

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035072</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PHOENIX MOUNTAIN POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>13232 NORTH TATUM BLVD PHOENIX, AZ 85032</b>	
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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Some</b></p>	<p><b>Provide and implement an infection prevention and control program.</b> **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, the facility failed to ensure that a symptomatic staff with a COVID positive family member was quarantined for 14 days (#32), that symptomatic staff were not allowed to continue working (#59 and #54), that COVID positive staff were not permitted to return to work prior to the recommended guidelines (#102, #131), and that staff screening logs were complete and accurately reflected the health status of multiple staff members. The deficient practice may result in symptomatic/COVID positive staff being permitted to work with residents who have not been exposed to COVID-19. Findings include: Upon entering the facility, a series of interviews were conducted with facility staff regarding their own experiences with the COVID-19 virus, including: - Regarding a symptomatic/COVID positive staff with a COVID positive family member allowed to continue to work: - An interview was conducted on July 15, 2020 at 8:40 a.m. with a Licensed Practical Nurse (LPN/staff #32). She stated that she was tested for COVID-19 on June 7, 2020, but she did not receive the result which turned out to be positive until June 24, 2020. She stated that both she and her husband had [MEDICAL CONDITION]. She stated that her symptoms began on June 5, 2020 and they lasted for a week, from beginning to end. She indicated her symptoms included a sore throat. Review of the facility staff screening log dated June 5, 2020 revealed staff #32 had put a check mark in the yes boxes to indicate that she had a sore throat and that she had had contact outside the facility with someone who had been suspected of having or was diagnosed with [REDACTED]. Further review of the staff screening log dated June 5, 2020 revealed that scribbles were made over the sore throat symptom and the yes response to having close contact with someone who was suspected or confirmed to have COVID-19. A circle was made around the check mark which indicated that staff #32 had marked 2 or more answers, and the Director of Nursing's (staff #12) initials were next to the circle indicating her review of the log. On June 5, 2020, the punch detail included that staff #32 clocked in for her shift at 6:35 a.m. and clocked out at 8:09 p.m. Review of the staffing schedule indicated that she was assigned to the 200 hall (a COVID positive hall, per the staff line list). The staff screening log dated June 6, 2020 included again her check marks in the yes boxes for sore throat and to having close contact outside of the facility with someone who was suspected or confirmed to have COVID-19. Further review of the staff screening log dated June 6, 2020 revealed a scribble had been made over the yes response for sore throat, and a no response was then checked. The punch detail for staff #32 revealed that she clocked in at 6:30 a.m. and clocked out at 2:42 p.m. The staffing schedule revealed she had been assigned to the 200 hall. Review of the staff screening log dated June 8, 2020 revealed a yes response was made in the box for having close contact outside of the facility with someone who was suspected or confirmed to have COVID-19. The punch detail for staff #32 included she clocked in at 6:44 a.m. and clocked out at 10:51 p.m. Review of the staffing schedule revealed she worked on the 200 hall. The staff screening log dated June 9, 2020 revealed a yes response had been made in the box for having close contact outside of the facility with someone who was suspected or confirmed to have COVID-19. The punch detail included she clocked in at 4:30 p.m. and clocked out at 8:29 p.m. The staffing schedule indicated staff #32 was assigned to the 200 hall. Review of the staff screening log dated June 10, 2020 revealed staff #32 marked a yes response in the box for having close contact outside of the facility with someone who was suspected or confirmed to have COVID-19. The punch detail for June 10, 2020 revealed that she clocked in at 6:32 a.m. and clocked out at 11:20 p.m. Review of the staff schedule included for her assignment to the 500 hall/Long Term Care unit (a non-COVID hall, per the staff line list). Review of the June 11, 2020 through