

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2024
NAME OF PROVIDER OR SUPPLIER Desert Cove Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1750 West Frye Road Chandler, AZ 85224	

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)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50262</p> <p>Based on observation, interviews, and record and policy review, the facility failed to ensure one resident (#6) was assessed to self-administration medication. The deficient practice could result in residents self-administering medications without assessment.</p> <p>Findings included:</p> <p>Resident #6 was admitted to the facility on [DATE] with diagnoses that included type 2 diabetes, spinal stenosis, heart failure, and essential hypertension.</p> <p>Review of the quarterly MDS (minimum data set) assessment dated [DATE] revealed a BIMS (brief interview for mental status) score of 15, indicating the resident was cognitively intact.</p> <p>On February 5, 2024 at 11:16 A.M. a medication, hydrocortison ointment 1% max strength, was observed on a bedside table with resident #6. There were no staff present. Resident #6 stated that staff were aware that resident had the medication.</p> <p>On February 6, 2024 at 8:59 A.M. a vicks vaporub was observed on an over bed table by resident #6. There were no staff present.</p> <p>An interview was conducted on February 6, 2024 at 11:56 A.M. with a Certified Nursing Assistant (CNA, staff #61). The CNA (staff #61) stated she was unaware of any policy or procedure for medications left at the bedside or medication self-administration.</p> <p>CNA #61stated that if she found medication (gestured holding medication cup), that she would take it to the nurse and the nurse disposed of it in the sharps container. The CNA added that it happened once a week, if that. The CNA stated that creams and ointments were locked away and must be requested from the nurse; and if cream or ointment were ordered then nurse must administer them.</p> <p>An interview was conducted on February 6, 2024 at 1:12 P.M. 02/06/24 01:12 PM with a Licensed Practical Nurse (LPN, staff #69). The LPN (staff #69) stated, all medications are stored in wound cart or medication cart. The LPN stated CNAs may not administer any ordered medications, including topicals like aquaphor, hydrocortisone cream, Vicks Vaporub. The LPN stated came in different forms - pills, liquid, powder, intravenous; and medications can be administered via by mouth, intramuscular, subcutaneous or intradermal injections.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>LPN #69 stated that products like aquaphor and biofreeze would be medications if ordered by the doctor. The LPN was aware of policy and procedure for medications at bedside to self-administer but stated, usually we don't do that. Staff #69 stated there was a policy that a nurse to administer, observe and confirm that resident took the medication.</p> <p>Review of records revealed no evidence that resident #6 was assessed to self administer medications.</p> <p>There were no physician orders for resident to self administer medications.</p> <p>An interview was conducted on February 7, 2024 8:35 A.M. with resident #6. The Vicks vapor rub was observed on a bedside table; however, the hydrocortisone tube was not observed to be in the room. The resident looked around and stated that the hydrocortisone may have been picked up by accident when the meal tray was picked up. Resident #6 then stated that she applied the hydrocortisone to her ears 4 times a day.</p> <p>An interview was conducted on February 8, 2024 at 12:56 P.M. with the DON (director of nursing, #98). The DON stated that it was an expectation to follow the self-administration of medication policy, if meds are at the bedside there has to be assessment. The DON continued that, it has to be in the care plan, and has to have an order. DON verified by reviewing resident #6's records including assessments, and physician orders, that resident was not to self-administer medications. The DON stated that the risk for not following the policy related to medications left at bedside was that it was unknown if resident could safely keep and self administer medications.</p> <p>Review of the policy regarding self-administration of medications dated August 29, 2023, revealed, The facility will ensure that each resident who requests to self-administer medications is assessed by the interdisciplinary team (IDT) to determine if the resident is safe to self-administer medications. The facility will determine through an interdisciplinary assessment if the resident is able to either safely administer medications that are requested from a center location (e.g., medication cart or medication room) or the resident is able to safely store the medication in a secure area in their room, and safely administer the medication as prescribed. And, after the IDT and primary physician review the assessment and determines the resident can safely self-administer and safely store medications at bedside, a physician's order will be obtained and the care plan for the resident will reflect the self-administration.