

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035291	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2020
NAME OF PROVIDER OF SUPPLIER THE CENTER AT VAL VISTA, LLC		STREET ADDRESS, CITY, STATE, ZIP 3744 SOUTH ROME STREET GILBERT, AZ 85297	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>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 maintained. The deficient practice could result in the spread of infection to residents and staff, including COVID-19. Findings include: -On October 6, 2020 at 10:48 a.m., a housekeeper (#76) was observed spraying a yellow colored disinfectant on a resident's wheelchair and walker. At 10:53, she was observed wiping the disinfectant off with a cloth. She stated that she was using the 764 Lemon Quat Disinfectant Cleaner and that the contact time was 10 minutes, but if she wiped off the surface immediately after spraying, the surface was still clean. An interview was conducted on October 6, 2020 at 2:04 p.m. with the Director of Housekeeping (staff #20), who stated the 764 Lemon Quat Disinfectant Cleaner has a 10-minute contact time. He said this means the surface should be left to air dry for 10 minutes or can be wiped with a cloth after 10 minutes to ensure the surface is clean. He said that it was his expectation that durable medical equipment, such as a wheelchair and walker should be sprayed and left to air dry. The facility's policy titled Medical Devices/Equipment-Disinfection dated March 27, 2020 revealed the center is dedicated to protecting all residents and staff. The center will follow CDC guidelines for disinfection of medical devices/equipment. The Center will use the CDC recommended cleaning products for disinfection. The policy included all non-dedicated non-disposable medical equipment used for patient care is cleaned and disinfected per manufacturer's instructions/CDC guidelines and recommendations. Review of the 764 Lemon Quat Disinfectant product spec sheet, revealed that the disinfectant has a contact time of 10 minutes for virucidal activity. The CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic updated July 15, 2020 stated all non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies. Ensure environmental cleaning and disinfection procedures are followed consistently and correctly. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for [DIAGNOSES REDACTED]-CoV-2 in healthcare settings. -On October 6, 2020 at 11:07 a.m., a Certified Nursing Assistant (CNA/staff #51) was observed on the observation floor, donning a gown in a resident's room. She exited the room wearing the gown and stuck her arm into the resident's room next door and grabbed some gloves. She then donned the gloves and re-entered the first resident's room. An interview was conducted on October 6, 2020 at 11:57 a.m. with staff #51, who stated that she had received training on donning and doffing PPE (Personal Protective Equipment). She said that the residents on that floor are being quarantined. She said there is a gown hanging in each resident's room and that she is supposed to wear the gown each time she enters that room. The CNA further stated that she is to doff the gown before exiting the room because the gown could be contaminated and she could spread infection. She said that she went to the resident's room next door to get bigger gloves. The CNA stated that she should have asked another staff to hand her some gloves instead of exiting the resident's room wearing the gown. An interview was conducted with the Infection Control Preventionist (ICP/staff #42) and the Director of Nursing (DON/staff #77) on October 6, 2020 at 1:40 p.m. Staff #77 said there is a gown hanging in each resident's room for staff. The DON stated that staff should don the gown when entering the room and doff the gown before leaving the room. Review of the facility's policy, Isolation Gown and Extended Use for Facilities in Crisis Capacity dated May 15, 2020, states a gown will be issued to every healthcare professional responsible for caring for patients on transmission-based isolation or quarantine with full PPE. One gown per staff, per patient. The gown should be left in the patient's room and placed on a hook. The CDC Strategies for Optimizing the Supply of Isolation Gowns states that the risks to HCP and patient safety must be carefully considered before implementing a gown reuse strategy. Gown reuse has the potential to facilitate transmission of organisms (e.g., C. auris) among patients. Repeatedly donning and doffing a contaminated gown may increase risk for HCP self-contamination. If reuse is considered, gowns should be dedicated to care of individual patients. Any gown that becomes visibly soiled during patient care should be disposed of or, if reusable, laundered. -On October 6, 2020 at 11:29 a.m., a Licensed Registered Nurse (LPN/staff #31) was observed sticking both of her hands into the back of her pants (scrubs) with palms facing outwards and thumbs resting over the top outside of the pants. She was then observed to take a meal tray out of the warming cart without sanitizing her hands. The LPN handed the tray to another staff who served the meal to a resident. An interview was conducted on October 6, 2020 at 11:45 a.m. with staff #31, who stated that staff should sanitize their hands before touching a meal tray, between serving each meal tray, and if staff touches anything else while serving meal trays to residents. She acknowledged that she had been assisting another staff with serving meals and probably was pulling down her shirt and she did not sanitize her hands before handling the meal tray. An interview was conducted with the ICP (staff #42) and the DON (staff #77) on October 6, 2020 at 1:40 p.m. Staff #42 stated that staff should sanitize their hands before serving meal trays. Staff #42 also stated that if staff touch anything while serving meal trays, they should sanitize their hands. The facility's handwashing policy stated that at the center, all staff are expected to wash their hands when visibly soiled or dirty and after removing gloves and providing patient care. Use of sanitizer is acceptable in all other circumstances. Review of the facility's educational in-service information for infection control included hands should be washed or sanitized prior to passing a meal tray and after passing a meal tray. The CDC's Introduction to Hand Hygiene states that multiple opportunities for hand hygiene may occur during a single care episode, which includes after contact with blood, body fluids or contaminated surfaces.</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.