

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035207	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/02/2025
NAME OF PROVIDER OR SUPPLIER Springdale Village Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 7255 East Broadway Road Mesa, AZ 85208	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50553</p> <p>Based on observation, clinical record review, interviews with residents and staff, and review of facility policy, the facility failed to ensure appropriate infection control guidelines were implemented and followed for one resident (#1). The deficient practice could result in the spread of infectious disease.</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses that included major depressive disorder, allergic rhinitis, and type 2 diabetes mellitus with diabetic polyneuropathy.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident's cognition was intact.</p> <p>Review of the Certified Nursing Assistant (CNA) task log for bowel movements revealed an entry on January 1, 2025 at 9:39PM, which indicated Resident #1 had experienced three episodes of loose/ diarrhea stools. It was also revealed that the bowel movements charted on January 1, 2025 at both 4:23PM and 9:39PM were incontinent bowel movements, when the resident was previously charted as mostly continent.</p> <p>Review of the nursing progress notes revealed a health status/progress note dated January 2, 2025 at 05:48AM, which revealed that the resident was experiencing diarrhea, and a stool sample was sent to the lab to rule out clostridium difficile (c.diff).</p> <p>Review of the care plan revealed a focus that the resident had a diagnosis that required enhanced barrier precautions (EBP) to be utilized. There was no evidence found to reveal that contact precautions should be utilized.</p> <p>Review of the Physician Orders revealed no evidence that contact precautions had been ordered.</p> <p>Initial observation of Resident #1's room on January 2, 2025 at 10:19AM revealed signage for EBP outside of the resident's room in addition to a cart with PPE. There was no signage for contact precautions outside of the resident's room.</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 - Few</p>	<p>Interview was conducted with Resident #1 on January 2, 2025 at 10:20AM, who confirms she began having diarrhea yesterday on January 1, 2025, and that she was still having the diarrhea. She stated that she believed it to be some sort of flu.</p> <p>Interview was conducted on January 2, 2025 at 12:56PM with a Certified Nursing Assistant (CNA/Staff #3) who stated that she knew of two residents on the unit experiencing diarrhea and vomiting. She states that these residents are on contact precautions, not enhanced barrier precautions.</p> <p>Interview was conducted on January 2, 2025 at 12:43PM with a Licensed Practical Nurse (LPN/ Staff #16) on January 2, 2025 at 12:43PM, who stated that she knew of two residents with diarrhea at the moment, one of which was Resident #1. She could not confirm how long the diarrhea had been ongoing. She states that for these residents, contact precautions should be used and that these residents were encouraged to isolate in their rooms. She also confirms that Resident #1 had a C-diff culture pending.</p> <p>Interview was conducted on January 2, 2025 at 1:31PM with the Infection Preventionist (IP/Staff #8), who stated that she would consider 2 episodes of diarrhea in a shift to be a concern. She explains that for residents with multiple episodes of diarrhea, these residents were placed on contact precautions.</p> <p>Review of the infection control mapping for December 30, 2024 to January 1, 2025 revealed multiple resident rooms being monitored for loose stools and/or vomiting. Resident #1's room was not included in the rooms being monitored, despite having symptoms.</p> <p>Interview was conducted on January 2, 2025 at 3:37PM with the Administrator (Staff #21), who also stated that residents with recent diarrhea were placed on contact precautions and that these precautions should have been in place at the time of the survey. She further states that residents being tested for c-diff should have contact precautions in place.</p> <p>Review of the facility policy titled, Clostridium Difficile, revealed that clostridium difficile infection is suspected in residents with acute, unexplained onset of diarrhea (three or more unformed stools within 24 hours). The policy also states that residents with diarrhea and suspected CDI are placed on contact precautions while awaiting laboratory results.</p>		