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47911</p> <p>Based on clinical record review, observations, staff interviews, and review of policy, the facility failed to provide necessary services to maintain good grooming and personal hygiene for one resident (#39) and that assistance with meals was provided for one resident (#10). The sample size was 16. The deficient practice had the potential for not providing services and assistance to residents.</p> <p>Findings include:</p> <p>Resident #39 was admitted on [DATE] with diagnoses that included paraplegia, chronic pain, polyneuropathy, retention of urine, anxiety disorder, benign prostatic hyperplasia with lower urinary tract symptoms, calculus in the bladder, neuromuscular dysfunction of the bladder and muscle weakness.</p> <p>A review of the care plan regarding activities of daily living initiated on May 1, 2022 revealed that resident #39 is totally dependent on 2-staff members to provide a bath/shower twice a week and as necessary.</p> <p>A review of the quarterly MDS (minimum data set) assessment dated [DATE] revealed a BIMS (brief interview of mental status) score of 12, indicating mild cognitive impairment.</p> <p>A review of the CNA (certified nursing assistant) task and CNA Shower Review documentation revealed resident #39 had a bath/shower on January 20, 2024, January 24, 2024, and January 31, 2024. Resident only had one shower/bath during the week of January 24, 2024. A further review of the electronic health record (EHR) for resident #39 revealed no documented refusal of a shower during the week of January 24, 2024 and January 31, 2024.</p> <p>An interview was conducted on February 8, 2024 at 8:10 A.M. with a certified nursing assistant (CNA, staff #24). The CNA (staff #24) stated that residents should be getting a shower 2-3 times a week and they are documented by the CNAs in the EHR. Staff #24 stated that some residents do have to wait longer when they are short staffed, which has been occurring for the past 3 to 4 weeks; and, some of the residents have had to wait more than 7 days for a shower. Staff #24 stated that the risk for the residents is lack of hygiene and potential infection.</p> <p>An interview was conducted on February 8, 2024 at 8:16 A.M. with a licensed practical nurse (LPN, staff #58). Staff #58 stated that the CNAs conducted showers twice a week for residents and documented the showers in the EHR for the resident. The LPN (staff #58) stated that her impression was that showers were running smoothly.</p> <p>An interview was conducted on February 8, 2024 at 8:37 A.M. with the director of nursing (DON, staff #98). Staff #98 stated that the expectation were that showers are offered to the residents at least twice a week and that resident refusals were documented. She reviewed the shower sheets for resident #39 and stated that a 6-day gap between showers did not meet her expectations. Staff #98 stated that the potential risk to the resident could include infection.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the ADL (activities of daily living) policy, reviewed August 23, 2023, revealed that residents are to receive assistance to complete activities of daily living, to include bathing, dressing, grooming and oral care. The policy further noted that for tub baths and showers, Lippincott procedures are followed.</p> <p>Regarding resident #10</p> <p>-Resident #10 was admitted on [DATE] with diagnoses that included quadriplegia, acute on chronic systolic heart failure, chronic respiratory failure, muscle weakness, anemia, idiopathic peripheral autonomic neuropathy, neuralgia, neuritis, contracture of the right and left hand, vitamin deficiency, chronic pain and gastro-esophageal reflux disease.</p> <p>Review of a care plan revised on February 18, 2019 revealed that the resident #10 had ADL self-care deficits due to weakness and quadriplegia. The care plan further stated that the resident required assistance with feeding.</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed a BIMS score of 14, indicated the resident was cognitively intact. The MDS also revealed resident #10 had impairment on both sides of the upper extremity to include shoulder, elbow, wrist and hand and resident was dependent on eating.</p> <p>A review of the CNA tasks sheets regarding self-performance with eating in the EHR revealed that the resident had total dependence for most days; however, the following entries were noted:</p> <p>-January 29, 2024 - No entry before 1:27 P.M. Supervision at 1:27 P.M. and extensive assistance at 10:13 P. M.;</p> <p>-January 31, 2024 - Activity did not occur at 8:00 A.M and extensive assistance at 12:00 P.M. and at 10:47 P. M.;</p> <p>-February 3, 2024 - Supervision at 8:00 A.M. and 12:00 P.M. Extensive assistance for 9:00 P.M.