

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035146</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LIFE CARE CENTER OF PARADISE VALLEY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4065 EAST BELL ROAD PHOENIX, AZ 85032</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, staff interviews, review of facility documentation, review of guidance from the Centers for Disease Control and Prevention, and review of facility policy and procedure revealed the facility failed to ensure infection control prevention during the COVID-19 pandemic in cleaning and disinfecting resident rooms and shared medical equipment. The deficient practice could result in an increased outbreak within the facility. Findings include: At the time of the survey the facility had 43 residents with a positive COVID-19 [DIAGNOSES REDACTED]. The facility had a total of 52 residents since the pandemic started, with the first positive lab result collected on June 14, 2020. The facility had a cumulative number of 29 staff members that had tested positive for COVID-19, with the first positive lab result collected April 5, 2020. Unit 300 and 400 were identified as residents that were potentially infected and or suspected for COVID-19 as many had been exposed at one time or another. An interview with the interim Director of Nursing (DON) and interim Infection Control Preventionist (ICP) nurse (Staff #75) on July 6, 2020 at 8:56 a.m She stated that the second floor (unit 300 and 400) were being treated as suspected/unknown status for COVID-19. She stated that the residents on the first floor, unit 200, were all COVID positive. She stated that the facility was not taking admissions at the time of the survey. All residents were on some type of precautions. Regarding cleaning of the resident rooms: -An observation was conducted on July 6, 2020 of a housekeeper in the process of cleaning a resident's room on the 300 hall. An interview was conducted with the housekeeping staff (staff # 66) on July 6, 2020 at 11:51 a.m. She stated that when she cleans the room she gets a rag wet in the Virex (observation of the bottle she stated she used identified the product at Triad disinfectant cleanser) diluted solution, wrings the extra solution out of the rag, and then sprays a little Clorox Bleach Germicidal cleanser on the rag. She stated she wipes the surfaces in the room with the rag, leaves for a couple of seconds, and then dries off with a dry cloth. She stated that she cleans the resident's rooms two times a day on day shift. However, on review of the labeled directions for the cleaning products used the housekeeper did not follow the directions for decontamination of surfaces. Review of the label for the Triad disinfectant cleaner directions revealed to pre-clean heavily soiled areas. Apply use solution to hard, non-porous environmental surfaces. For disinfection- all surfaces must remain wet for 10 minutes. Wipe surface and air dry. There was no EPA registration number on the label and the label did not state what organisms were killed by this particular product. Review of the label for the Clorox Healthcare Bleach Germicidal cleaner directs to clean, disinfect, and deodorize hard, nonporous surfaces: spray 6 to 8 inches from surface until surface is thoroughly wet. Allow this product to remain wet for one minute. To kill [MEDICAL CONDITION] spores, let stand for 3 minutes. Then wipe with a clean, damp cloth. EPA registration number -7 and label claim of bactericidal, virucidal, fungicidal, and sporicidal uses. Review of the EPA web site list N revealed the presence of the Clorox Healthcare Bleach Germicidal Cleaner, but did not reveal the Triad disinfectant cleaner. This means a disinfectant has qualified as product to fight the Covid-19 virus. A telephone interview was conducted with the environmental director (staff #151) on July 6, 2020 at 12:30 p.m. She stated the resident rooms are cleaned on a daily basis. She stated that if the housekeeper is wiping off the product after a couple of seconds, that would not be correct. She stated the hospital germicidal bleach should be left on and wet for 3 minutes and then the surface wiped down. She stated that if the product was not used properly it could cause contamination and not kill the organisms as required. She stated the housekeeping staff had been inserviced on the time period needed for the product to disinfect and that they have a policy and procedure for cleaning of surfaces. On July 6, 2020 at 1:08 p.m. the housekeeping staff member (staff #66) came into the conference room and stated that she was in trouble, that her English was not very good, and that she messed up the words for seconds and minutes. She then requested to demonstrate the cleaning process for the surveyor. On observation she saturated a cloth with the liquid identified as Triad solution and proceeded to wring out the excess solution. She then applied the product to the countertop at 1:14 p.m. She stated she would then continue to clean the room for at least 10 minutes while the product was on the surface. On observation the solution was dry over approximately 95% of the surface by 1:16 p.m. and the surface was fully dry by 1:17 p.m. (confirmed by staff #66). She then stated