PRINTED: 03/02/2021 FORM APPROVED

TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION	(AU) PROVIDERIGUPPLIERIGUA IDENTIFICATION NUMBER		A BUILDING			COMPLETED	
	AB0009		B WING		12/	5/2020	
AME OF PROVIDER OR SUPP	LIER	STREET ADD	RESS, CITY, 5	STATE ZIP CODE 2	15(21		
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PREFIX (EACH DEFIC	Y STATEMENT OF DEFICIENC ENCY MUST BE PRECEDED OR LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLET DATE	
acuipment use be properly cle sterilized between patients (b) Methods of and storing all shall be such a prevent the trathrough their use through their use This Rule is no Based on policious protection, pointerviews, the (Personal Protective Equipment of the policious materials and other than the policious materials and the policious mat	releaning, handling, supplies and equipment to a supplies and equipment of a supplies and equipment of a supplies and procedure review and a facility staff failed to we extive Equipment) while instruments.  It was a supplies and PPE a pment or PPE last revealed " "Wear gloves and when handling or ems or surfaces Go her Protective Clothing or ems or surfaces Go her Protective Clothing and when handling or ems or surfaces Go her Protective Clothing and when handling or ensured and with poterials Mask, Eye Protective Clothing and the supplies and whenever splaints whenever splaints of blood or OPIM (attous Materials) may be a strong the supplies and the sup	ecautions Personal riewed swhen you potentially nes, and touching wns, Gowns nust be inpation of initially ection, e or in es such as ishes, spray Other	E 165	HCA #1 competed a same-day Center Manager on Standard P Hygions and PPE policips and Chapter 3 of the Infection Previous retraining is documented on the Standard Prepautions. Hand his Training Attestation. The retrain of the policips and propedures of demonstration of proper PPE us In order to ensure proper PPE us staff for proper PPE use on day are performed. Any staff not de use will receive same-day retra action, if needed.	Precautions, Hand procedures found in anything and end dated vigene, and PPE ing consisted of review and a handson so use by staff, the Health routine spot checks of all is abortion procedures monstrating proper PPE	12/15/202	
sion of Health Service Regular DRATORY DIRECTOR'S OR PRO	tion		TURE	Chief Pragram	0M	(X8) DATE	

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_

(X3) DATE SURVEY COMPLETED

AB0009

B. WING

12/15/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

3000 MAPLEWOOD AVE STE 112

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 165	Continued From page 1	E 165		
	generated and eye, nose, or mouth contamination can be reasonably anticipated. Examples: washing soiled instruments"			
	Observation during tour on 12/15/2020 at 1645 revealed HCA (Health Care Assistant) #1 cleaning medical instruments that had visible red fluid and tissue on them. Observation revealed HCA #1 had on a surgical mask and blue gloves. Observation revealed HCA #1 did not have on a gown/apron nor any eye protection such as goggles/glasses/face shield. Observation revealed after this surveyor asked about PPE, HCA #1 removed the blue gloves, left the instrument processing room and returned with a face shield. Obrservation revealed HCA #1 put on a purple cloth like smock, the faceshield, and heavy green gloves to continue cleaning instruments.			
	Review on 12/15/2020 of the Employee Personel file for HCA#1 revealed a hire date of 06/01/2020. Review revealed HCA#1 had completed the facility training that included wearing PPE during cleaning of medical instruments.			
	Interview on 12/15/2020 at 1645 during tour with HCA#1 revealed she is supposed to wear PPE including a gown, a mask, gloves, and either goggles or a face shield when cleaning instruments. Interview revealed HCA#1 cleaned instruments throughout her shift on 12/15/2020 without having goggles/face shield.			
	Interview on 12/15/2020 at 1653 with the Office Manager revealed the staff are expected to wear PPE when cleaning instruments.			

Division of Health Service Regulation

6899 STATE FORM If continuation sheet 2 of 2 NVIG11



## STANDARD PRECAUTIONS, HAND HYGIENE AND PPE TRAINING ATTESTATION

Please print your name and title and fill in the date of training. Sign and date the bottom,

Return the form to HR by scanning and emailing to: OD@PPSAT.ORG

Showway Chundler

Employee Name:	with the transcent	
Title: HOH	The state of the s	
Date of Training	Subject	
10 10 01	to Constant Durant and Administration 2	
12-15-20	Infection Prevention Manual Chapter 3:	

## By my signature below, I affirm that:

- I successfully completed the Standard Precautions, Hand Hygiene and PPE policies and procedures training.
- I have had the opportunity to ask questions about Standard Precautions, Hand Hygiene and PPE policies and procedures at PPSAT.
- I understand the PPSAT's policies and procedures on Standard Precautions, Hand Hygiene and PPE and agree to abide by them.
- I agree to alert a supervisor if I observe situations where the policies or procedures are not be followed.
- I understand that failure to follow the policies and procedures relating to Standard Precautions, Hand Hygiene and PPE may lead to corrective action.

Signature Date