June 13, 2020 staff screening logs included for staff #32 marking no responses to all the screening questions. The punch detail for those dates indicated staff #32 revealed she clocked in and clocked out for her shifts. The staff schedules included that she was assigned to work on the 600 hall/Medicare unit (a COVID positive hall, per the staff line list), the 200 hall/Secured Alzheimer's, and the 100 hall/Northcourt/Alzheimer's unit (a non-COVID hall, per the staff line list). Review of the June 15, 2020 staff screening log revealed that staff #32 marked all no responses. On June 15, 2020 the punch detail included for staff #32 clocking in at 6:31 a.m. and clocking out at 1:18 a.m. the following morning (18.78 hours). The staffing schedule revealed she was assigned to the 200 hall. On June 17, 2020 staff #32 marked a yes response in the box for having had close contact outside of the facility with someone who was suspected or confirmed to have COVID-19. Review of the punch detail revealed staff #32 clocked in at 6:34 a.m. and clocked out at 11:56 p.m. The staffing schedule included she was assigned to the 500 hall (a non-COVID hall, per the staff line list). Review of the staff screening logs dated June 19, 2020 and June 20, 2020 included staff #32 marked no responses to all the screening questions. The punch details revealed staff #32 clocked in and out for her shifts. The staffing schedule indicated she worked on the 200 hall and the 100 hall. The June 22, 2020 staff screening log revealed staff #32 marked a yes response to having close contact outside of the facility with someone who was suspected or confirmed to have COVID-19. Review of the punch detail revealed staff #32 clocked in at 6:31 a.m. and clocked out at 10:58 p.m. The staffing schedule indicated she was assigned to the 200 hall. Review of the June 23, 2020 staff screening log included that staff #32 marked a yes response to having close contact outside of the facility with someone who was suspected or confirmed to have COVID-19. The punch detail included that she clocked in at 9:02 a.m. and clocked out at 1:25 p.m. She was not on the staff schedule that day. Review of the staff screening log dated June 24, 2020 revealed staff #32 had marked all no responses. The punch detail indicated she clocked in at 6:41 a.m. and clocked out at 10:57 p.m. The staffing schedule included that she was assigned to the 500 hall. The COVID-19 Staff line list included that staff #32 was tested for COVID-19 on June 7, 2020 and that she received her positive result on June 24, 2020. The line list indicated that staff #32 had worked on the 2/6 (200 and 600 halls) (COVID and non-COVID halls) during the time that she was COVID positive. The line list revealed that staff #32 had no illness onset, days off, or recovery date. The document indicated that staff #32 had experienced no symptoms (even though she had documented sore throat many times), and there were no other notes. As early as June 5th the staff member had notified the facility she was in contact at home with a suspected COVID patient and should have been quarantined at home for 14 days but continued to work. The policy titled COVID-19 Guidance for Healthcare Workers (HCW) included guidance provided by the Centers for Disease Control (CDC) to help staff understand staffing policies during the pandemic. The policy stated that a HCW who was exposed to COVID-19 but did not have symptoms would not report to work and would self-monitor for symptoms for 14 days. If the HCW developed symptoms at work they would cease resident care activities and notify their supervisor before leaving work. HCW with COVID-19 symptoms, awaiting test results, or confirmed COVID-19 will not report to work. The policy stated that if a HCW was awaiting results, they would remain under home isolation precautions. The HCW will remain off work until 72 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms and at least 10 days have passed since symptoms first appeared. The CDC guidance titled Quarantine if You Might Be Sick stated that if you live with someone who has COVID-19 and have had close contact with them, you should quarantine for 14 days after your last contact even if you test negative for COVID-19 or feel healthy. You should stay home (quarantine) since symptoms may appear 2-14 days after exposure to [MEDICAL CONDITION]. Additionally, the guidance states you should avoid contact with others outside the home while the person is sick, and quarantine for 14 days after the person</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.