that after 10 minutes she would wipe with the Clorox solution, and she demonstrated spraying a dry cloth with the Clorox solution. (Again even though the directions for disinfection calls for it to be sprayed on the surface.) The cloth was noted to be partially wet, but not saturated, with the solution. She then wiped the surface with the Clorox solution at 1:18 p.m. and allowed to air dry. The observation revealed the surface to dry gradually so that parts of the surface dried more quickly than the rest. The area was confirmed completely dry at 1:20 p.m. (confirmed by staff #66). However, the cleaning process demonstrated by staff #66 did not show the area remained wet with the Triad for sufficient time to result in decontamination, and the surface did not remain wet with the Clorox solution for the time period required in the facility according to the environmental director (#151) interview. An interview was conducted with the interim Director of Nurses/Interim Infection Control Preventionist (staff# 165) on July 6, 2020 at 3:34 p.m. She stated that if cleaning was not done as required, germs could be carried to another place and cause infection. She stated that the facility follows policies and CDC guidelines and referred the surveyors to the housekeeping policy on cleaning and disinfecting. Regarding the cleaning of the vital signs equipment between residents: -An interview was conducted with a Certified Nursing Assistant (CNA/staff #101) working the 300 hall on July 6, 2020 at 3:00 p.m. She stated that she cleans the vital signs machine between uses with the spray bottle marked 80% alcohol or individually packaged alcohol wipes that she carried in her pocket. Observation of the spray bottle identified as used to clean the vital signs machine did not identify type of alcohol or directions for its use. The bottle was labeled in red handwriting as 80% alcohol and did not include any further information including directions, EPA registration number, or what organisms were killed by the product. She stated that the vital signs machine can be used on the next resident within a minute as alcohol dries quickly/almost instantly. She stated that she does not time the cleaning process. An interview was conducted with the the interim Director of Nurses/Interim Infection Control Preventionist (staff# 165) on July 6, 2020 at 3:34 p.m. She stated that she did not know if alcohol was supposed to be used to clean the vital signs machines. She stated she believed that the staff was supposed to clean the machines with Dispatch wipes, but that the wipes had been hard to come by. She stated that staff is expected to follow policy and CDC guidelines in cleaning equipment as well as manufacturers guidelines. She stated that if the cleaning was not done as required that germs could be carried to another place and cause infection. An interview was conducted with the Central Supply Director (Staff #63) on July 6, 2020 at 4:58 p.m. She stated that the facility had not run out of the dispatch wipes and continued to have a supply in the facility. Review of the facility provided staff education dated March 10, 2020 revealed that the listed staff on the in-service sign in sheets were able to accurately demonstrate/verbalize how to clean medical equipment between uses (using disinfectant wipes that are kept in the nursing carts). CNA #101 was noted to have signed the inservice form. Review of the facility provided staff education dated June 11, 2020 revealed that staff should clean medical equipment in between use with EPA registered hospital grade disinfectant with an emerging [MEDICAL CONDITION] pathogen claim (Dispatch), after cleaning wait 3 minutes for disinfectant to be effective. Review of the CDC guidance on Interim Infection Prevention and Control Recommendations</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 <b>035146</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LIFE CARE CENTER OF PARADISE VALLEY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4065 EAST BELL ROAD PHOENIX, AZ 85032</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p>(continued... from page 1)</p> <p>For Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic dated June 19, 2020 stated this interim guidance has been updated based on currently available information about COVID-19 and the current situation in the United States. As healthcare facilities begin to relax restrictions on healthcare services provided to patients there are precautions that should remain in place as a part of the ongoing response to the COVID-19 pandemic. Under the heading, Environmental Infection Control, included: Dedicated medical equipment should be used when caring for patients with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection and that all non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies. The guidance stated to ensure that environmental cleaning and disinfection procedures are followed consistently and correctly and included that routine cleaning and disinfection procedures (e.g. using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for [DIAGNOSES REDACTED]-CoV-2 in healthcare settings. The guidance included to refer to list N on the EPA website for EPA-registered disinfectant that have qualified under EPA's emerging [MEDICAL CONDITION] pathogens program for use against [DIAGNOSES REDACTED]-Cov-2.