

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 445244	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF CLEVELAND		STREET ADDRESS, CITY, STATE, ZIP 3530 KEITH ST NW CLEVELAND, TN 37311	
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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, record review, and interview, the facility failed to provide employee screenings at the beginning of the shift for 472 of 1,125 shifts between 5/11/2020 and 5/25/2020, which had the potential to result in the transmission of Coronavirus (COVID-19). The findings include: Review of the facility policy titled, Coronavirus (COVID 19) ([DIAGNOSES REDACTED]-CoV-2), revised on 5/22/2020, showed, .All associates will be . screened at the beginning of their shift .will include questions about COVID-19 symptoms, and if they work in another location where COVID-19 has been identified. The associate must also have their temperature actively taken to rule out fever . Review of Coronavirus Screening logs and employee time punches from 5/11/2020 through 5/25/2020, showed 472 staff screenings out of 1,125 staff screenings opportunities were not completed by the facility. During an interview on 5/26/2020 at 4:22 PM, the Executive Director stated employees are screened on arrival to their unit, prior to the start of their shift, with a temperature check and questionnaire regarding respiratory symptoms and COVID-19 exposure. The Executive Director further stated the facility had trusted that employees were screening themselves prior to the start of their shift at the facility. During an interview on 5/27/2020 at 9:48 AM, the Regional Director of Clinical Services stated her expectation would be for a designated person to screen every person who enters the facility with a temperature check and questionnaire. The Regional Director of Clinical Services further stated the facility had been trusting employees to do their own screenings, which was not her expectation. During an interview on 5/27/2020 at 5:16 PM, the Director of Nursing (DON) confirmed that not all employees had been screened prior to the start of their shift between 5/11/2020 and 5/25/2020.		

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.