

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Life Care Center of Paradise Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 4065 East Bell Road Phoenix, AZ 85032	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews, facility documentation and policy, the facility failed to ensure that a mechanical lift for resident transfer, was cleaned and disinfected according to professional standards. The deficient practice could result in the spread of infection and resident illness.</p> <p>Findings include:</p> <p>At the conclusion of a mechanical lift observation conducted on June 19, 2025 at 12:45 p.m., the Certified Nursing Assistant (CNA/Staff #20) rolled the mechanical lift to the end of the hallway. Cleaning and disinfection of the lift was not performed after resident use. A second mechanical lift transfer observation was conducted. The mechanical lift was not cleaned or disinfected prior to resident use at approximately 12:50 p. m. At the conclusion of the second mechanical lift observation, CNA/Staff#7 was observed rolling the mechanical lift with the sling to the end of the hall without cleaning or disinfecting the equipment.</p> <p>At approximately June 19, 2025 at 1:10 p.m., CNA # 20 was observed picking up the unwiped sling from the parked mechanical lift with bare hands and proceeded to walk down the hall with it open to air.</p> <p>An interview was conducted on June 19, 2025 at 1:13 p.m. with CNA # 7, who confirmed that the mechanical lift was not wiped down after its use. The CNA stated that it was important making sure resident equipment is cleaned properly after every use to decrease the chance of spreading infection.</p> <p>During an interview on June 19, 2025 at 1:20 p.m., with the Unit Manager (Staff # 54), she stated that after a resident lift is completed the lift should be cleaned and disinfected before storage and before use on another resident in order to decrease spread of illness, and to keep the machine clean and in working condition.</p> <p>An interview was conducted with the Director of Nursing (DON/Staff # 1) on June 19, 2025 at approximately 1:25 p.m., who stated that the facility expectation are to make sure resident equipment is cleaned and disinfected according to facility policy after resident use.</p> <p>The Mechanical Lift User Instruction Manual, instructs the user to clean the equipment before use. The manual further specifies that the lift is to be cleaned with ordinary soap and water and/or any hard surface disinfectant.</p> <p>The facility's Cleaning and Disinfection of Non-Critical Patient Care Equipment, revised August 22, 2022 revealed equipment will be cleaned and disinfected prior to storage.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Life Care Center of Paradise Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 4065 East Bell Road Phoenix, AZ 85032	
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	The facility's Transfer with a mechanical lift, long-term care policy, revised August 9, 2023, instructs the staff to clean and disinfect the mechanical lift accessory equipment after use according to the manufacturer's instructions to prevent the spread of infection.		