</p> <p>- During an observation of the 400 Hallway on July 06, 2020 at approximately 8:00 A.M. a Certified Nursing Assistant (CNA/staff# 173) was observed in the hallway with a Rosebud Vital Sign Monitor (VSM) machine. A spray bottle was observed on the VSM with a printed expiration date of 08/2018 and label affixed to it with Alcohol Antiseptic 80% Topical Solution and Hand Sanitizer Non-Sterile Solution printed on the label. Upon additional observation, there was no manufacturer indicated, no type of alcohol identification, no indication that it was to be used for cleaning medical equipment, and no Environmental Protection Agency (EPA) identification information. In an interview with staff #173 on July 06, 2020 at approximately 8:15 A.M. she stated that the VSM are cleaned between each resident with the 80% alcohol solution. She stated that she was unsure of who was mixing it, supplying it, or what type of alcohol was in the solution. She further stated that it was the cleaning solution provided for cleaning the VSM between residents after taking their vital signs. She stated that after spraying it on the VSM it dried very quickly. In an interview with a CNA (staff #9) on July 06, 2020 at approximately 8:45 A.M. she stated that the VSM are cleaned between each resident use with the 80% alcohol solution. She stated that she did not know who was mixing the solution or providing it but it was the solution she was directed to use between residents after taking their vital signs. She stated that it dried quickly after spraying it on. In an interview with a Licensed Practical Nurse (LPN/staff #43) on July 06, 2020 at approximately 9:00 A.M. she stated that she did not know who was providing the alcohol solution, what department was providing it, or what type of alcohol was in the solution. She also stated the CNA's use the 80% solution spray to clean the VSM between residents. She stated she has not observed a CNA leave the solution on the machine for any length of time before wiping it off to go to the next resident. In an interview with the Maintenance Supervisor (staff #57) on July 06, 2020 at approximately 11:00 AM, he stated that he does not provide the 80% alcohol solution that is being used to clean the VSM. He stated he did not know who was providing the alcohol solution, what department was providing it, or what type of alcohol was in the solution. He stated that he did not have a Material Safety Data Sheet (MSDS) or other technical information regarding the solution. Upon inspection of the spray bottle together he acknowledged the expiration date of August 2018 on the bottle and that there was no EPA identification information. He stated he did not know who provided the label or where the label originated from. He acknowledged that the label provided printed instructions to use the solution as a hand sanitizer. He further acknowledged that there were no instructions for using the solution for any other purpose. Without knowing what type of alcohol and if the percentage was in fact 80% could be verified. The fact that it was outdated meant that the solution may not be 80% alcohol as labeled as the percentage of alcohol goes down as it ages. Due to the faulty marking of the spray bottle the facility cannot prove that they were using an approved disinfectant on the VSM. In an interview conducted with the Interim Director of Nursing (DON/staff# 165) on July 06, 2020 at approximately 11:20 AM, she stated that the staff were using the 80% alcohol solution to clean the VSM between residents per facility policy. She acknowledged that she did not know how long the CNA staff were leaving the solution on the VSM during the cleaning process. She stated she did not know who was providing the alcohol solution, what department was providing it, or what type of alcohol was in the solution. She acknowledged that any chemicals used in the facility are required to have a Material Safety Data Sheet (MSDS) for staff safety and education. A review of the facility policy titled Housekeeping Services stated the purpose was to promote a sanitary environment. The policy stated to clean surfaces and objects before disinfecting and that disinfection should be done using a facility approved cleaning solution. The policy stated to clean and disinfect all high-touch surfaces (i.e. bedrails, IV poles, sink handles, bedside tables, wheelchair handles, call bells, door knobs, and light switches) at least once daily. The policy included that a hospital-grade disinfectant/detergent registered by the Federal EPA will be used following manufacturer's instruction; and that, except for alcohol (70% to 90%), antiseptic agents intended for use on skin will not be used for surface cleaning. The policy stated that the environmental services supervisor would maintain a schedule of cleaning and disinfection tasks and the employee(s) responsible for the tasks, and that periodic evaluation should be completed to assure competency of the environmental staff. The policy included that enhanced cleaning would be required when residents are present who have communicable infectious processes which have high environment