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She stated she took sick time for 14 days and that her first day back was June 30, 2020. The staff screening log dated June 9, 2020 revealed staff #59 marked no responses to all the screening questions. Review of the punch detail included that she clocked in at 6:24 a.m. and that she clocked out at 2:45 p.m. The staffing schedule indicated she was assigned to the 200 hall. On June 10, 2020, the staff punch detail included for staff #59 calling off sick for her shift. The punch detail notation stated COVID - sick. The staff schedule stated she had called off (c/o). Review of the staff screening log dated June 11, 2020 included staff #59 had marked yes answers for a cough and a new loss of taste or smell. A further review included that a slash mark and a C made over her yes answer for the symptom of cough, and a check mark had been made in the no column instead. The punch detail included for staff #59 clocking in at 6:26 a.m. and clocking out at 2:48 p.m. The staffing schedule indicated she worked on the 200 hall. On June 12, 2020 the staff screening log revealed staff #59 had marked yes answers for a cough, new loss of taste or smell, muscle pain, and headache. The further review included that a slash mark and a C was made over the yes answer for new loss of taste or smell, and a check mark had been made in the no column. A slash mark and a C had been made over the yes answer for muscle pain, and a check mark had been made in the no column. A slash mark and a C had been made over the yes answer for headache, and a check mark had been made in the no column no indication of who changed the log by signature or initials. Review of the punch detail included for staff #59 clocking in at 6:20 a.m. and clocking out at 2:48 p.m. The staffing schedule indicated she was assigned to the 200 hall. Review of the staff line listing for staff #59 included for an illness onset date of June 6, 2020. The COVID-19 test date was documented as June 9, 2020, with a positive result being returned on June 12, 2020. The document indicated that staff #59's last day worked was June 12, 2020 and that her recovery date was June 30, 2020. Her symptoms were noted as a headache and severe cough but had been permitted to work on 3 days with symptoms. -An interview was conducted on July 15, 2020 at 11:45 a.m. with CNA (staff #54). He stated he began getting chills, a cough, and having shortness of breath on the evening of June 18, 2020. He stated he told the nurse on duty and she took his temperature. He said he wasn't running a fever, so he finished the rest of his shift. Staff #54 stated that later that night, he began to have nausea, vomiting, and diarrhea, chills, and continued cough and shortness of breath. He stated that the following day, he called the staffing coordinator and told her his symptoms. He said she told him to come in and talk to the DON (staff #12). He stated the DON told him to go home and take care of himself and text her on Sunday, June 21, 2020, to let her know how he felt. On Monday, June 22, 2020 he stated he texted her and told her that he still had a headache, sore throat, and diarrhea. He stated he asked if it was ok for him to work or if he should take another day off. Staff #54 stated the DON texted him back and asked him to come in and see how it goes. The text indicated that he asked her if she wanted him to check the symptoms he had on the screening log. Staff #12's responding text told him to say no, and then to keep her updated. Staff #54 stated when he reported for his shift that day, he went into the Human Resource Manager's (HR/staff #118) office and told her about his symptoms and that he still wasn't feeling well. He stated that she called the DON, who came into the HR office and told him that she had no idea that he was still sick and that he should go home immediately. Review of the staff screening log dated June 18, 2020 revealed staff #54 had marked no responses for all symptoms. The punch detail indicated he clocked in at 2:44 p.m. and clocked out at 10:05 p.m. The staffing detail included for staff #54 being assigned to the 400 hall. The staff screening log dated June 22, 2020 included for staff #54. He marked yes responses for symptoms which included cough, headache, and sore throat. The temperature reading was illegible. The log included a notation made by the DON stating staff #54 had been sent home. The DON's initials were written beside the notation. The staff line listing documented that the illness onset date for staff #54 was June 19, 2020. The test date was listed as June 24, 2020, with a positive result returned on June 25, 2020. The document stated that staff #54 was out from June 18, 2020 through July 2, 2020. Symptoms listed included for diarrhea, body aches, headache, and sore throat. The facility policy titled COVID-19 Guidance for Healthcare Workers (HCW) stated if you are a HCW with COVID-19 symptoms (awaiting test results or confirmed COVID-19) you will not report to work . you will remain off work until 72 hours have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms and at least 10 days have passed since symptoms first appeared. The CDC Return to Work guidance stated healthcare personnel who are not severely immunocompromised may return to work after at least 10 days have passed since their symptoms first appeared and at least 24 hours since last fever without the use of fever-reducing medications and symptoms (e.g. cough and shortness of breath) have improved. -On July 15, 2020 at 