

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER CHRISTIAN CARE NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 11812 NORTH 19TH AVE PHOENIX, AZ 85029	
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 - Some	<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 clinical record review, facility documentation, hospital records, 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 including for resident #3. The deficient practice could result in the spread of infections, including COVID-19. Findings include: -Resident #3 was readmitted [DATE], with [DIAGNOSES REDACTED]. Review of the clinical record revealed the resident was being assessed daily for COVID-19. Questions on the assessment included Are you experiencing any of the following symptoms? and if the physician was notified of any abnormal findings. Symptoms listed included fever. Review of the weights and vital exception form revealed the following temperatures: May 1, 2020 at 10:56 p.m. - 102.3 degrees Fahrenheit (F) May 1, 2020 at 11:10 p.m. - 102.6 degrees F May 2, 2020 at 9:36 a.m. - 100.0 degrees F May 4, 2020 at 11:58 p.m. - 101.4 degrees F May 5, 2020 at 12:18 a.m. - 101.4 degrees F May 7, 2020 at 5:59 a.m. - 100.8 degrees F May 7, 2020 at 11:04 p.m. - 100.1 degrees F The Medication Administration Record [REDACTED]. Review the nurses' notes dated May 5, 2020 revealed the resident was on a change of condition for monitoring fevers. Per the COVID-19 assessment dated [DATE], the physician was informed of the resident's temperature on May 5, 2020. Additional review of the clinical record revealed no evidence the resident was placed on precautions. Review of the nursing note dated May 9, 2020 revealed the resident had minimal verbal response, oxygen saturation on room air was 88%, and that there was no change in oxygen saturation after the resident was encouraged to deep breath. Oxygen at 2 liters via nasal cannula was applied and the oxygen saturation increased to 93%. The physician was notified at 8:00 a.m. and orders were given for a stat chest x-ray, blood work, and a urinalysis. The family was notified at 8:10 a.m. and voiced concerned regarding COVID-19 and requested the resident be sent to the hospital. The physician was contacted and an order to send the resident to the hospital was obtained at 9:20 a.m. The note included the resident was released for transport to the hospital at 10:30 a.m. Review of the facility's documentation revealed the resident's COVID-19 test sample collected May 9, 2020 was positive for COVID-19. The documentation also revealed the resident's onset date of symptom was May 1, 2020 and that the symptom observed was a temperature of 102.3 degrees F. The documentation did not reveal any evidence the resident was placed on precautions for infection control. Review of the hospital records revealed an emergency room provider notes dated May 9, 2020 that a rapid COVID-19 test was obtained and that the resident tested positive for COVID-19 which is indicative of an active infection. The physician's discharge summary dated May 13, 2020, revealed the resident's hospital course included fever and acute hypoxic [MEDICAL CONDITION] secondary to COVID-19. An interview was conducted at 2:20 p.m. on 5/18/2020 with the Administrator (staff #18), the Director of Nursing (DON/staff #17), and the Infection Preventionist (staff #27). The DON stated that their policy is to notify the physician, the DON, the administrator and the family when a resident has signs and symptoms of COVID-19 and complete a change of condition. In an interview conducted with the Assistant Director of Nursing (ADON/staff #20) on 5/19/2020 at 12:45 p.m., the ADON stated that for residents displaying symptoms of COVID-19, the physician, DON and ADON are notified, isolation precautions are implemented, and a change of condition is completed. Staff #20 stated resident #3 had intermittent fevers from 5/1/2020 - 5/6/2020 and no action was taken for 5 days. The ADON stated the physician was not notified until 5/6/2020 and that the physician should have been notified sooner of the elevated temperatures. Staff #20 said she did not know why this resident was not moved to the COVID-19 unit. An interview was conducted with a Certified Nursing Assistant (CNA/staff #37) on 5/19/2020 at 9:56 a.m. The CNA stated that she is to notify the nurse immediately if a resident has a cough, a temperature over 100 degrees F, body aches, or loss of taste and or smell. Staff #37 stated that approximately 2 weeks ago resident #3 had an elevated temperature and that she immediately reported the elevated temperature to the Registered Nurse (RN/staff #28). The CNA stated the RN told her to remove some of the resident's clothing and that he would administer Tylenol. Staff #37 stated that she provided care for the resident several more shifts and that no precautions were implemented for the resident. A telephone interview was conducted with a CNA (staff #12) on 5/20/2020 at 1:12 p.m. The CNA stated that she did not recall any formal in-services regarding COVID-19. She said their policy states that if a resident has even one symptom related to COVID-19, it should be reported immediately to the nurse on duty. The CNA stated the expectation is that the nurse would assess the resident, quarantine the room, and precautions would be implemented for the resident and the roommate. The CNA stated that she took resident #3's temperature and that it was about 100 degrees F (she could not recall the date). She said the resident said her mouth was on fire and that she had lost her sense