STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035196	A. BUILDING _____ B. WING _____	07/30/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MESA CHRISTIAN HEALTH AND REHABILITATION CENTER	255 WEST BROWN ROAD MESA, AZ 85201

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.** Based on observations, staff interviews, and record review, the facility failed to ensure the 23 residents (Resident (R) 1, R2, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, and R26) observed in the Delta (secured dementia) neighborhood common areas maintained adequate social distancing or used masks for source control. This failure placed all 32 of the residents residing on the Delta unit, of 101 total residents, at a higher risk for exposure to or spread of infection, including COVID-19. Findings include: On 07/30/20 at 9:10 AM, the Administrator stated the facility did not currently have any residents with confirmed COVID-19. He stated approximately 12 residents had tested positive for COVID-19 since 07/03/20, and these residents were sent out to the facility's designated COVID-19 care facility. The Administrator stated facility group activities and communal dining had been cancelled in accordance with the Centers for Disease Control and Prevention (CDC) guidance. On 07/30/20 from 9:55 AM to 10:30 AM, during observations of the Delta unit dining room and nurses' station. The residents living on the Delta unit had moderate to severe symptoms of dementia, and none of the residents were reliably interviewable. The nurses' station was directly in front of the dining room, where 23 residents (R1, R2, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, and R26) were gathered together for morning activities. Not all residents observed were wearing a mask/facial covering or carrying tissues/towels in the case of a cough or sneeze. The following observations were made: 1. To the left of the nurses' station, R1 and R12 sat less than a foot away from each other in their wheelchairs and were not wearing a mask. 2. Directly in front of the nurses' station, R2 and R20 sat less than a foot away from each other side by side and were not wearing a mask. 3. In the middle of the dining room, two round tables held three residents each. At one round table R15, R19, and R18 were sitting no more than three feet apart from one another, and none of these residents were wearing a mask. At another round table R16, R17, and R21 were also sitting no more than three feet apart, and none of these residents were wearing a mask. 4. In the back, left corner of the dining room, R8 and R9 sat at a square table; however, the residents were seated around the corner from each other and not across from one another, so they were no more than three feet apart. R8 and R9 were not wearing a mask. 5. At 10:02 AM, the Delta Unit Manager (UMD) assisted R28 to walk from the nurses' station to the dining room. The resident was drooling, and the UMD stated, oh, you are drooling as she guided the resident toward the dining room. The resident was not provided with a towel or tissues to address the drooling and was not wearing a mask. The resident remained standing near the entrance to the dining room for approximately 10 minutes while drooling excessively, with some dripping onto the floor. On 07/30/20 at 9:57 AM, the UMD stated the staff tried to implement at least six feet of social distancing between residents, but it was very difficult because of the cognitive deficits and mobility of the residents on the Delta unit. The UMD stated some of the tables in the dining room had been removed and tables were placed in the hallway to accommodate social distancing during dining and activities, but all the residents wanted to be in the dining room, as that was where they typically spent most of the day. The UMD stated the staff had to continually watch and redirect the residents, as a lot of them moved independently and sat where they would like. She added, It's usually better than this, but we are passing out activity supplies now and will separate them more when that's done. The UMD added there should be only two residents to each square table and three residents to each round table. On 07/30/20 at 10:48 AM, an interview was held concurrently with the Administrator, Director of Nursing (DON), and Kappa Chi Unit Manager (UMKC). The DON stated he served as the facility's Infection Preventionist, but the UMKC was in training to take over the Infection Prevention and Control Program. The Administrator stated his expectation on the Delta unit was for staff to do the best they can to practice social distancing. He stated this could be very difficult, as many of the residents walked or propelled independently and were difficult to redirect. The Administrator added, Staff has done a good job, but (lack of appropriate social distancing) is unavoidable at times without adding more staff that we don't have. The Administrator stated his guidance to the staff was no more than two residents to a square table and no more than three residents to a round table. He added that wearing masks was not feasible for the residents on the Delta unit due to their confusion and inability to understand and follow direction. The DON stated the facility had been very cautious to keep the Delta unit separate and not introduce more people than needed on the unit. He stated there had not been any COVID-19 infections on the Delta unit. The DON stated the facility had tried to keep the residents confined to their rooms and/or have them wear masks, but those actions were not successful. He added the facility began to implement group activities and communal dining in the Delta unit again because it was an impossible feat to keep the residents in their rooms and away from each other. He added, It's all about quality of life over safety. On 07/30/20 at 11:45 AM during lunch in the Delta unit 25 residents were observed in the common areas of the nurses' station and dining room (R1, R2, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, R27, and R28) 1. R1, R27, and R24 at eating at a square table in front of the nurses' station, and an R2 was eating in a recliner directly behind a resident seated at the square table. Each resident was separated no more than two feet from the next. Additionally, R1, R27, R24 and R2 were not wearing masks. 2. In the front, left corner of the dining room, R10, R11, and R12 at eating at a square table. R26 was eating in a chair directly behind a resident at the square table. Each were no more than two feet apart from one another and, none of these residents were wearing a mask. 3. In the back, left corner of the dining room, there were two square tables with two residents eating at each, R8, R9, R6, and R7; however, the residents were seated around the corner from each other and not across from one another, so they were no more than three feet apart. Additionally, none of these residents were observed wearing a mask. 4. In the middle of the dining room, R15, R19, and R18 sat eating at a round table; however, they were only seated on one half of the table and not spread out, so they were no more than three feet apart from one another. These resident were observed not wearing a mask. On 07/30/20 at 11:48 AM, Certified Nurse Aide (CNA) 1 stated the guidelines were no more than three residents at the round tables and no more than two (residents) at the smaller square tables. CNA1 stated there used to be markings on the floor for placement of the tables, but they have worn off because of cleaning and wheelchairs running over them. CNA1 stated if residents got too close to one another, the staff should be redirecting them to another area. She stated, It is a constant struggle. Per the facility's 05/29/20 COVID-19 Considerations for Care of Persons Living with Alzheimer's and/or Related Dementias policy, Refraining from in-person gatherings will help prevent the spread of COVID-19. Removal of seating in common spaces and dining environment to limit availability to only enough seating for accommodating of social distancing. All remaining seating in units (sensory rooms, alcove seating etc.) to be placed at minimum 6 feet apart to reduce visual stimulation to congregate. Maintain social distancing (6 feet). Per the facility's 07/29/20 COVID Guidance - 'At a Glance' document, Patients must wear masks to and from the dining area on all units. Patients with no symptoms may have meals in the dining room located on their home unit if: .Maintain social distancing in the hall and dining area. Tables and chairs must be disinfected between residents. Patients must be seated at separate tables at least 6 feet apart. The document also indicated, Patients must wear cloth masks to and from the communal activity area. Maintain proper distancing between patients int eh hallway and in the dining room. Patients with no symptoms may participate in communal area activities on their home unit if: . Patients must be

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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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) seated at least six feet from each other. If tables are used, there should be only one patient at a table.