</p> <p>-February 5, 2024- No entry before and after 2:00 P.M. Extensive assistance at 2:00 P.M.</p> <p>An interview was conducted with resident #10 on February 5, 2024 at 9:17 A.M. Resident #10 stated that she did not have a meal the morning of February 5, 2024. She stated that a tray was delivered and then later taken away by staff without anyone providing feeding assistance. The resident was observed to be quadriplegic with noted contractures on both hands and stated that she was unable to feed herself.</p> <p>An interview was conducted on February 8, 2024 at 8:10 A.M. with a CNA (staff # 24). Staff #24 stated that CNAs documented all meals and the amount consumed in PCC (point click care). She further stated that some residents required assistance with eating and that CNAs would provide that assistance and documented it. She stated that she is familiar with resident #10 and that the resident required extensive assistance with all meals. She further stated that if a resident refused a meal that would be documented in the record.</p> <p>There were no evidence that resident #10 refused meals on January 29, 2024, January 31, 2024, and February 5, 2024.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on February 8, 2024 at 11:13 A.M. with the DON (staff #98). The DON stated that the expectation was that if a resident required assistance with feeding, that staff provided the assistance during regular meal times and as requested. Staff #98 reviewed the resident #10's meal intake record and stated that it did not meet her expectation. She further stated that, in all likelihood, this was a documentation error. She stated that if a resident was not assisted with feeding it could result in weight and nutritional compromise for that resident.</p> <p>Review of the ADL policy with a revision date of August 23, 2023 revealed that feeding in long term care included review of the resident's medical record, noting conditions that may affect self-feeding ability and documenting the procedure.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>49325</p> <p>Based on review of clinical records and policy, observations, and staff interviews, the facility failed to ensure the environment remained free of accident hazards by not leaving medications unattended. The deficient practice had the potential to cause an accident and may result in undesirable medication-induced harm.</p> <p>Findings included:</p> <p>On February 08, 2024 at 9:34 A.M. a small clear plastic measuring cup with a red capsule was observed to be on top of a medication cart with no staff present. The Director of Nursing (DON/Staff # 98) also observed the unattended medication on a medication cart located by the DON's office, while walking towards her office. The DON was then observed picking up the medication cup with the capsule and disposed of it in an uncovered rectangular bin located at the bottom end of the medication cart.</p> <p>An interview was conducted on February 08, 2024 at 9:34 AM with a registered nurse (RN/Staff # 71) who stated the medication on top of the medication cart was docusate that belonged to resident #55.</p> <p>An interview was conducted on February 08, 2024 at 9:34 AM with the DON and Staff # 71. DON confirmed that the medication was left on top of the medication cart unattended. DON confirmed that the medication was discarded into the trash can before Staff # 71 arrived. Staff # 71 stated they called me over and it slipped my mind, usually I grab it and hold onto medications.</p> <p>An interview was conducted on February 08, 2024 at 9:34 AM with DON and the RN (staff # 71). The DON confirmed that the medication was left on top of the medication cart unattended and she discarded the medication into the trashcan before staff #71 arrived. Staff #71 stated that he was called and it had slipped his mind that the medication was left unattended.</p> <p>An interview was conducted on February 08, 2024 at 10:13 AM with the administrator (staff # 96). The administrator stated that medications should always be within view and should not be left unattended in carts because it can be picked-up.</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47341</p> <p>Based on clinical record review, interviews, and facility policy, the facility failed to ensure one resident (#123) received safe monitoring of vital signs. Vital signs were obtained using the arm with the shunt contrary to the facility policy and care plan. The deficient practice could result in the potential for complications and the resident not receiving appropriate care and treatment.