

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2020
NAME OF PROVIDER OF SUPPLIER SANTE OF NORTH SCOTTSDALE		STREET ADDRESS, CITY, STATE, ZIP 17490 NORTH 93RD STREET SCOTTSDALE, AZ 85255	
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 - Few	<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, interviews and record reviews the facility did not assure that infection prevention and control measures were followed when two staff did not clean patient equipment between patients who were on transmission based precautions (TBP). This deficient practice had the potential to spread infection between two residents (R1 and R2). Findings include: During a tour of the first floor units on 5/14/2020 between 10:50 and 11:00 AM, Staff 15 was observed in room [ROOM NUMBER] transferring Resident (R2) using the Hoyer lift (a hydraulic lift to move a resident). After Staff 15 was finished transferring R2 he removed his PPE and conducted appropriate hand hygiene. He then rolled the Hoyer lift down the hall and handed the Hoyer lift to Staff 27 and stated the lift needed to be wiped down. Staff 27 then preceded to take the lift to room [ROOM NUMBER], R1's room. The resident was in TBP for Shingles. Both staff 15 and 27 put on full PPE and then Staff 15 preceded into R1's door with Staff 27 following with the lift. They had not wiped down the lift prior to starting to push it into the room. The surveyor asked them to stop and commented that she had not see them wipe down the lift. Staff 15 stayed in the room and Staff 27 stated they had not wiped it down. She closed the resident's door and wiped down the lift appropriately with a bleach wipe and let it sit wet for 30 seconds per manufacturer's guidelines. When asked why they had not wiped down the lift prior to going into the room, Staff 15 stated he thought Staff 27 had wiped it down and Staff 27 thought Staff 15 had wiped it down. During an interview at 12:50 PM when told about the above observation the infection prevention/control practitioner (IPCP) and the director of nursing (DON) stated the staff were trained to clean all equipment that is shared between residents after each use. Reviewed and discussed the facility's screening and surveillance for COVID-19. Although they were conducting screening on all staff and visitors as well as patients; the facility had a screening form that staff filled out upon arrival to the facility. The form directed staff to take their temperature and document it. Review of these screening forms revealed the following: 5/12/2020 screen showed 16 staff had not documented their temperatures, 5/13/2020 screen showed 9 staff had not documented their temperature and 5/14/2020 screen showed 8 staff had not documented their temperature. When asked about this practice the ICPC and DON stated they did not review these forms and do not compile the data from screening forms. During interviews between 2:08 and 2:10 PM with two staff who had not documented their temperatures on the screening form, Staff 72 and Staff 75 stated that prior to 5/12/2020 staff had been instructed not to document their temperatures unless it was 99 degrees Fahrenheit or above. After 5/12/2020 the staff were supposed to be documenting all temperature readings. They each said they had forgotten to document their temperature on 5/12/2020, 5/13/2020 and 5/14/2020. The DON stated it takes time for people to adjust to new practices. Guidance was provided regarding the value of analyzing the data they collected so that they could identify trends in temperature values; such as rising temperatures as potential illness in staff so that they could take early action and prevent transmission of contagious illnesses.</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.