

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/14/2024
NAME OF PROVIDER OR SUPPLIER  Allegiant Healthcare of Mesa		STREET ADDRESS, CITY, STATE, ZIP CODE  3130 East Broadway Road Mesa, AZ 85204	

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>49325</p> <p>Based on review of clinical records and policy, observations, and staff interviews the facility failed to ensure enhanced barrier precaution (EBP) policies, notably use of personal protective equipment (PPE) during wound care, were up-to-date with professional standards of practice. The deficient practice may result in development or transmission of infections within the facility.</p> <p>Findings include:</p> <p>An observation of wound care was conducted on June 13, 2024 at 08:40 AM with Certified Wound Nurse/Licensed Practical Nurse (LPN/Staff # 65) after verbal consent of approval by Resident # 89. Staff # 65 entered the room, drew curtain for privacy, and donned gloves. Staff # 65 did not wear a protective gown at this time. Staff # 65 stated the pressure ulcer right hip wound care was classified as a clean procedure; and that, was setting up supplies on medical stand. Staff # 65 utilized cleaning technique with sterile water, applied silver alginate onto the wound bed with clean dressing, and appropriately assessed pain before and after care.</p> <p>An interview was conducted on June 13, 2024 at 08:58 AM with Staff # 65 regarding enhanced barrier precautions (EBP). Staff # 65 stated that whenever a resident is on (EBP), staff are expected to wear gown and gloves when providing high contact care; and that, wound care was considered high contact care. Staff # 65 stated per facility policy, this only applies to wounds (stage III or greater), therefore it was unnecessary to wear a gown for wound care that was performed on Resident # 89. Staff # 65 confirmed that this is the current facility practice; and that, unless wound was staged III or greater, no gown was used during wound care of any resident in the facility at this time.</p> <p>An interview was conducted on June 12, 2024 at 09:50 AM with Director of Nursing (DON/Staff # 78) who stated was the designated Infection Preventionist (IP) after previous certified IP left the facility. Staff # 78 stated that EBP practice was based on the facility's policies; and that, only wounds stage III or greater require use of gowns. Staff # 78 stated that as of June 12, 2024, he did not hold any qualifying infection prevention certification or training in infection control. Staff # 78 reassured a qualified IP was presently in the hiring process; and that, a tentative start date of June 20, 2024 was planned for the prospective IP.</p> <p>An interview was conducted on June 14, 2024 at 01:16 PM with DON who stated after thorough review of CDC recommendations, was informed of the updated requirements for enhanced based precautions and the use of gowns during any wound care.</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 0880</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, Infection Control and Modified Enhanced Barrier Policy/Procedures (revised June 2018) revealed enhanced barrier precautions will be based on the Centers for Disease Prevention &amp; Control (CDC) guidance.</p> <p>The CDC website on healthcare acquired infections revealed that the enhanced barrier precautions are an infection control intervention designed to reduce the transmission of resistant organisms that employ targeted gown and glove use during high contact resident care activities. The CDC further stated that nursing home residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDRO's (multi-drug resistant organisms). The CDC website further revealed that use of gown and glove for high-contact resident care activities is indicated when contact precautions do not otherwise apply; and that, because Enhanced Barrier Precautions do not impose the same activity and room placement restrictions as Contact Precautions, they are intended to be in place for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk. Updated July 12, 2022. <a href="https://cdc.gov/hai/containment/PPE-Nursing-Homes.html">https://cdc.gov/hai/containment/PPE-Nursing-Homes.html</a>.</p> <p>50595</p>		