

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035189	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER LA CANADA CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 7970 NORTH LA CANADA DRIVE TUCSON, AZ 85704	
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 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 #1) on July 16, 2020 at 1:40 p.m., the DON stated that they currently have no residents with suspected or confirmed COVID-19. She stated the staff members that tested positive for COVID-19 are currently off the schedule. Review of the screening log book revealed the Employee Entrance Process that each employee is to be signed in by a nurse and must answer the questions on the screening log. If they answer yes to any question, or if their temperature is greater than 100 degrees Fahrenheit (F), they are instructed to call the DON or the Infection Control Preventionist (ICP) for verification of answers and completion of the screening. A temperature will be obtained at the end of shift. The employee signature will indicate verification of information. A review of the staff screening logs revealed the following: -July 13, 2020: Staff temperatures at the beginning of the shift was not documented for 2 staff. Staff temperatures at the end of shift and staff signatures were not documented for 8 staff. -July 14, 2020: Staff temperatures at the start of shift was not documented for 1 staff. Initials of the nurse checking in staff was not documented for 2 staff. The end of shift staff temperatures was not documented for 11 staff. Initials of the nurse signing out staff was not documented for 17 staff. Staff signatures were not documented for 14 staff. -July 15, 2020: 3 staff members had no end of shift temperature recorded. For 7 staff members there were no initials recorded of the nurse signing out staff. Signatures for 9 staff members were not documented. An interview was conducted with a Licensed Practical Nurse (LPN/staff #7) on July 16, 2020 at 2:30 p.m. Staff #7 stated that everyone enters the facility through the front entrance. Staff #7 stated everyone entering the facility except staff are screened at the front desk. She stated that staff complete screening at the nurse station with a nurse. The LPN stated staff screening included obtaining staff temperatures and staff answering the questions on the screening log. She stated 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 they can work. At 3:40 p.m. on July 16, 2020, an interview was conducted with staff #1. The DON stated her expectation is for staff to be truthful and honest, to understand the screening information being obtained, and that documentation on the screening log be complete. She stated that all staff was provided training regarding the screening process which included how to fill out the screening log. The DON stated staff were required to sign an attestation statement as evidence the screening process training was provided and that the attestation statement form was placed in their personnel record. Staff #1 stated the screening logs are checked daily by her or the ICP. Staff #1 stated that incomplete screening logs did not meet her expectation. Review of the attestation statement form revealed My signature below acknowledges that I understand the education provided regarding the EMPLOYEE COVID-19 LOG and that it will be completed correctly and completely. I agree that it will be completed only by a nurse upon entering the building for my shift, as well as follow up prior to exiting the building for the day. Review of the facility's policy regarding Covid-19 screening: Staff, HCW, and any Visitors for [MEDICATION NAME] Care Policy states Any person entering the facility at any time will be screened for Covid-19 symptoms following current CDC guidelines. Any Screening questions will be modified with any new CDC guidelines. Any person not complying with the screening requirements will not be permitted to enter, and any person with yes answers to screening or with fever, will not be permitted to enter, unless secondary screening by DNS/IP reveals it is related to individual's chronic condition and is not a deviation from baseline. The Centers for Disease Control (CDC) guidance titled Preparing for COVID-19 in Nursing Homes included as part of a routine practice; 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.</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.