

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF PARADISE VALLEY		STREET ADDRESS, CITY, STATE, ZIP 4065 EAST BELL ROAD PHOENIX, AZ 85032	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, staff interviews, review of the Center for Disease Control (CDC) recommendations, and policies and procedures, the facility failed to ensure infection control standards were followed. The deficient practice could result in the spread of infection, including COVID-19 to residents and staff. Findings include: Regarding screening Upon entrance to the facility on [DATE] at 7:15 a.m., a Licensed Practical Nurse (LPN/staff #43) obtained the surveyors temperature and directed the surveyors to fill out and sign the visitor screening form. The only ink pens available were in a container marked dirty pens. After completing the form, the surveyors were given a N95 mask. Staff did not instruct the surveyors to do hand hygiene. The screening form was not reviewed or signed by staff. The Regional Field Controller (staff #182) was observed to enter the facility at 7:25 a.m. on July 6, 2020. Her temperature was taken, she was instructed to complete the staff screening form, and a N95 mask was given to her. Staff was not observed to review staff #182 screening form. Review of the form revealed no date or time documented, no screener name, and yes to the question Do you work at another healthcare facility with positive COVID-19 residents. During an interview conducted with staff #182 on July 6, 2020 at 10:14 a.m., she stated no one followed up with her regarding the question she answered yes to on the screening form. Review of a staff screening form revealed screening information for 10 staff. However, the date and time and screener name was not documented. Review of another staff screening form revealed the screener signature with the date July 6 for 3 entries that did not contain any staff screening information. Review of the visitor screening form revealed the date July 6 and the screener signature for 4 entries that did not have visitor screening information documented. An interview was conducted with the interim Director of Nursing (DON/staff #165) who was also the interim Infection Control Preventionist (ICP) on July 6, 2020 at 3:34 p.m. She stated staff and visitors that do not pass the screening are not allowed to enter the facility. Staff #75 stated the screeners were trained to identify answers on the screening form that would not allow staff and visitors to enter the building. She said the screener should have obtained the surveyors temperature, asked the surveyors the screening questions, directed the surveyors to sanitize their hands, and instructed the surveyors on the PPE (personal protective equipment) required in the facility. She stated that for any screener question answered yes, the screener should have asked follow-up questions. Staff #75 stated staff should be cleaning the ink pens after each use. After reviewing the staff and visitor screening forms, she stated the screener should not be signing in advance the screening form for entries that do not contain screening documentation for staff and visitors. Review of the facility's policy on Coronavirus revealed all associates will be actively screened at the beginning of their shift in accordance with current guidance from CDC, CMS, and local and state health departments. The screening will include questions about COVID-19 symptoms, and if they work in another location where COVID-19 has been identified. The facility should have a method to identify staff that work at multiple facilities (e.g. agency staff, regional or corporate staff etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19. The policy also revealed all visitors, vendors, and contractors will be screened for COVID-19 symptoms in accordance with current CDC, CMS, and local and state guidelines. Education provided to visitors, vendors, and contractors should include wearing a face mask while in the facility, hand hygiene, the importance of social distancing, and how to properly don and doff appropriate PPE. The CDC's Preparing for COVID-19 in Nursing Homes guidance updated June 25, 2020 included screening all health care personnel (HCP) at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and documenting absence of symptoms consistent with COVID-19 and that HCP who work in multiple locations may pose higher risk. The guidance also included screening visitors for fever, symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Regarding cleaning/disinfecting face shields During an observation conducted on the 300 hall (residents with suspected/unknown status for COVID-19) on July 6, 2020 at 7:45 a.m., a LPN (staff #75) was observed exiting a room, removing her face shield, and spraying the face shield with solution from a spray bottle that only had 80% alcohol handwritten in red on it. The LPN then donned the face shield, and entered a different resident's room. Another observation was conducted on the hall at 7:48 a.m. A Certified Nursing Assistant (CNA/staff #26) was observed removing her face shield in the hallway after exiting a resident's room. She sprayed the face shield with a solution from a spray bottle that only had 80% alcohol