STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035296	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspire Transitional Care	1521 North Pine Cliff Drive Flagstaff, AZ 86001

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and policy review, the facility failed to ensure proper infection control practices were implemented during wound care for one of one sampled residents (Resident #62). The deficient practice could result in the transmission of infection.Findings Include:Resident #62 was admitted to the facility on [DATE], with diagnoses that included infection and inflammatory reaction due to internal fixation device of the right tibia, bacteremia, end-stage renal disease, and Type 2 diabetes mellitus.During the initial pool screening on August 19, 2025, Resident #62 revealed he had a wound to his right lower extremity. He stated that nurses change the dressing every day.A provider order written on August 4, 2025, instructed staff to clean the wound to the right lower extremity with normal saline (NS), cover with xeroform, wrap with rolled gauze, and cover with an ACE wrap, every day.An additional provider order, written on August 2, 2025, instructed staff to wear personal protective equipment (PPE) for enhanced barrier precautions (EBP) for direct care, including wound care.On August 20, 2025, at 8:50 AM, a dressing change for Resident #62 was observed with a Registered Nurse (RN/Staff #55). The RN gathered the wound care supplies from the medication cart and walked to the resident's room. Before entering the resident's room, the RN donned a gown and gloves. He was not observed to sanitize his hands before donning the gloves. The RN put the wound care supplies on the resident's bedside table. He removed the soiled dressing from Resident #62's right lower extremity. The RN applied NS to a piece of gauze and began cleaning the wound with the moistened gauze. The RN was not observed to doff gloves, sanitize his hands, or don new gloves between removing the soiled dressing and cleaning the wound. The RN gathered the soiled wound dressing and the cleaning gauze and threw them into the trash can. He then doffed his gloves and donned a pair of new gloves. The RN was not observed to sanitize his hands before donning the new gloves. The RN then applied xeroform to the wound, wrapped the right lower extremity with gauze, and applied an ACE wrap. The RN then doffed the gown and gloves, threw them into the trash can, sanitized his hands, and left the resident's room.Immediately following the dressing change procedure, an interview was conducted with Staff #55, who acknowledged that he did not follow proper hand hygiene procedures during the dressing change for Resident #62. The RN stated the proper technique would have been to change his gloves and sanitize his hands following the removal of the soiled dressing.An interview was conducted with the Director of Nursing (DON/Staff #29) on August 21, 2025, at 9:46 AM. The DON stated she expected nurses to perform proper hand hygiene during dressing changes. She indicated the proper dressing change technique would be as follows: sanitize hands, gather supplies, introduce self and explain the procedure to the resident, set up the area, don gloves, remove the soiled dressing, doff gloves, sanitize hands, don gloves, clean the wound, doff gloves, sanitize hands, don gloves, apply the new dressing, throw everything away, doff gloves and sanitize hands. The DON acknowledged that Staff #55 did not follow proper hand hygiene techniques while performing the dressing change on Resident #62's right lower extremity. The DON stated the risk of improper infection control practices was the spread of infection or introduction of bacteria. The DON further stated that staff are trained yearly regarding infection control practices and that proper hand hygiene is a standard of practice that was learned in nursing school.A policy titled, (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Wound Care, last reviewed on October 14, 2024, revealed the following procedure for dressing changes: wash hands, place supplies on a clean surface, don gloves, removed soiled dressing, doff gloves, sanitize hands, don gloves, clean wound, doff gloves, sanitize hands, don gloves, apply the new dressing, doff gloves, sanitize hands.