

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Peoria Post Acute and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 13215 North 94th Drive Peoria, AZ 85381	

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 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** 47910</p> <p>Based on clinical record reviews, staff interviews, review of policy and procedures, the CMS (Centers for Medicare and Medicaid Services) guidance, the facility failed to ensure two sampled residents (#365 and # 18) were placed on enhanced barrier precautions (EBP). The deficient practice could result in the transmission of multi-drug resistant organisms.</p> <p>Findings include:</p> <p>-Resident (#365) was admitted on [DATE] with diagnoses of chronic obstructive pulmonary disease (COPD) with acute exacerbation, acute kidney failure with tubular necrosis, dependence on renal dialysis.</p> <p>The care plan dated March 13, 2024 included that the resident had an indwelling catheter for neurogenic bladder. Goal was that the resident will show no signs/symptoms of urinary infection.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 12 indicating resident had mild cognitive impairment. The assessment also included that the resident had diagnoses of renal insufficiency, renal failure, end stage renal disease (ESRD), neurogenic bladder, pneumonia and septicemia; and that, the resident had an Indwelling catheter (including suprapubic catheter and nephrostomy tube).</p> <p>The ADL (activities of daily living) care plan dated March 13, 2024 included that resident had ADL self-performance deficit related to ESRD (end stage renal failure), sepsis and urinary retention.</p> <p>The progress note dated March 31, 2024 revealed the resident was alert and oriented x4; and that the resident had an indwelling catheter and was receiving hemodialysis</p> <p>The physician order dated April 3, 2024 revealed an order for EBP.</p> <p>The ADL care plan was revised on April 3, 2024 to include an intervention of EBP.</p> <p>Review of the Treatment Administration Record (TAR) for March 2024 and April 2024 revealed catheter care was provided as ordered.</p> <p>However, there was no evidence found in the clinical record that the resident was placed on EBP from April 1 through April 2, 2024.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Peoria Post Acute and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 13215 North 94th Drive Peoria, AZ 85381	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident (#18) was admitted on [DATE] with diagnoses of dependence on renal dialysis, ESRD and presence of urogenital implants.</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed a BIMS score of 15 indicating the resident had intact cognition. The MDS also included that the resident had an indwelling catheter.</p> <p>Review of the current care plan included that the resident had infection in the urine, MDRO (multidrug resistant organism and) CRE (carbapenem-resistant Enterobacteriaceae). Intervention included enhanced precautions when providing resident care.</p> <p>The physician order dated April 3, 2024 included an order for EBP.</p> <p>Review of the TAR for March and April 2024 revealed resident was provided with catheter care.</p> <p>During the initial screening process conducted on April 1, 2024, there were no signs posted related to EBP for residents #18 and #365; and, there was infection control cart that contained personal protective equipment (PPE) available to use.</p> <p>Despite the physician order for EBP, an observation conducted on April 3, 2024 at 1:55 p.m., there were no EBP signs posted and no PPE cart found outside of the rooms for residents #18 and #365.</p> <p>An interview was conducted with a certified nurse assistant (CNA/staff #145) April 5, 2024 at 10:29 a.m. The CNA stated that the facility protocol for EBP was the use of gloves and gowns when in contact with the resident or when providing personal care. The CNA said that when a resident's status was changed to EBP, staff receive notification from the charge nurse or report from other staff. The CNA also said that there would be signs are posted outside the resident's door and signs on which bed was on EBP. The CNA further stated that there was a new policy for contact precautions for catheters that started on April 4, 2024.</p> <p>An interview with a housekeeping staff (#194) was conducted on April 5, 2024 at 10:09 a.m., Staff #194 said that resident rooms that were on transmission-based precautions (TBP) or EBP were cleaned with a special cleanser and using proper PPE. She further stated that she becomes aware of the resident rooms that were designated as EBP or TBP by seeing the signs posted and the PPE carts located outside the resident rooms.</p> <p>An interview was conducted on 04/05/24 10:48 AM with the Director of Nursing (DON) who stated that the facility had been working on EBP and TBP and had the precautions on the trach and vent units. She stated that the facility had rolled out the new CMS guidance on EBP the week prior; and that, the new guidance from CMS was very confusing. The DON stated that she had a late conversation on April 4, 2024 with the county health department who told her who needed to be placed on EBP; and that, this would include all residents with indwelling catheters. The DON said that education was provided to staff who will use EBP when doing wound care, tracheotomy care, incontinence care, changing of linens and dressing changes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Peoria Post Acute and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 13215 North 94th Drive Peoria, AZ 85381	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility policy titled Infection Prevention and Control Program with revision date of October 2023 included that the infection prevention and control program is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performances improvement program. Goal was to ensure compliance with state and federal regulations related to infection control.</p> <p>The CMS QSO memo dated March 20, 204 included that recommendation of the use of EBP for residents with chronic wounds, infection or colonization with CDC-targeted MDRO when contact precautions do not otherwise apply or indwelling medical devices during high contact resident care activities regardless of their MDRO status, in addition to residents who have an infection or colonization with a CDC (Centers for Disease Control and Prevention)-targeted or other epidemiologically important MDRO when contact precautions do not apply. For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use and wound care. The memo included that the effective date for this guidance is April 1, 2024.</p>		