</p> <p>Findings included:</p> <p>Resident #123 was admitted to the facility on [DATE] with diagnoses that included end stage renal disease (ESRD), dependence on renal dialysis, and bacteremia.</p> <p>A progress note dated January 31, 2024 revealed a not indicating resident has left arm fistula.</p> <p>Review of a progress note dated February 4, 2024 revealed patient has shunt in left arm.</p> <p>Review of Dialysis Treatment Notification forms from January 26, 2024 through February 5, 2024 indicated resident had dialysis access on an arteriovenous fistula on was located on the left upper arm.</p> <p>A review of a minimum data set (MDS) dated [DATE] revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident was cognitively intact. It indicated patient had an active diagnosis for ESRD and was on hemodialysis.</p> <p>Review of a care plan for resident #123 dated January 25, 2024 revealed resident was on dialysis. Interventions included assess shunt site for bruit and thrill, receive dialysis treatments as ordered, and to not take blood pressure on arm with shunt.</p> <p>Review of daily blood pressure vitals revealed that from January 25, 2024 to February 07, 2024, resident #123's blood pressure measurements were taken from his left arm on 7 occasions.</p> <p>An interview was conducted on February 7, 2024 at 2:18 P.M. with a Registered Nurse (RN staff #71). The RN stated that resident #123's dialysis shunt was in his left arm. After reviewing the vitals log showing the blood pressure readings were taken from both right and left arms, he stated that it did not matter which arm blood pressure was taken from as long as the cuff was high enough on the arm, it should not affect anything.</p> <p>During an interview conducted on February 8, 2024 with an RN (staff #58) at 10:06 A.M. she stated it was not okay to get blood pressure from the arm with the shunt for a dialysis resident because it could damage the access site, cause clotting, or cause circulatory problems.</p> <p>An interview was conducted on February 8, 2024 10:40 AM with an RN (staff #9). The RN stated that for a dialysis patient it is not appropriate to get blood pressure from the arm with the shunt. She (staff #9) added, she could not recall anything being wrong with resident #123's right arm that would have caused staff to use the arm with a shunt to get blood pressure.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy, Hemodialysis Offsite Policy, dated 4/24/2019 and reviewed on August 23, 2023 revealed, Avoid taking blood pressure and performing venipuncture on the arm with the shunt in place. Constricting clothing should not be placed on the affected arm.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>47341</p> <p>Based on review of facility documentation, staff interviews and facility policy, the facility failed to use the services of a registered nurse (RN) for at least 8 consecutive hours a day, 7 days a week. The census was 63. The deficient practice has the potential to affect resident care.</p> <p>Findings include:</p> <p>Review of the staff schedules punch details for January 2023 and March 2023 there were no Registered Nurse (RN) on duty for 8 consecutive hours for at least 4 days each month. In November and December 2023, there were no RNs for 8 consecutive hours for one day in each month.</p> <p>In an interview conducted with the staffing coordinator (staff #34) on February 8, 2024 at 10:24 A.M. she stated that she was aware of the regulations for scheduling an RN for 8 hours each day, and that there is typically an RN in the building. She stated the Infection Preventionist, who is an RN, or the Director of Nursing (DON) would be there.</p> <p>In an interview conducted with the DON on February 7, 2024, she stated that if there is not a licensed nurse available in a 24 hour period, the DON will come in to cover.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47911</p> <p>Based on clinical review, staff interviews, and facility policy and procedures, the facility failed to administer pain medication within the pain scale parameters for two resident (#39, #17). The deficient practice could result in residents being overmedicated.</p> <p>Findings include:</p> <p>Resident #39 was admitted on [DATE] with diagnosis including paraplegia, chronic pain, polyneuropathy, anxiety disorder, difficulty walking and muscle weakness.</p> <p>A review of the quarterly MDS (minimum data set) dated January 10, 2024 revealed a BIMS (brief interview of mental status) score of 12, indicating mild cognitive impairment. The MDS further revealed that resident #39 received both regularly scheduled medications as well as PRN (pro re nata-as needed) medications.</p> <p>A review of the physician orders revealed an order for 10 milligrams (mg) of oxycodone, 1 tablet by mouth, every 4 hours as needed for pain ranging from a pain level of 4 to a level of 10.