12:45 p.m. an interview was conducted with a CNA (staff #50). She stated she was tested on [DATE] and her result was positive. She stated she took a full 14 days of sick leave. She stated that she knows that the DON had been asking staff to not report symptoms in June and according to her understanding at that time was that it was due to short staffing. -Regarding staff being allowed to return to work prior to the recommended guidelines: -Review of facility documentation included for an LPN (staff #102). The staff screening log dated June 12, 2020 revealed that staff #102 had marked yes answers to having the symptoms of cough, muscle pain, and headache. Further review included that scribbles and zeros had been marked over the top of the yes answers, and a check mark was placed in the space for the no responses instead. On June 12, 2020, the punch detail revealed staff #102 clocked in at 6:21 a.m. and clocked out on June 13, 2020 at 12:06 a.m. Review of the staffing schedule indicated staff #102 was assigned to the 100 hall/Northcourt. On June 13, 2020 the staff screening log included for staff #102 marking a yes response for headache. Review of the punch detail revealed she clocked in at 6:14 a.m. and clocked out at 2:51 p.m. The staffing schedule indicated she worked on the 300 hall (not indicated as a COVID-positive hall, per the staff line list). The line listing for facility staff dated June 13, 2020 included for staff #102 being tested for COVID-19. Review of the staff punch detail dated June 14, 2020 revealed staff #102 had called in sick on that date. Further review of the staff punch detail included for staff #102 not working on June 15 through 18, 2020. Review of the line listing for facility staff included for staff #102 receiving a positive COVID result on June 16, 2020. The document stated the last date staff #102 worked was June 13, 2020, and that her return/recovery date was June 19, 2020. The line listing stated staff #102 worked only on the 300 hall/COVID positive unit. The document listed her symptoms as achy and malaise. The facility policy titled COVID-19 Guidance for Healthcare Workers stated if you have symptoms and have been tested or have tested positive for COVID-19, you will not report to work . you will remain off work until 72 hours have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms and 10 days have passed since symptoms first appeared. The CDC guidance states the Return to Work criteria for symptomatic staff includes at least 10 days have passed since symptoms first appeared, at least 24 hours have passed since last fever without the use of fever-reducing medications, and symptoms (e.g. cough, shortness of breath) have improved. -Regarding asymptomatic COVID-positive staff continuing to work: -The line listing for facility staff revealed that staff #131 was tested for COVID-19 on June 19, 2020. The line listing revealed she received a positive result on June 21, 2020. The line listing stated the last day she worked was June 22, 2020 and that her return/recovery date was July 7, 2020. The line listing indicated she had worked on the 400 hall while COVID positive. There were no symptoms listed for staff #131 on the document. The staff screening log dated June 19, 2020 revealed that staff #131 marked no for all symptoms. The punch detail included that she clocked in at 6:45 a.m. and that she clocked out on June 20, 2020 at 4:00 am. The staffing schedule indicated she was assigned to the 400 hall. The staff screening log dated June 22, 2020 included that staff #131 had marked no responses for all symptoms. The punch detail revealed she clocked in at 12:07 a.m. and clocked out at 9:45 a.m. The staffing schedule indicated she had been assigned to the 500 and 600 halls. Review of the punch detail dated June 24, 2020 through July 3, 2020 revealed staff #131 was off from work due to COVID/sick and COVID/vacation. The punch detail indicated her first day back to work was July 7, 2020. The facility policy titled COVID-19 Guidance for Healthcare Workers stated if you are a HCW who tested positive for COVID-19 but do not have symptoms you will not report to work and will self-monitor for symptoms for 10 days, and may return to work once 10 days have passed since the date of your first COVID-19 diagnostic test. The CDC Return to Work guidelines state that Healthcare personnel who are not severely immunocompromised and were asymptomatic through out their infection may return to work when at least 10 days have passed since the date of their first positive [MEDICAL CONDITION] diagnostic test. -Regarding missing/altered documentation on the staff screening log: Review of the staff screening logs dated June 1, 2020 through June 30, 2020 revealed multiple</p>		

