

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035242</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CHINLE NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>PO BOX 910 CHINLE, AZ 86503</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on record review and interview, the facility did not develop policies and procedures specific to COVID-19 which included a system of surveillance to identify possible communicable diseases or infections before they can spread to other persons in the facility; when and to whom possible incidents of communicable disease or infections should be reported; and standard and transmission-based precautions to be followed to prevent the spread of infections. Findings include: During the site visit on 5/05/20, the facility's policies and procedures related to the screening of residents, staff members, and visitors was requested for review. During an interview, an administrative nursing staff (ADN) stated that policies and procedures related to the coronavirus outbreak prevention and control, including screening, isolation, COVID-19 testing, and reporting, had not been developed or written as the facility did not currently have an infection preventionist (IP). According to ADN, the IP resigned sometime in February, 2020 and had not been replaced. T In the same interview, ADN who assumed infection preventionist responsibilities, explained that the facility had created a checklist (Screening for all employees and visitors) where the screening of anyone entering the facility was documented. Review of completed checklists revealed that screening included a temperature check, querying for shortness of breath and cough, any recent travel, and taking a pulse oximetry reading (O2 saturation). ADN stated that the facility had not admitted a new resident since January 2020, and that one resident who was transferred to the hospital across the street subsequently returned after being evaluated following a fall. Another discharge involved a resident who was taken home by her family. According to ADN, the facility was not admitting any new resident because of the coronavirus and the concern about transmission to other residents and staff. ADN added that direct care staff members who worked 12-hour shifts were also stretched out. The facility has not had any resident who was positive for the coronavirus, according to ADN. During the same interview, ADN who held many responsibilities including oversight of nursing services (supervising nursing staff, putting together a working schedule, staff development); QAPI; and infection control, stated that she did not have the time to develop and write IC policy and procedures. ADN stated that the infection control practitioner is a critical position but she was not aware about facility efforts to recruit or hire one. ADN added that the facility had also implemented a strict no-visitation policy in early March and that all residents and their family members were informed. In a telephone interview on 5/05/20, a social service staff member (SW1) stated that the department (social services) was responsible for the notifications which were documented in the medical records. Review of five randomly selected social service notes verified the statement. Because IC policy and procedures provide guidelines for the implementation of infection control and prevention efforts, the lack of written policies and procedures could result in confusion and inconsistencies. In addition, the training of staff on infection control and prevention would be rendered difficult in the absence of a written document that can be used as a reference material and learning aid.</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.