contamination and can be transmitted to other residents and that areas of the facility may require enhanced cleaning during an outbreak or pandemic to ensure strict infection control standards are maintained. A review of the facility policy titled Cleaning and Disinfection of Non-critical Patient Care Equipment (i.e. stethoscopes, blood pressure cuffs, countertops, portable pumps, pulse oximeters, tablets use for charting or digital communication, etc.) revealed the following defines and establishes standards for assuring that that non-critical reusable patient care equipment (defined by the Centers for Disease Control and Prevention (CDC) as items that come into contact with intact skin but not mucous membranes) is cleaned daily and before and after reuse with an EPA registered hospital disinfectant, or other approved disinfectant based on manufacturer guidelines. The policy included the definition of cleaning to be the physical removal of foreign material; that cleaning reduces or eliminates the reservoirs or potential pathogenic organisms; and that it is accomplished with water, detergents, and mechanical action. The policy included the definition of disinfection as the inactivation of disease-producing organisms that does not destroy high levels of bacterial spores. The definition stated disinfectants are used on inanimate objects; usually involve chemicals, heat or ultraviolet light; and the levels of chemical disinfection vary with the type of product used. The policy defined reusable equipment as a device determined by the manufacturer to be suitable for cleaning and disinfection prior to use on another patient/resident/client. The policy included that the facility would utilize the Lippincott procedure for disinfection, noncritical patient care equipment (the surveyor was unable to access this source). Review of the facility policy for Coronavirus (COVID 19) ([DIAGNOSES REDACTED]-Co V-2) stated the purpose was to provide a framework to minimize the risk of potential exposure to the Coronavirus COVID-19 in the long-term care facility. The policy included that current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possible be inhaled into the lungs of those within close proximity. Transmission also might occur through contact with contaminated surfaces followed by self delivery to the eyes, nose or mouth. The policy stated that Environmental Protection Agency (EPA) registered hospital grade disinfectants with an emerging [MEDICAL CONDITION] pathogens claims should be used for routine cleaning of the facility and resident equipment. Under the heading of Environmental Cleaning and Disinfection the policy included: to ensure EPA-registered, hospital -grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident equipment; and to use an EPA-registered disinfectant from the EPA website to disinfect surfaces that might be contaminated with [DIAGNOSES REDACTED]-CoV-2 and to ensure Health Care Providers (HCP) are appropriately trained in it's use. The policy stated under the header of Infection Control Recommendations for Suspected and/or Active Cases in the Facility and/or In the County the facility would increase cleaning of high-touch items and in close proximity to the resident at least daily using a hospital grade EPA registered disinfectant. A review of the Rosebud VSM Owner's Manual page 58 Warning revealed: We make no claims regarding the efficacy of the listed chemicals or methods as a means of controlling infection. For infection control methods, consult your hospital's Infection Control Officer or Epidemiologist. A review of Sections 8.1.1 and 8.1.2 on page 58 revealed: Consult your hospital's regulations before cleaning the equipment. The recommended cleaning agents include: [MEDICATION NAME] Alcohol (70%). If disinfecting is required because of hospital policy, cleaning the equipment before disinfecting is recommended. The recommended disinfectants include [MEDICATION NAME] (70%). Review of the guidelines from the CDC titled Preparing for COVID-19 in</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035146</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LIFE CARE CENTER OF PARADISE VALLEY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4065 EAST BELL ROAD PHOENIX, AZ 85032</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p>(continued... from page 2)</p> <p>Nursing Homes dated June 25, 2020 stated that given their congregate nature and resident population served, nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19 and other pathogens. Under the heading of Environmental Cleaning and Disinfection the guidance included to develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas; to ensure EPA registered, hospital grade disinfectants are available to allow for frequent cleaning of shared resident care equipment; to use an EPA-registered disinfectant from list N on the EPA website to disinfect surfaces that might be contaminated with [DIAGNOSES REDACTED]-CoV-19; and that 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. A review of EPA List N revealed EPA Product Number 1677-249 with the single active ingredient [MEDICATION NAME] Alcohol 70/30 and recommended contact time of five minutes to kill [DIAGNOSES REDACTED]-CoV-2.</p>		