrate an understanding of when to use PPE (personal protective equipment), what PPE is necessary, how to properly don, use, and doff PPE in a manner to prevent self-contamination, and the limitations of PPE. The CDC guidelines Preparing for COVID-19 in Nursing Homes updated June 25, 2020 revealed healthcare personnel (HCP) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should not be worn by HCP instead of a respirator or facemask if PPE is required. Residents should wear a cloth face covering or a facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. The guidance included that because of the higher risk of unrecognized infection among residents, universal use of all recommended PPE for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or HCP is newly identified in the facility; this could also be considered when there is sustained transmission in the community. The guidance also included implementing aggressive social distancing measures (remaining at least 6 feet apart from other). Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene.</p>		