

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 09/22/2020
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, staff interviews, facility documentation, review of the Centers for Disease Control (CDC) recommendations and policies and procedures, the facility failed to ensure infection control standards were followed, by failing to ensure that staff/visitor screenings for COVID-19 were thoroughly completed and followed up on, that Personal Protective Equipment (PPE) was donned properly, that gowns were not shared by staff between residents in the same room who were on observation (unknown COVID status), that eye protection was disinfected between resident rooms and that staff were knowledgeable regarding the contact times for products used to clean/disinfect resident rooms and equipment. The deficient practice could result in the spread of infection, including COVID-19 to residents and staff. Findings include: -Regarding shared gowns between residents: Upon entrance into the facility on [DATE] at 8:00 a.m., a staff member who was sitting at the reception desk, directed the surveyors to use hand sanitizer, then took the surveyor's temperatures. She then directed the surveyors to complete the visitor screening form, including their temperatures. The Director of Nursing (DON/staff #75) then came to the reception area and reviewed the answers on the screening form. At this time, the screening form was reviewed and the section to document the screener's name was left blank. After entering the facility, documentation provided was reviewed with clarifications from the DON, and revealed that the most recent identified cases of COVID-19 among residents were on September 15, 2020, and were identified as facility acquired. The most recent identified staff case of COVID-19 occurred on September 8, 2020. Review of the map and the current census list revealed the facility currently had eight COVID-19 positive residents that were located on their COVID unit. Additional units were as follows: one hallway was designated as an observation unit (yellow status) and all residents were on contact/droplet transmission-based precautions related to [MEDICAL TREATMENT] and/or new admission status; two other hallways were designated as on observation unit (yellow status) and all residents were on contact/droplet precautions related to potential exposure to COVID-19, unknown status; and two other hallways were identified as negative for COVID-19 (green status). The DON stated that all persons in the facility were required to wear a N95 mask and eye protection continuously. She stated that the green areas did not require further precautions beyond standard precautions. She stated the yellow areas required standard precautions, plus contact/droplet isolation and staff were required to add a gown and gloves to enter the rooms. She stated that gowns were reusable and that each staff member had a gown in each room for each shift. She stated that on the COVID unit, staff wear full personnel protective equipment (PPE) for the entire shift, which is disposable. An interview was conducted on September 21, 2020 at 11:16 a.m., with a Licensed Practical Nurse (LPN/staff #160). She stated that when staff come into work their temperature is taken and they fill out the form which includes questions about travel, exposure and signs/symptoms (s/s) of COVID-19. She stated that she also fills in the screeners name on the form. She said that if she answered yes to any questions, she would call the DON or Assistant Director of Nursing (ADON) for direction and that she would not be able to enter the facility. An interview was conducted on September 21, 2020 with a Certified Nursing Assistant (CNA/staff #60). She stated that staff are screened when they first get to the facility. She said her temperature is taken by the screener and that she fills out the screening paperwork, including writing down her temperature. She stated that if she marked yes for any answer, she would need to tell them and she would be sent home. During an interview with the Administrator (staff #158) on September 21, 2020 at 12:10 p.m., he stated that on the COVID unit, the off going nurse screens the oncoming nurse. An interview was conducted on September 21, 2020 at 12:15 p.m. with a Registered Nurse (RN/staff #8), who was working on the COVID designated unit. She stated that since they do not enter through the lobby, staff take each others temperature on arrival and upon exit and they fill out the screening forms. An observation was conducted on September 21, 2020 starting at 1:24 p.m. The staff member at the reception desk was observed taking the oncoming staff members temperatures and the oncoming staff members were noted to fill in the screening form. During this process, outgoing staff members temperatures were also taken and they wrote on the screening form. The screener was also observed writing on the screening form. Review of the screening form for Coronavirus Screening (for associates/staff) dated September 14, 2020 to September 21, 2020 revealed the following: -Two entries were not dated -In a section that required a Y/N (yes/no) answer for fever, there were over 20 instances where this section was left blank -In a section that required the associate's temperature, there was one instance where the section was filled in with a N -In a section that required a Y/N answer regarding s/s of COVID-19 infection, there were two instances where this section was filled in with a check mark -In a section that required a Y/N answer regarding close personal contact with a person who has a confirmed case of COVID-19, there were over 40 instances where it was filled in with a Y and there were two instances where this section was filled in with a check mark -In a section that required a Y/N answer for international/cruise travel within the last 14 days, there was one Y answer and two instances where this section was filled in with a check mark -In a section that required a Y/N answer regarding working at