

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER MI CASA NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 330 SOUTH PINNACLE CIRCLE MESA, AZ 85206	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on review of facility documentation, staff interviews, and review of policy and procedures and the Center for Disease Control (CDC) recommendations, the facility failed to ensure staff screening logs were complete. The deficient practice could result in the spread of infection, including COVID-19 to residents and staff. Findings include: During an entrance conference conducted with the Director of Nursing (DON/staff #40) on August 5, 2020 at 8:20 a.m., the DON stated that they currently had no residents with suspected or confirmed COVID-19. She stated a staff member tested positive for COVID-19 and that the staff member was not currently on the schedule to work. Review of the facility's Coronavirus Screening (for Associate) sheet revealed this screening is used to determine risk factors including signs and symptoms of possible coronavirus infection, and to assist in the mitigation of facility spread of coronavirus. The sheet included the following: 1. Fever = temp of more than 100.0 degrees Fahrenheit = if present send associate home 2. Signs/symptoms of COVID-19 infection = new/change in cough, sore throat, shortness of breath or difficulty breathing, muscle aches, headaches, chills, repeated shaking with chills, new loss of taste or smell, (other symptoms to consider - nausea/vomiting, abdominal pain, runny nose, fatigue) = if present send associate home. 3. Close personal contact with a person with a COVID-19 positive [DIAGNOSES REDACTED] = contact local health department for guidance 4. International or cruise ship travel in last 14 days = contact local health department for guidance 5. Fever = temp of more than 100.0 degrees Fahrenheit = if present send associate home and advise to see primary health provider A review of the associate screening logs revealed the following: -August 1, 2020: Staff temperature at start of shift and fever at end of shift was not documented for 2 associate, time of screening was not documented for 3 associates, and name of screener was not documented for 10 associates. -August 2, 2020: Staff temperature at start of shift and fever at end of shift was not documented for 3 associates, date, time and name of screener was not documented for 8 associates. -August 3, 2020: Staff temperature at start of shift and fever at end of shift was not documented for 8 associates, date, time and name of screener was not documented for 21 associates and signs and symptoms of Covid-19 Infection was not answered for 3 associates. -August 4, 2020: Staff temperature at the start of shift and fever at end of shift was not documented for 5 associates, date, time and name of screener was not documented for 17 associates, and signs and symptoms of Covid-19 Infection was not answered for 2 associates. An interview was conducted with a Receptionist (staff #78) on August 5, 2020 at 10:00 a.m. Staff #78 stated that everyone enters the facility through the front entrance. Staff #78 stated everyone entering the facility are screened at the front desk by the receptionist and that the screening tool should be completed and signed. She also stated temperatures are to be checked and documented at the end of the employees shifts. She stated that she is at the front desk from 8:30 a.m. until 5:00 p.m., and someone replaces her at 5:00 p.m. Staff #78 stated that from 10:30 p.m. to 4:30 a.m. staff are not entering for a shift, and that a staff who is head of a department is scheduled from 4:30 a.m. until she arrives at 8:00 a.m. Staff #78 also stated that there is a receptionist scheduled for the weekend. She stated that if a staff temperature is greater than 100 degrees F or if a staff answers yes to any of the screening questions, they are to contact the DON or ICP before the staff can work. She stated completed screening forms are placed in the DON's mailbox daily for her to review. At 10:20 a.m. on August 5, 2020, an interview was conducted with staff #40. The DON stated that her expectation is for the screening log documentation to be complete. Staff #40 stated temperatures are to be checked and documented at the end of shifts. She stated she reviews the logs for completeness and abnormality and that if she identifies an issue with specific employees, she will contact the managers to address. She also stated that she has provided additional education to staff regarding the screening process. Review of the facility's policy regarding Covid-19 screening revealed all associates will be actively screened at the beginning of their shift in accordance with current guidance from CDC, CMS, and local and state health departments. This screening will include questions about Covid-19 symptoms, and if they work in another location where Covid-19 has been identified. The associate must have their temperature actively taken to rule out fever. For screening purposes, associates are defined as any person employed by the facility, or other entities that provide care or direct services in the facility such as; consultants, contractors, volunteers, students, agency staff, sitters, hospice, and other medical providers. The CDC guidance titled Preparing for Covid-19 in Nursing Homes updated June 25, 2020 stated to screen all Healthcare Personnel (HCP) at the beginning of their shift for fever and symptoms of Covid-19. Actively take their temperature and document absence of symptoms consistent with Covid-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. Fever is either measured as a temperature greater than 100.0 degrees F or subjective fever. Review of the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated July 15, 2020 included screening everyone (patients, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-1 infection and ensure they are [MEDICATION NAME] source control. Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature greater than or equal to 100.0 degrees F or subjective fever.</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.