</p> <p>Review of the MAR (medication administration record) for January 2024 and February 2024 revealed resident was administered the prescribed PRN 10 mg of oxycodone for pain levels from 0 to 3.</p> <p>The MAR revealed that oxycodone was administered at least 7 times outside of the prescribed parameters.</p> <p>An interview conducted on February 7, 2024 at 10:30 A.M. with staff #24 CNA (certified nursing assistant). Staff #24 stated that that she is very familiar with her residents and would observe for body language and or facial expressions for signs of pain, in addition to any verbal expressions of pain. The CNA stated that she would attempt non-pharmacological approaches to address the resident's pain and relay the information to the nurse.</p> <p>An interview was conducted on February 7, 2024 at 10:10 A.M. with staff #62, LPN (licensed practical nurse). The LPN stated that when a resident expresses that they are in pain, she would ask where the pain is and what level of pain the resident is experiencing. She stated she would review the record to see what medications the physician had ordered. She stated that she would then administer the medication as per the order and then monitor the resident for the next 30 minutes for effectiveness. She stated that medication is only administered as ordered and based on the pain scale. She further stated that if a resident insisted on medication outside of the prescribed pain range, she would contact the physician for further direction. Staff #62 stated that the risk to administering medications outside of the prescribed order or pain scale could result in addiction.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on February 8, 2024 at 8:26 A.M. with the DON (Director of Nursing, staff #98). Staff #98 stated that the expectation for administering pain medication, would include an assessment of the pain and pain level. She stated that the pain level would be documented in the electronic health record. Applicable medications would be administered as ordered and the resident would be monitored for effectiveness of the medication. She stated that if the resident's pain level is outside of the prescribed parameters, the expectation would be to contact the physician. The DON reviewed the MAR for resident #39 and confirmed that the PRN Oxycodone was administered outside of prescribed parameters on multiple occasions. She stated that this did not meet her expectations. The DON stated that the potential risk could include opioid addiction.</p> <p>A review of the Administration of Medications policy with a review date of August 24, 2023 revealed that medications are to be administered safely and appropriately per physician order to address resident's diagnosis and signs and symptoms.</p> <p>49325</p> <p>-Regarding Resident # 17:</p> <p>Resident # 17 was initially admitted to the facility on [DATE] with diagnoses that included displaced intertrochanteric fracture of right femur, presence of right artificial hip joint, alcohol abuse, and heart failure.</p> <p>Review of an MDS assessment dated [DATE] revealed a BIMS score of 14, indicating resident was cognitively intact.</p> <p>The physician order revealed an order for oxycodone hydrochloride oral tablet 5 mg to give 1 tablet by mouth every 4 hours as needed for pain level 7-10.</p> <p>A care plan initiated on November 07, 2023 revealed pain related to chronic back pain and right hip fracture, and interventions in-place including pain meds as ordered.</p> <p>Review of the MAR from January 2024 to February 2024 revealed that oxycodone was administered for pain levels 0 to 6 on at least 11 occasions.</p> <p>An interview was conducted on February 09, 2024 at 09:55 P.M. with Registered Nurse (RN/Staff #20) who stated medication orders needed to be given as ordered. Staff #20 reviewed physician's orders for resident #17 and confirmed the parameters for opioid medication (oxycodone) were to be followed as written - pain levels between 7 and 10. Staff #20 stated if narcotics are given outside of parameters it may lead to respiratory depression.</p> <p>An interview was conducted on February 09, 2024 at 10:21 A.M. with the DON who stated she reviewed the physician order on the medical administration records and agreed that it was given outside of the parameters on several occasions. The DON stated given the oxycodone does not meet expectations.</p> <p>(continued on next page)</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's policy titled, Administration of Medications (issued April 2019 and reviewed August 24, 2023) was reviewed and revealed that the facility will ensure medications are administered safely and appropriately per physician order to address residents' diagnoses and signs and symptoms. In addition, the policy stated that staff who are responsible for medication administration will adhere to the 10 rights of medication administration 1. Right Drug, 2. Right Resident 3. Right Dose and the doctor's order before medicating; if there is a question on the drug, stop and verify all information before administering. 