another healthcare facility with positive COVID-19 residents/staff, there were eight instances where the associate answered Y and one instance where the section was filled in with a check mark Further review of the staff screening form revealed there was no documentation of any follow up for the Y answers or for the incorrect/missing documentation. In addition, the facility was unable to provide evidence of any follow up that was done. The Coronavirus Screening (for visitors) form dated September 14, 2020 to September 20, 2020 was reviewed and revealed the following: -One instance where the date and screener name was crossed out -In the section that required the visitor's name and phone number, there were over 25 instances where no phone number was listed -In the section that required a Y/N answer regarding fever, there were two instances where this was left blank -In the section that required the visitor's temperature, there were two instances where this section was left blank -In the section that required a Y/N answer regarding contact with confirmed COVID-19 persons, there was one instance where this section was left blank and there were 10 instances with a Y answer -In a section that required a Y/N answer regarding restricted travel within the last 14 days, there were two instances where the answer was Y Further review of the staff screening forms from September 14-21, 2020, revealed there was no documentation of any follow up for the Y answers or for the incorrect/missing documentation. In addition, the facility was unable to provide evidence of any follow up that was done. Review of the Coronavirus Screening form for visitors for September 22, 2020, revealed the following: the screener's name was not listed on two occasions; visitor's phone numbers were not listed and there was no information documented for a visitor from Hospice regarding the person's temperature, if any S/S of COVID-19 were present, any contact with confirmed COVID-19 persons, or any restricted travel within the last 14 days. An interview was conducted on September 22, 2020, with the DON. She stated that the process for screening included the following: hand sanitizer, the reception desk screener takes staff's temperature; incoming staff complete the screening log; screener to make sure that staff fill out the log completely and is to look over the information documented; and screener is to stop the oncoming staff member from entering the facility and call the DON/ADON if any screening questions are answered yes. The DON said that sometimes the screener writes in their name and sometimes the oncoming staff writes in the screener's name. She stated that a screener is available for all shift changes and that during off times, the Station one nurse is responsible to screen anyone coming in. She stated the filling in of the</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 that all of the staff members marking close personal contact with a person who has a confirmed case of COVID-19 had marked yes, because of resident's that had COVID in the facility. She further stated there was no documented follow up for the yes answers on the screening form, as that information was in her head. An interview was conducted on September 22, 2020 at 11:40 a.m., with the staff member at the reception desk (staff #161) regarding the visitor screening form from this morning. She stated that when someone comes into the facility she immediately has them sanitize their hands, takes their temperature and directs the person to fill out the screening form completely. When asked about the Hospice visitor, she stated that person had come to see a resident and had already finished and left the building. At this time, the screening form was reviewed with staff #161 who stated that the visitor had not filled in her temperature and did not fill the form out completely. Staff #161 stated that she did not review the screening form to see if it was filled out completely. She said that she should have reviewed the form while the visitor was in the lobby. She said it was important to review the screening form before a visitor goes into the facility, so they do not spread COVID. Another interview was conducted on September 22, 2020 at 12:16 p.m., with the DON. She stated that a visitor should not be able to get into a patient care area without a complete and reviewed screening, and that her expectations were not met regarding the screening of the Hospice staff member. She said the risk factor related to an incomplete/non-reviewed screening would be someone coming in ill and risk for exposure to infection. She stated that she expects the forms to be filled out completely and expects the completed form to be reviewed, as staff and visitors come in. In-service education was reviewed and revealed that an in-service was completed on August 11, 2020, which included an update regarding the screening process. The education included the following: the screening log will now be located at the reception desk; the screener will visualize the entire process; all sections are to be completed (the date, screener's name, associate's name, fever (Y/N); temperature, s/s of COVID-19 infection (Y/N); and screen at the end of shift with fever (Y/N) and the temperature of the associate. The training also included that all associates and screeners are to ensure completion of the screening process. Review of a facility policy regarding Coronavirus-COVID 19 ([DIAGNOSES REDACTED]-CoV-2) revealed the purpose was to provide a framework to minimize the risk of potential exposure to the Coronavirus in the long-term facility. All associates will be actively screened at the beginning of their shift, in accordance with current guidance from the CDC, the Centers for Medicare and Medicaid Services (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 also have their temperature actively taken to rule out fever. Associates who screen positive with fever or symptoms consistent with COVID-19, should be excluded from work and tested