of taste and was weak. The CNA said she reported this information to the Registered Nurse (RN/staff #32). She said staff #32 told her the resident was doing it to herself, remove some of the resident's clothing, and do not chart the first temperature reading. The CNA also stated staff #32 told her to recheck resident #3's temperature one hour after the resident was given Tylenol. She stated she was off for 2 days and that when she returned, she was told the resident had been taken to the hospital. During a telephone interview conducted with the RN (staff #28) on 5/20/2020 at 2:29 p.m., the RN stated the nurses are expected to conduct COVID-19 assessments on every resident on the night shift. Staff #28 stated that having a febrile resident or one with a cough is common, and giving them Tylenol or cough medicine is normally enough to resolve the symptom. The RN stated that he was unaware of what the policy was regarding signs or symptoms of COVID-19. Staff #32 was interviewed via telephone on 5/20/2020 at 3:33 pm and stated that she has attended 2 or 3 COVID-19 in-services at the facility. She said that residents' elevated temperatures are often due to bundling up and having the heat on in their room. Staff #32 stated that if a resident has an elevated temperature and it is not due to the resident bundling up, she would contact the provider. The RN stated that resident #3 had on several blankets and the heat was on in her room, so the provider was not contacted regarding the elevated temperature. The RN also stated that she was unsure if the first temperature was documented but the resident's temperature did decrease and that was documented. She said she could not recall if she gave the resident Tylenol. She stated resident #3 did have intermittent temperature spikes. Review of the facility's policy regarding Resident Quarantine/Novel [MEDICAL CONDITION]-19 dated March 12, 2020 revealed any resident who is ill, running a fever, or who has signs and symptoms of a respiratory illness, will be quarantined for 14 days. The policy also included it is the facility's policy to follow all recommendations provided by the CDC. The facility's policy COVID-19 Preparedness Planning: Identification, Management & Surveillance of Ill residents revised March 20, 2020 revealed residents will be monitored each shift for signs and symptoms of respiratory infections. Vital signs will be taken and documented every shift. All symptomatic residents will be isolated to their rooms. If possible, the exposed and symptomatic residents will be moved to the dedicated hall to further isolate and prevent the spread of COVID-19. Review of the CDC guidance Preparing for COVID-19 in Nursing Homes included monitoring all residents at least daily for fever (temperature greater than 100.0 degrees F) and symptoms consistent with COVID-19. If residents have fever or symptoms consistent with COVID-19, implement Transmission-Based Precautions. More than two temperatures greater than 99.0 degrees F in this population might be a sign of fever and should prompt isolation and further evaluation for COVID-19.</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>Regarding multiple residents observed in the hallway. -On May 18, 2020 at 2:17 p.m., an observation was conducted on the north hallway of the facility. Four residents were observed sitting and/or talking to one another in the hall and three other residents were observed propelling themselves in wheelchairs along the hallway. Two were wearing facemasks, however the other five residents were not observed to be wearing them. The residents were within a two to four foot proximity from each other. At 3:00 p.m. on May 18, 2020, two residents were observed in the north hallway playing BINGO and were sitting approximately 2 feet apart from each other. Both of the residents were wearing a facemask. On May 18, 2020 at approximately 3:10 p.m., an interview was conducted with the Infection Preventionist (staff #27). She stated that most activities were being conducted in the residents' rooms, but that cards and BINGO games were taking place, with her expectation being that residents were kept at a 6 foot distance from each other. On May 18, 2020 at 3:15 p.m. a Certified Nursing Assistant (CNA/staff #33) was observed taking three residents' vitals on the north hallway. The three residents were sitting approximately 1-2 feet from each other and were not wearing face masks. The CNA stated that she did not know what the facility policies were for residents to be out of their rooms, regarding social distancing, or the wearing of masks. The policy titled Activities & Events stated the facility recognizes the threat posed by the Novel [MEDICAL CONDITION]-19. It is our policy to follow all recommendations provided by the Centers for Disease Control (CDC), Arizona Department of Health Services (AZDHS), and local health departments. To further protect our residents, the following procedures have been implemented to minimize the risk and spread of Covid-19 including social distancing must be practiced (6 feet or more between residents, staff, and individuals). Review of the CDC Key Strategies for Long-term Care Facilities included actions to take now to prevent the spread of COVID-19 including to enforce social distancing among residents, and to all residents wear a cloth face covering for source control whenever they leave their room or around others. The CDC Infection Prevention and Control (IPC) Guidance for Memory Care Units guidance includes to limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel.</p>		