4. Right Route 5. Right Time and Frequency, 6. Right Documentation 7. Right Assessment 8. Right to Refuse 9. Right Evaluation/Response 10. Right Education and Information.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49325</p> <p>Based on review of clinical records and policy, observations, and staff interviews the facility failed to ensure unused medication were disposed of according to accepted professional standards. The deficient practice of erroneous medication disposal may result in undesirable medication-induced harm.</p> <p>Findings included:</p> <p>On February 08, 2024 at 9:34 A.M. a small clear plastic measuring cup with a red capsule was observed to be on top of a medication cart with no staff present. The Director of Nursing (DON/Staff # 12) also observed the unattended medication on a medication cart located by the DON's office, while walking towards her office. The DON was then observed picking up the medication cup with the capsule and disposed of it in an uncovered rectangular bin located at the bottom end of the medication cart.</p> <p>An interview was conducted on February 8, 2024 at 10:11 A.M. with Registered Nurse (RN/Staff # 20) who stated unused medications should be disposed of in sharps container. Staff # 20 stated all pills, capsules, and sharps should be kept where they cannot be accessed. Staff # 20 stated discarding of medications in the uncovered trashcan is a risk because we have many residents who are not cognitive aware and may grab it.</p> <p>An interview was conducted on February 08, 2024 at 10:13 A.M. with the administrator (staff #96) who stated the trash can is not where we dispose of medications. Staff # 96 stated medications should be disposed of as stated in our policy and trashcan is not in our policy. Staff # 96 stated disposing of medication in any trashcan does not meet expectations.</p> <p>Review of the policy titled, LTC Facility's Pharmacy Services and Procedures Manual revised [DATE] revealed, wasted single doses of medication for disposal should be disposed of in a manner that limits access to them by unauthorized personnel or residents; facility should destroy and dispose of medication in accordance with Facility policy and Applicable Law, and applicable environmental regulations; facility-approved commercially available drug disposal kits; discard expired or unused medications appropriately.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47911</p> <p>Based on observations, staff interviews, and review of policies and procedures, the failed to ensure staff conducted appropriate hand hygiene during kitchen food preparation and dining services, as well as donning beard guards/ nets in the presence of facial hair. The deficient practice could result in infection and or contamination of food.</p> <p>Findings include:</p> <p>A kitchen observation was conducted on February 5, 2024 at 8:13 A.M. Staff #77, dietary aide, was observed in the kitchen, with facial hair present and not wearing a beard guard/ net.</p> <p>A kitchen observation was conducted on February 6, 2024 at 10:00 A.M. for puree observation. Staff #5, cook, was observed answering the kitchen phone and returning to the puree preparation without first conducting hand hygiene.</p> <p>A dining room observation was conducted on February 6, 2024 at 11:46 A.M. Staff #47, activities director, was observed pulling up his pants, scratching his face and then proceeding with passing out dining trays.</p> <p>A dining room observation occurred on February 6, 2024 at 11:49 A.M. Staff #34, staffing coordinator, was observed cutting up a residents food while standing and then proceeding to the next resident to cut up their food without conducting hand hygiene in between contact of each resident's utensils.</p> <p>A dining room observation occurred on February 6, 2024 at 11:59 A.M. Staff #47 was observed wiping under his eyes and then delivering a food tray to a resident's table without first conducting hand hygiene.</p> <p>An interview was conducted on February 6, 2024 at 11:56 A.M. with staff #34, staffing coordinator. Staff #34 stated that hand hygiene should be conducted between residents when cutting up food, but stated that this had not transpired. She stated that the risk could be infection.</p> <p>An interview was conducted on February 7, 2024 at 8:45 A.M. with staff #67 (dietary director). Staff #67 stated that the expectation was that appropriate hand hygiene is conducted at all times whether in the kitchen or dining room and that beard guards are worn in the kitchen. Staff #67 stated that the risk to the residents could include contamination of food and infection.