for COVID-19. The associate should not return to work, until test results are received. Associates who test positive will be excluded from work until they meet the return to work criteria outlined by the CDC. For screening purposes, associates are defined as any person employed by the facility or other entities that provide care or direct services in our facilities such as: consultants, contractors, volunteers, students, agency staff, sitters, Hospice and other medical providers. All visitors, vendors and contractors will be screened for COVID-19 symptoms, in accordance with current CDC, CMS and local and State guidelines. The CDC guidance titled, Preparing for COVID-19 in Nursing Homes dated June 25, 2020 included that given their congregate nature and resident population served (e.g. older adults often with underlying chronic medical conditions) nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19. As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP). Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19. HCP who work in multiple locations may pose higher risk and should be encouraged to tell facilities if they have had exposure to other facilities with recognized COVID-19 cases. Review of the CDC guidance titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 Pandemic dated July 15, 2020, revealed the CDC recommends using additional infection prevention and control practices during the COVID-19 pandemic, along with standard practices recommended as part of routine healthcare delivery to all patients. These practices are intended to apply to all patients, not just those with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection. Screen everyone (patients, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. Actively take their temperature and document absence of symptoms consistent with COVID-19. Ask them if they have been advised to self-quarantine because of exposure to someone with [DIAGNOSES REDACTED]-CoV-2 infection. -Regarding PPE and disinfecting eye protection: An observation was conducted on September 21, 2020 at 10:09 a.m., on one of the observation hallways (yellow status), related to the potential for exposure to COVID-19. All of the residents on this unit were on contact/droplet isolation precautions. At this time, a LPN (staff #160) was observed entering a resident's room, which had signs that indicated contact/droplet precautions were in place. The LPN donned a gown and secured it at the neck, however; she did not secure the gown at the waist, which left approximately 1/3 of her back exposed from the neck fastener to the bottom of the gown. A second observation was conducted at 10:22 a.m. on this same hallway. An unidentified staff member entered a resident's room, which had signs that contact/droplet precautions were in place. The staff member donned a gown from inside the room, but did not secure the gown at the neck. The staff member attempted to secure the gown at the waist, however; the closure did not hold which left the staff's back area exposed from the top to the bottom of the gown. The staff member then approached the resident and pulled the privacy curtain. A third observation was conducted at 10:33 a.m. on this same hallway. A CNA (staff #60) entered a resident's room, which had signs that contact/droplet precautions were in place. The CNA donned a gown and secured it at the waist, however; she did not secure the gown at the neck which left most of her back area exposed. Prior to exiting, the CNA removed the gown and hung the gown inside the room. The CNA then entered another resident's room, who was on contact/droplet precautions and donned a gown and secured it at the waist. However, she did not secure the gown at the neck, which left most of her back area exposed. In addition, the CNA was not observed to disinfect her eye protection, after exiting the first resident's room and before going into the next resident's room. An interview was conducted with staff #60 on September 21, 2020 at 10:51 a.m. Staff #60 stated that she had been educated on how to don PPE correctly. She said when she puts on a gown, she is supposed to secure the gown at the neck, and that she usually secures the gown at the middle of the back, as she probably needs to cover all of herself. The CNA stated that when she did not secure the gown at the neck, she did not don the gown as educated to do and that donning the gown correctly was important, so she did not get [MEDICAL CONDITION] or anything on her. The CNA further stated that she is supposed to clean her face shield between residents and that she uses an alcohol prep pad, which she carries in her pocket. Staff #60 provided an alcohol prep pad which read it was saturated with 70% [MEDICATION NAME] Alcohol. Staff #60 stated that the product stays wet for about a minute and that she only uses one. She said that she probably did not clean her eye protection between the two rooms. She said that she did not remember receiving any directions on disinfection contact times or what to use to disinfect equipment/face shield. The CNA also stated that she has one gown in each room and if there are two residents in the room, she wears the same gown between them. An interview was conducted on September 21, 2020 at 11:16 a.m., with a LPN (staff #160). She stated that they were supposed to clean their eye protection between residents with bleach wipes, and knew to look at the product directions for how to use for disinfection. She stated that she received education on what type of PPE to use and how to safely don/doff the PPE. She stated they also had reminder signs at the nursing station. She said the gown should cover the whole front and back and be secured at the neck and the waist. The LPN said that she thought she had secured the gown at the neck and waist, and maybe it had come undone. During an interview on September 21, 2020 at 11:42 a.m., a RN (staff #162) who was working on one of the observation hallways stated that at the beginning of her shift she gets a clean gown for each of her rooms and after the first use, she hangs the gown on the hook marked nurse. She said that she shares the gown between roommates in the same room. The RN said that she wipes her goggles with alcohol between rooms, and the alcohol stays wet for maybe up to a minute as it air-dries. She stated that she would wait 2 to 3 minutes before entering the next resident room. Regarding eye protection, she said that she did not receive education on cleaning them between rooms or what to clean with. An interview was conducted on September 22, 2020 at 11:00 a.m., with the DON. She stated that in the</p>		

