

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER MESA CHRISTIAN HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, facility documentation, staff interviews, the Centers for Disease Control (CDC) recommendations and policies and procedures, the facility failed to ensure that infection control standards were maintained. The deficient practice could result in the spread of infection, including COVID-19 to residents and staff. Findings include: -An observation was conducted of the Delta Unit (secure dementia unit) dining room on August 27, 2020 at 12:05 p.m. There were 10 square tables inside of the dining room, and 3 square tables in the hallway outside of the dining room. Each of the 13 tables had two residents seated at the table. These residents were seated face to face and were not spaced at least 6 feet apart. An interview was conducted on August 27, 2020 at 12:10 p.m. with a Certified Nursing Assistant (CNA/staff #34), who was in the dining room. Staff #34 stated the tables are limited to two residents each for social distancing. She said she was aware that social distancing recommends 6 feet of space between residents, and acknowledged that there was not 6 feet between the residents seated at the tables, nor was there 6 feet of distance between the tables. She stated the current configuration was the best they could do given the small space of the dining room. On August 27, 2020 at 12:25 p.m., maintenance staff measured the tables in the Delta unit dining room. Seven tables inside of the dining room measured 36 inches square, and 3 tables inside of the dining room and 3 tables outside of the dining room measured 42 inches square (6 feet = 72 inches). An interview was conducted with the Infection Preventionist (Licensed Practical Nurse/staff #27) on August 27, 2020 at 2:36 p.m. Staff #27 stated that all of the residents should be maintaining a distance of 6 feet from the other residents. Staff #27 stated the residents should be seated 6 feet apart or have a physical barrier if 6 feet of distance was not able to be done, due to the size of the dining room. Review of the in-service documentation completed on July 30, 2020 for the Delta unit revealed that social distancing during meal time was one of the topics. However, staff #34's signature was not on the in-service sign in sheet, indicating that she did not attend. The facility policy IC 405 COVID-19 includes cancel communal dining. more on P& P Is this a policy?? The facility's COVID Guidance- At a Glance includes on COVID naive units, patients with no symptoms may have their meals in the dining room located on their home unit if social distancing can be maintained in the hall and dining area, and patients must be seated at separate tables at least 6 feet apart. Review of the CDC guidance titled, Considerations for Memory Care Units in Long-term Care Facilities updated May 12, 2020, revealed to limit the number of residents or space residents at least 6 feet apart as much as feasible, when in a common area. The CDC guidance titled, Preparing for COVID-19 in Nursing Homes updated June 25, 2020 included to implement aggressive social distancing measures (remaining at least 6 feet apart from others) and to cancel communal dining.</p> <p>-An observation was conducted on August 27, 2020 at 11:00 a.m. of the Admission Observation Unit (AOU). Residents on this unit were new admissions to the facility on isolation for 14 days to be monitored for presense of Covid-19. During observation of the AOU, the following occupied room doors were open to the hallway, rooms 148,152, and 153. Each door had an infection control sign posted, which directed staff to keep room door closed. An interview was conducted with the Infection Preventionist, a Licensed Practical Nurse (LPN/staff # 27) on August 27, 2020 at 11:55 am. Staff #27 stated the doors to residents rooms on the AOU should be kept closed. She stated staff should be following the signage posted on each door. Per the CDC (Center for Disease and Control) recommendations for Preparing for COVID-19 in Nursing Homes Updated June 25, 2020 states: Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected.</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.