handwritten in red on it. A second observation was conducted of the LPN (staff #75) on the 300 hall at 8:00 a.m. The LPN was observed removing her face shield after exiting a resident's room. She sprayed the face shield with a solution from a spray bottle that only had 80% alcohol handwritten in red on it. At 11:45 a.m., staff #75 was observed entering a resident's room within approximately 3 seconds after spraying her face shield with a solution from a spray bottle that only had 80% alcohol handwritten in red on it. An interview was conducted with the CNA (staff #26) on July 6, 2020 at 12:50 p.m. She stated that she was instructed to clean her face shield between residents with the spray bottle that has 80% alcohol written on it. She further stated that she dries the face shield with a paper towel or dries the face shield by waving it dry. During an interview conducted with the LPN (staff #75) on July 6, 2020 at 2:15 p.m., she stated that she cleans the face shield with alcohol between patients. In an interview conducted with the interim DON/ICP (staff #165) on July 6, 2020 at 3:34 p.m., staff #165 stated staff are to use an approved EPA cleaner to clean/disinfect PPE. She stated improperly cleaning PPE can result in the spread of infection. The facility's policy on Coronavirus (COVID 19) ([DIAGNOSES REDACTED]-CoV-2) revised June 25, 2020 revealed education and job-specific training will be provided to associates upon hire and ongoing regarding current guidance related to infection control prevention and control measures related to COVID-19. The training will include how to keep residents, visitors, and associates safe by using correct infection control practices including the use of PPE. Training should include return demonstration to document competency. The policy included strategies shall be implemented to optimize current PPE supply. Implement a process for decontamination and reuse of PPE such as face shields and goggles. The policy also included the facility should follow current CDC guidelines Review of the CDC guidance on Coronavirus Disease 2019 (COVID-19) Strategies for optimizing the supply of eye protection dated June 28, 2020 stated to adhere to recommended manufacturer instructions for cleaning and disinfection. The guidance stated that when manufacturer instructions for cleaning and disinfecting are unavailable carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe while wearing gloves. Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfection solution. Wipe the outside of the face shield or goggles with clean water or alcohol to remove residue. Fully dry (air dry or use clean absorbent towels). Remove gloves and perform hand hygiene. Review of the CDC guidance on Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic dated June 19, 2020 revealed health care personnel must receive training on and demonstrate an understanding of how to properly disinfect and maintain PPE. Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Reusable eye protection must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. The guidance also included disposable eye protection should be discarded after use unless following protocols for extended use or reuse.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>Regarding temperature screening During the initial entrance screening process conducted on July 6, 2020 at 7:20 AM, a Licensed Practical Nurse (staff #43) made several attempts to obtain a surveyor's temporal temperature. The temporal thermometer registered the following temperatures: 93.7 Fahrenheit (F), 94.9 F, and the last being 96.9 F. Staff #43 stated several times during this process that these thermometers always do this and she would shake the thermometer causing a rattling sound from the thermometer to get the thermometer to work correctly. During the screening process prior to entry into the COVID-19 unit, on July 6, 2020 at 09:45 AM, a Certified Nursing Assistant (staff # 89) made several attempts to obtain the same surveyor's temporal temperature. Temperatures obtained were 101.2 F, 101.6 F and 104.8F. Staff #89 stated the thermometers occasionally do this. An oral temperature was requested. The oral temperature obtained was 97.2 F. In an interview conducted with the Interim Director of Nursing (staff #165) on July 6, 2020 at 12:00 PM, she acknowledged that there have been days when the temporal thermometer registered low temperatures. She stated that when this occurs, the batteries are changed and the thermometers performance seems to improve. Staff #165 stated that she has made attempts to order new temporal thermometers but has been unsuccessful. The facility's policy regarding Coronavirus revised June 25, 2020 revealed all visitors will be screened for COVID-19 symptoms in accordance with current CDC guidelines. This screening will include a temperature check. Visitors with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time. The CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic states to screen everyone (patients, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature greater than or equal to 100.0 F or subjective fever. Visitors with symptoms of COVID-19 should be restricted from entering the facility.</p>		