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<p>F 0880</p> <p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Some</b></p>	<p>(continued... from page 2)</p> <p>omissions of documentation, multiple questions that had been answered with both yes and no responses, and multiple alterations of the responses to screening questions in the form of scribbling over, marking through, crossing out, or otherwise modifying answers including: -More than 300 missing answers to the fever check question -More than 10 missing beginning of shift temperatures -More than 100 missing staff signatures -More than 300 missing end of shift temperatures -More than 80 missing answers to the advanced screening question -More than 100 missing or altered answers to the symptoms and/or other screening questions The facility policy titled Documentation and Charting stated it is the policy of this facility to provide the facility, as well as other interested parties, with a tool for measuring the quality of care provided to the resident, the elements of quality medical nursing care, and a legal record that protects the resident, physician, nurse, and the facility. -Staff interviews and policy: On July 15, 2020 at 8:10 a.m. an entrance conference was conducted with the DON. She stated that the facility had not experienced a shortage of staff during the COVID outbreak. On July 15, 2020 at 8:50 a.m. an interview was conducted with the Admissions Coordinator (staff #26). She stated to her knowledge, there has been no staffing shortage in the facility. An interview was conducted on June 15, 2020 at 9:48 a.m. with a CNA (staff #101). She stated that at first, they had the COVID positive residents on the 200/secured dementia and 500/LTC halls. She stated that a few weeks ago, there were 10 more positive residents on the 300/LTC hall. She stated that when [MEDICAL CONDITION] spread to the 300 hall, they did not close the doors. She stated the ADON said that everyone was going to get it anyway. She stated the majority of active COVID cases involved Long Term Care residents. On July 15, 2020 at 10:00 a.m. an interview was conducted with the Infection Preventionist (IP/staff #73). She stated the process when staff are not feeling well is to call the staffing phone and leave a message, texts are not allowed. She stated she does not know the process for determining whether or not staff members stay home, and she doesn't know who determines that. However, she stated that she would contact DON for further evaluation if a staff member had a temperature over 99 F. She stated she would tell a staff member who had two symptoms but no fever to stay home. She said she would ask when the staff member when they were on the schedule to work again, and to check back in with her before then. She said that after 3 days of calling off sick, staff are required to get a physician's note. She stated staff may request to be tested for COVID-19 at the facility. She stated that she could not give a timeline on when the results would be back. She stated that after an employee with symptoms has been swabbed, if they are on the schedule, before results are returned, she would call the DON for direction to determine whether or not the employee would continue/return to work. She stated DON keeps staff screening logs. She stated that the DON reviews them, she doesn't see them, and that she doesn't usually ask for them. She stated that if a COVID positive staff had been working on the 200 hall, they would isolate the entire hall. She stated it did happen, but she can't recall whether or not the entire hall was isolated. She stated she can't remember whether or not the hall was tested or not. She stated she is not a full-time IP, she shares the job with the DON. She stated the DON is the main IP in the building. An interview was conducted on July 15, 2020 at 10:51 a.m. Human Resource manager (staff #118). She stated the facility process says to send the staff members home first thing if they have COVID-19 symptoms. She stated the staff can go to the DON or the Assistant DON (ADON) and request to be swabbed, or they can call on a subsequent day to be swabbed. She said the ADON will meet staff members in the parking lot for testing. She stated once staff become symptomatic they are taken off the schedule. She stated there may have been a few moments when the facility struggled to get staff to cover the shifts, but she stated to her knowledge she was not aware of any staff being asked to work when they were symptomatic. She stated that no employee has come to her stating that DON has asked them to work when they were not feeling well. However, she cannot speak to conversations between the staffing coordinator and DON. She said staff, to her knowledge, have not been asked to work with symptoms. On July 15, 2020 at 11:02 a.m. an interview was conducted with the facility receptionist (staff #122). She stated that when someone comes in she asks them to mask and use the hand sanitizer. She stated she stands over them and tells them the date and watches them answer the questions. If the person makes one yes answer, she asks them to go outside and wait for the DON. If their temperature is high, she asks them to wait for a few minutes, then she will take it again. She stated she has never made any alteration to the staff screening log. She stated she loves her job and would never jeopardize it. She stated as soon as the page is finished and the DON has reviewed it, she moves it to a blue binder (the book). The book is kept in the receptionist's area in the bottom drawer of the cabinet. She stated she has never seen any other staff member look at the book besides the DON. An interview was conducted July 15, 2020 at 11:43 a.m. with the DON (staff #12). She stated that the front desk receptionist keeps the staff screening logs in her desk in the front office. Staff #12 stated that she reviewed the logs each day and that she started documenting that she was looking at them every day in July, about a week and a half ago. She stated that she has always reviewed them daily, but she has just started documenting it. She stated she did in-services on the screening logs in March. She stated she never has had a staffing shortage. She stated that when multiple staff have called in sick, there have been other management staff have taken floor positions. She