</p> <p>An interview was conducted on February 7, 2024 with Executive Director (staff #96). Staff #96 stated that her expectation regarding kitchen and dining sanitation was to be perfect at all times and ensure that sanitary practices were followed. Staff #96 stated that the risk would include contamination of food and potential for infection.</p> <p>A review of the facility Associate Conduct and Dress Code policy, revised on March 28, 2023 revealed that dietary staff must wear beard restraints to prevent hair from contaminating the food.</p> <p>(continued on next page)</p>		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the the policy titled, Handwashing and Glove Use, revised September 8, 2022 revealed that hands must be washed prior to beginning work, after using the restroom, after smoking, when working with different food substances and following contact with any unsanitary surfaces i.e. touching hair, sneezing, opening doors, etc.		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49325</p> <p>Based on observation, interviews, and review of policy, the facility failed to ensure infection control practices were observed. The deficiency in practice can lead to the spread of infections.</p> <p>Regarding failure to ensure transmission-based precautions:</p> <p>Resident # 60 was admitted on [DATE] with diagnoses of unspecified hydronephrosis, malignant neoplasm of endometrium, and Type 2 Diabetes Mellitus.</p> <p>Review of a Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident was cognitively intact.</p> <p>Review of a care plan initiated on June 27, 2018 by Infection Preventionist (IP)/Registered Nurse (RN) (Staff # 26), revealed Resident # 60 had a foley catheter. Interventions included to place resident in enhanced barrier precautions in order to prevent signs or symptoms of urinary infection.</p> <p>During an observation conducted on February 6, 2024 at 10:12 A.M. revealed personal protective equipment (PPE) and Centers for Disease Control and Prevention (CDC) signage outside of the door of room [ROOM NUMBER] reaffirming enhanced barrier transmission-based precaution for Resident # 60.</p> <p>On February 6, 2024 at 10:12 A.M., X-Ray Technician (Staff #97) was observed through the opened door of room [ROOM NUMBER] performing an electrocardiogram (ECG) on resident #60 without donning appropriate PPE. An interview was conducted with Staff #97 who admitted she did not see the enhanced barrier precaution signage outside of the door before entering and performing the ECG on Resident #60. Staff #97 stated usually when she sees this signage at other facilities, she always wears gloves and gown, and sometimes a mask. Staff # 97 stated performing an ECG is a high-contact procedure and required her to be in close proximity to a resident when placing the leads. Staff #97 stated there is always a risk of entering a room with transmission-based precautions signage and she should have worn gloves.</p> <p>An interview was conducted on February 6, 2024 at 10:18 A.M. with Infection Preventionist (IP/Staff #26) who stated that enhanced based precautions are used in cases of feeding tubes, peripherally inserted central catheter line, wounds, colostomy, tubes, secretions, catheters, medication pass - touching and repositioning these residents. Staff # 26 stated for these residents you would put on gown then gloves for donning and for doffing remove gloves then gown. Staff #26 stated he was unsure if an ECG on a resident would require PPE because she was touching the upper body of the resident and the catheter is in the lower body. Staff #26 stated it does not 100% meet her expectation. She added that as a provider you should be aware of posted signage or inquire if you are unsure. Staff #26 stated if she was the technician she would have asked staff about the transmission-based precautions; there was a sign outside of the room.</p> <p>An interview was conducted on February 7, 2024 at 10:22 A.M. with administrator (staff #96) who stated if there was a sign on the door, for infection precautions like enhanced barrier, the expectation is for staff and visitors to adhere to it. Staff # 96 stated if a staff did not follow the infection control protocol it could jeopardize themselves or the residents.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>49399</p> <p>An interview was conducted with a registered nurse (RN/staff #71) on February 6, 2024 at 6:42 A.M. prior to medication pass observation. Staff #71 stated the routine is to come in, get report, count all narcotics, then sign sheets, and then hand off keys.</p> <p>During an observation of medication pass on February 6, 2024 at 07:25 A.M. with staff #71, staff #71 was observed returning the glucometer in the top drawer of the medication cart after performing a blood sugar check on one resident.