

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035133</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LIFE CARE CENTER OF YUMA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2450 SOUTH 19TH AVENUE YUMA, AZ 85364</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 - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on facility documentation, staff interviews, review of the Centers for Disease Control (CDC) recommendations and policies and procedures, the facility failed to maintain an infection control program regarding ongoing surveillance, which included systematic collection, analysis and interpretation of surveillance data to identify infections, infection risk and communicable diseases. The deficient practice could result in the spread of infections, including COVID-19 to residents and staff. Findings include: Review of the facility's infection surveillance documentation from April 2020 through June 20, 2020, revealed the infection tracking line listing included data such as resident names, diagnoses, type of infections, pathogen, dates, infection sites and if antibiotic treatments were administered. However, the facility was unable to provide any infection surveillance data that was completed from June 21, 2020 through July 21, 2020, which included a summary and analysis of the number of residents who developed infections, the type of infections, the infection site, pathogen, dates, signs and symptoms and if antibiotic treatments were administered. An interview was conducted on July 21, 2020 at 1:00 p.m., with the Interim Director of Nursing (staff #106). Staff #106 said there was no certified Infection Preventionist employed at the facility now, as the previous Infection Preventionist had left the day before. Staff #106 stated that he was performing the infection control duties. However, staff #106 was not able to answer any questions regarding the infection surveillance and the tracking of infections. An interview was conducted on July 21, 2020 at 1:30 p.m., with the Administrator (staff #301). He said the Interim Director of Nursing was performing the Infection Preventionist duties and there was no certified Infection Preventionist, as the staff member performing those duties had left the facility the day before. He said they were in the process of hiring a Director of Nursing, and would not be hiring an Infection Preventionist until the Director of Nursing had been hired. He stated there was no one in the building who could answer questions regarding infection control. A follow up interview was conducted on July 21, 2020 at 2:00 pm. with staff #106. He stated that he spoke with the person who had previously been performing the Infection Preventionist duties. Staff #106 said that she told him that the last day the infection control mapping had been performed was June 20, 2020. Staff #106 was unable to provide any records regarding the tracking/mapping of infections, infection clusters or any infection surveillance data after June 20, 2020. Review of the Centers for Disease Control (CDC) guidance titled, Nursing Homes and Long-Term Care Facilities revealed that facilities should assign at least one individual with training in Infection prevention and control (IPC) to provide on-site management of their COVID-19 prevention and response activities, because of the breadth of activities for which an IPC program is responsible, including developing IPC policies and procedures, performing infection surveillance, providing competency-based training of health care providers and auditing adherence to recommended IPC practices. A policy titled, Infection Prevention and Control Assessment included that each facility develops and implements an ongoing infection prevention and control program to prevent, recognize and control the onset and spread of infection to the extent possible. A policy titled, Infection Prevention and Control Program and Plan included the risk of infections will vary based on the facility's geographic location, the community environment, the types of programs and services provided, the characteristics and behaviors of the population served, and the results of surveillance activities, and as these risks change over time - sometimes rapidly - risk assessment must be reviewed as an ongoing process. The policy revealed that the goals of the risk infection program are to reduce the risk of acquisition and transmission of healthcare associated infections, monitor for any occurrence of infection and implement appropriate control measures, identify and correct problems relating to infection prevention and control practices and to ensure compliance with state, federal, and OSHA regulations and Joint Commission standards when applicable. The policy further included the verbiage from the Federal Regulation at F 880, which stated that the facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The infection prevention and control program must include a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers and visitors. The policy also stated that surveillance activities including data collection and analysis are used to identify infection prevention and control risks to residents, staff and visitors. Directions for completing the Infection and Prevention and Control Surveillance Plan include the following: identify specific issues and trends using the risk assessment results, monthly data collection and data summary reports; initiate action plans when issues or trends are identified and trend data over time and review quarterly to determine trends in infection processes. Further review of the policy revealed that the organization-wide Infection Prevention and Control Program is comprehensive in that it addresses detection, prevention and control of infections among residents and personnel. The risk of development of a healthcare associated infection is minimized through an organization-wide Infection Prevention and Control Program.</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.