said the facility has utilized the CNA waivers and that they have borrowed staff from other buildings. She said the only time she has had less staff was due to a decreased census. She stated staffing has been census-driven. On July 16, 2020 at 12:09 p.m. an interview was conducted with the DON (staff #12). She stated the screening form updated when the CDC updated the signs and symptoms of COVID-19 in July. She stated that prior to this, nausea, vomiting, and diarrhea were not listed on the screening forms as symptoms. She stated that in March, staff was educated on filling out the screening form. When the form changed again in July, she said she went around the building and reviewed the new form with staff on an individual basis. She stated the red flag COVID symptoms are shortness of breath and cough. She stated that if staff call off, or if staff come in and answer yes to shortness of breath or cough, her process is to ask if it is a new onset symptom or if they have had it for a long time. She stated because she has a chronic condition, she would not answer yes to the screening questions. She stated she does education on an individual basis, and verbally reviews the employees answers if she has a concern. She said that she just would allow the yes answer if they have marked it. She stated she has just started an exception form, but she's never used it yet. She would make a note of an exception (i.e., chronic condition) or reviewed by on the screening form next to the employees affirmative answer. She stated that if staff have been symptomatic, she has asked them to stay home. She said she tracks their symptoms and asks them to stay in touch with her and let her know how they're feeling. Depending on what the symptom is, she might allow them to work. But, if they are experiencing shortness of breath or cough they are not allowed to work at all. She stated that per the CDC, staff are permitted to work with a slight headache or one or two symptoms. She stated she started sending the staff home a couple of weeks ago if they said they had even only one symptom. She stated that if she adds anything to the screening log, the only thing you would see is reviewed by notation. She stated she has never corrected employees' answers. She stated she has never told someone they would be permitted to work the floor with symptoms. She said she has asked them how they were feeling, but never allowed them to work. She stated that if all the answers are not filled out on the screening log, the employee should be called back to answer them. She looked at the screening log and noted multiple instances where screening information was missing. She stated it did not meet her expectation. Staff #12 reviewed the screening logs and acknowledged staff had marked yes answers, indicating they were symptomatic. She stated she has never knowingly allowed symptomatic staff members to work the floor. She stated the screening logs did not meet her expectation and she had no idea what happened to them. She stated she has always been reviewing them daily, but now she has been documenting her signature to state that she has reviewed them. She stated she did not ever notice the alterations or holes in the screening logs. She stated she just probably missed it. At 12:55 p.m. staff #12 stated the outbreak began in mid-May, when it hit them out of nowhere. She stated that it eventually involved every hall (unit) in the facility. She stated the units were locked down as needed. The facility Infection Control and Prevention Policy stated the goal was to implement recommended appropriate infection control strategies, guidance and standards from the local, State, and Federal agencies for an Emerging Infectious Disease (EID) event. The policy stated it was the policy of the facility to include preparatory plans and actions to respond to the threat of the COVID-19, including but not limited to infection prevention and control practices in order to prevent transmission. The policy stated that all individuals (staff, other healthcare workers, family, visitors, government officials, etc.) entering the building must be screened. As with HCP, any visitor entering the building for [MEDICATION NAME] care is actively screened for symptoms of COVID-19. If symptoms are present, the visitor should not be allowed entry. Facilities and organizations providing healthcare should implement sick leave policies for HCP that are non-punitive, flexible, and consistent with public health guidance. The CDC guidance titled Nursing Homes and Long-Term Care Facilities stated that given their congregate nature and resident population served (e.g., older adults often with chronic underlying chronic medical conditions), nursing home populations are at high risk for being affected by respiratory pathogens like COVID-19 and other pathogens, including multidrug-resistant organisms. Reinforce sick leave policies, and remind HCP not to report to work when ill. Screen all HCP at the beginning of their shift for</p>		

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NAME OF PROVIDER OF SUPPLIER <b>PHOENIX MOUNTAIN POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>13232 NORTH TATUM BLVD PHOENIX, AZ 85032</b>	
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><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 3)</p> <p>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. For guidance on when HCP with suspected or confirmed COVID-19 may return to work, refer to Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance).</p>		