

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF SCOTTSDALE		STREET ADDRESS, CITY, STATE, ZIP 9494 EAST BECKER LANE SCOTTSDALE, AZ 85260	
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, facility documentation, staff interviews, review of the Center for Disease Control (CDC) recommendations and policies and procedures, the facility failed to ensure that infection control standards were maintained regarding measures to prevent the spread of COVID-19. The deficient practice could result in the spread of infection to residents and staff. Findings include: - Regarding screening of visitors and staff entering the facility: The surveyor entered the facility on June 30, 2020 at 9:20 a.m. wearing a cloth mask. The receptionist (staff #134) took the surveyor's temperature and asked screening questions from the COVID-19 screening tool to determine if the surveyor was symptomatic. There was a box of surgical masks and a bottle of hand sanitizer to the left on the receptionist's counter. Staff #134 was then asked if there was anything else, the surveyor needed to do prior to entering the facility and she said, no. Staff did not ask the surveyor about the cloth mask, and did not tell the surveyor that she needed to wear a surgical mask while she was in the building. She did not instruct the surveyor to use hand sanitizer or provide education about PPE (personal protective equipment), hand hygiene, or COVID-19. During the screening process, the Director of Nursing (DON/staff #1) entered the facility and stood 6' behind the surveyor. She did not tell the surveyor that she needed to wear a surgical mask while she was in the facility and did not instruct the surveyor to sanitize her hands. After staff #1 was screened, staff #1 introduced herself to the surveyor and still did not tell the surveyor that she was required to wear a clean surgical mask or needed to sanitize her hands. Once staff #1 and the surveyor had walked down the hall through the dining room and into a private dining room, the surveyor took out hand sanitizer to sanitize her hands. After the Entrance Conference had been completed, staff #1 told the surveyor that she would need to wear a surgical mask. An interview was conducted on June 30, 2020 at 10:15 a.m. with the Infection Preventionist/Assistant Director of Nursing (ADON/staff #69), who stated that it is her expectation that staff/visitors entering the building should be wearing official PPE and a cloth mask is not official PPE and the surveyor should not have been allowed to get past the reception area wearing a cloth mask. She said that not wearing official PPE increases the risk of spreading COVID-19. She also said that staff #134 received training on the screening process, which included donning a clean surgical mask and sanitizing hands prior to entering the facility. An interview was conducted on June 30, 2020 at 11:02 a.m. with the receptionist (staff #134), who confirmed that she had received training on the screening process, which included educating facility staff/ancillary staff/visitors to wear a surgical mask, while in the facility and to sanitize hands after leaving a resident's room. She said that she does not give a clean surgical mask or gloves to facility staff, ancillary staff, or visitors entering the building if they are already wearing mask/gloves and that she would not be able to determine if the masks or gloves were soiled. She stated that she has allowed lab technicians to enter the building wearing a face mask and gloves. She acknowledged that she did not educate the surveyor about wearing a clean surgical mask or instruct the surveyor to don a clean surgical mask and should have asked the surveyor to remove the cloth mask. She also acknowledged that she did not instruct the surveyor to sanitize her hands. During the interview, a registered nurse (RN/staff #59) was observed entering the facility at 11:05 a.m. Staff #59 was already wearing a surgical mask and was not asked to don a new one. Staff #59 was carrying multiple bags and did not sanitize her hands prior to entering the facility. Review of an in-service sign-in sheet dated May 18, 2020 for screening visitors/vendors, which included education on COVID-19, hand hygiene upon entering and exiting the facility, and donning/doffing PPE, revealed that staff #134 attended. Review of an in-service sign-in sheet dated June 18, 2020 for screening visitors/vendors, which included education on COVID-19, hand hygiene upon entering and exiting the facility, and donning/doffing PPE, revealed that staff #134 attended. During the exit interview on June 30, 2020 at 2:15 p.m. with staff #1 and staff #69, staff #1 said that staff #134 has received a lot of training on the screening process and is supposed to educate staff/visitors, instruct staff/visitors to use hand sanitizer and hand them a clean surgical mask prior to entering the facility. - Regarding hand sanitation, touching masks with non clean hands and applying new surgical masks: -On June 30, 2020 at 11:20 a.m., a Certified Nursing Assistant (CNA/staff #61) was observed exiting the facility through the front entrance wearing a N95 mask and a face shield. Prior to exiting, she stopped at the reception desk, talked to the staff #134, and was observed leaning against the receptionist's desk. The N95 mask was not covering her nose and she adjusted the mask by touching the outside of the mask to push it upward over her nose and then touched the counter. She did not sanitize her hands prior to touching the entrance door and then went outside to talk to a caregiver for one of the resident's. During this time, staff #69 joined the surveyor and she too watched as staff #61 continued to touch her face shield and mask, while talking to the caregiver. Staff #61 then returned, touching the entrance door and went back to work without sanitizing her hands. Staff #134 was supposed to be screening staff/visitors and made no attempt to educate or instruct staff #61 about PPE and hand hygiene. Staff #69 acknowledged that staff #61 was not following PPE and hand hygiene protocol and said that staff #61 was already getting a write up. Review of an in-service sign-in sheet dated May 18, 2020 through June 1, 2020 for screening visitors/vendors, which included education on COVID-19, hand hygiene upon entering and exiting the facility, and donning/doffing PPE, revealed that staff #61 did not attend. During an interview on June 30, 2020 at 11:40 a.m. with staff #1 and staff #69, staff #61 was observed working on Station 2, where new admissions were being quarantined. Staff #61 acknowledged that she works on Station 2. She was asked if she was aware that she was touching the outside of her mask and her face at the receptionist's desk and the entrance door when she went outside to talk to the caregiver of one of the resident's without sanitizing her hands. At first staff #61 said that she did sanitize her hands and when she was told that staff #69 was present and also, observed that she didn't sanitize her hands, she did not respond. Staff #61 was then asked if PPE was to be worn when staff leaves the building and she did not know. During the exit interview on June 30, 2020 at 2:15 p.m. with staff #1 and staff #69, they acknowledged that they were already having issues with staff #61 and she was going to be retrained prior to the incident that day. Staff #1 stated that staff #61 is a CNA and would not have any reason to interact with a resident's caregiver. She stated that the caregiver was waiting for the resident to be discharged. She said that staff is required to wear their N95 and face shield when they are in the facility, but should not be wandering around as it increased the risk of spreading [MEDICAL CONDITION]. Review of the facility's Standard and Transmission Based Precautions revised May 29, 2020, revealed that education and job-specific training will be provided to associates upon hire and ongoing regarding current guidance related to infection prevention and control measures related to COVID-19. The training includes how to keep residents, visitors, and associates safe by using correct infection control practices including proper hand hygiene and selection and use of PPE. According to the Centers for Disease Control and Prevention (CDC) recommendations for the Coronavirus Disease 2019, revealed that infection control procedures including administrative rules and engineering controls, environmental hygiene, correct work practices and appropriate use of PPE, are all necessary to prevent infections from spreading during healthcare delivery. All healthcare facilities must ensure that their personnel are correctly trained and capable of implementing infection control procedures, and that individual healthcare personnel should ensure they understand and adhere to infection control requirements.</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF SCOTTSDALE		STREET ADDRESS, CITY, STATE, ZIP 9494 EAST BECKER LANE SCOTTSDALE, AZ 85260	
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>	(continued... from page 1)		