</p> <p>Following the medication pass observation, staff #71 was interviewed on February 6, 2024 at 8:24 A.M. Staff #71 stated the process of blood sugar check for resident is to clean finger with alcohol swab, wait till it dries, then poke it. And, make note of blood sugar. Staff #71 stated he sanitized the glucometer with alcohol pad, then sanitized the insulin pen with alcohol pad. Staff #71 stated this is how staff did it. Staff #71 is not sure of the policy regarding sanitizing glucometer, sanitize in between each use. Staff#71 further stated, when staff come in beginning and end of shift, we wipe everything with bleach wipes. When staff #71 was asked about the bleach wipe, staff #71 went to the nurse's station and grabbed a container wipe under the table called Sani Wipe.</p> <p>On February 6, 2024 at 11:42 A.M. the Director of Nursing (DON/Staff #98) provided policy for Cleaning and Disinfection of the glucometer. The documents titled cleaning and Disinfecting QRC that has steps 1 thru 9, and another document titled ARK CARE TECHNICAL BRIEF Cleaning and Disinfecting the Assure Prism multi blood Glucose Monitoring System (BGMS).</p> <p>An interview was conducted the DON on February 7, 2024 at 9:05 A.M. Staff #98 stated that the process of medication administration includes the nurse have a list of patients and assignment, they do their 5 rights, gather the medication together, knock on the door, let patient know what medications are given, ask if patient have any pain, and ask pain level. If the resident had pain, go back and get the pain medication if pain medication is needed. The DON was informed about the glucometer observation during medication pass observation. The DON stated that he new nurse was reeducated on glucometer cleaning and use. The cleaning is bleach wipes located in the bottom of the medication carts. She stated that their Human Resources (HR) staff go over the lists of duties with staff and the type of position they are in, staff go through orientation, and go over life care academy videos in orientation, and the duties each of the staff in relation to their position. The DON's expectation with the staff was to follow the policies of life care, but if the staff was unsure of the specific duty, to ask the DON. Staff #98 further stated that the policy is to reeducate staff and then if the staff continues to not following policy, they are written up. If policy is not followed, it's an infection control issue. Staff #98 stated that she spoke to the other nurses, did her rounds by reeducating the staffs yesterday and this morning.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of facility's policy for standard precaution titled, Surveillance of Infections revised date of May 19, 2023 revealed that the policy establishes an infection prevention and control program that include, at a minimum, a system for preventing, identifying, reporting, investigating, and controlling infectious and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment and following accepted national standards. In addition, the Infection Prevention and Control Program (IPCP) and Plan with a revised date of January 25, 2023 and a review date of May 19, 2023 policy stated the facility has systems for prevention, identification, reporting, investigation and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services through process surveillance such as hand hygiene, appropriate use of personal protective equipment, point-of-care testing, managing blood borne pathogen exposure, cleaning and disinfecting products and procedures for environmental surfaces and equipment, appropriate use of transmission based precautions, and handling, storing, processing, and transporting linens so as to prevent the spread of infection.</p> <p>Review of the facility policy regarding Cleaning and Disinfection of the Glucometer, review date of September 20, 2023 and a revised date of September 28, 2022, revealed, to prevent the spread of infection, specially blood borne pathogens through the use of point of care blood glucose monitoring, by cleaning and disinfecting glucometers after each resident use. The cleaning procedure is needed to clean dirt, blood, and other bodily fluids off the exterior of the meter before performing the disinfection procedure. The disinfection procedure is needed to prevent the transmission of blood borne pathogens. Only wipes with EPA registration numbers validated for use in cleaning and disinfecting the meter.</p> <p>Review of the Handwashing and Glove Use policy revised date April 15, 2020, revealed, guidelines for handwashing and glove use to promote safe and sanitary conditions throughout the Food and Nutrition Services Department must be followed, and handwashing is a priority for infection control.</p>		