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The DON further stated that the purpose of cleaning the face shields/goggles between residents was to disinfect them. She said they use alcohol or hand sanitizer to disinfect the item. She said that alcohol dries very quickly and remains wet on the surface of the eye protection for less than a minute. She said if the eye protection was not disinfected between residents, it would present a risk for the transmission of infection and it did not follow facility policy. An observation was conducted on September 22, 2020 at 12:40 p.m. on the yellow status/observation hallway, related to [MEDICAL TREATMENT] and/or new admissions. During the observation, the DON was present. At this time, a staff member was observed providing resident care in a room, which had signs that contact/droplet precautions were in place. The staff member was wearing a gown which was secured at the neck but it was not secured at the waist, which left the staff member's back exposed from the neck fastener to the bottom of the gown. The DON told the staff member that the gown needed to be secured. The staff member replied that he could not secure it at the waist, as the gown only had one of the waist ties. The DON then stated that he needed to get another gown. A second observation on this same hallway was conducted on September 22, 2020 at 1:35 p.m. The signs outside of another resident's room stated that contact/droplet precautions were in place. Despite this, a transport staff member (staff #103) was observed in the resident's room and was not wearing a gown or gloves. Staff #103 then transported the resident from the building. Following the observation, an interview was conducted with the ADON/Infection Preventionist (IP/staff #155). She stated that the transport person (staff #103) does not normally go into a resident's room, so did not usually wear a gown. She stated that if he did enter a resident's room that was designated as an isolation room, he would need to have on full PPE, including a N95 mask, eye protection, gown and gloves. She stated that if he was observed in a isolation room without the required PPE, he did not follow protocol and could have contaminated himself and anyone he came in contact with. Review of the facility signs which were posted at the nurses station from the CDC revealed that when doffing PPE, the gown should fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. Fasten in back of neck and waist. According to the Contact Precaution signs outside of resident rooms on the yellow status/observation hallways, staff were to use dedicated or single use disposable patient equipment and when this was not possible, disinfection of common used items is recommended. Contact Infection Prevention if you have questions. Review of a facility in-service education dated May 14, 2020 regarding face shield procedure revealed that each associate will be given a personal face shield and storage envelope for use. Your face shield is to be worn any time you enter a [MEDICATION NAME] isolation room (new admit). You will be responsible for cleaning your face shield with alcohol wipes after each use (both inside and outside). Another facility in-service education was provided on July 13, 2020, regarding universal use of PPE (eye protection). The information included that healthcare personnel working in facilities located in areas with moderate to substantial community transmission, are more likely to encounter asymptomatic or pre-symptomatic patients with [DIAGNOSES REDACTED]-CoV-2 infection, and should wear eye protection in addition to their facemask to ensure the eyes, nose and mouth are all protected from splashes and sprays of infectious materials from others. Effective immediately: Universal Face Shields are mandatory. These face shields must be cleaned between residents who are on droplet/contract precautions. You may use either alcohol prep pads or hand sanitizer for cleaning. However, the label on the alcohol prep pad included 70% [MEDICATION NAME] alcohol and that the purpose was as a First Aid Antiseptic. The directions included to apply topically as needed to clean intended area. The label did not include an Environmental Protection Agency (EPA) registration number or directions for disinfection. In addition, the product information for the hand sanitizer used by the facility included the following: use hand sanitizer to help reduce bacteria on the skin that could cause disease. There were no directions regarding disinfection or EPA registration number found in the product information provided. On September 22, 2020 at 2:05 p.m., the DON stated that the facility did not have a specific policy relating to cleaning/disinfecting items with alcohol prep pads. Review of a facility policy regarding Coronavirus (COVID 19) revealed that current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs or sneezes. Droplets can land in the mouth, nose or eyes of people who are nearby and possibly be inhaled into the lungs of those within close proximity. Transmission also might occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose or mouth. Unrecognized asymptomatic and pre-symptomatic infections likely contribute to transmission in these and other healthcare settings. Isolation separates sick people with a quarantinable disease from people who are not sick. Quarantine separates and restricts the movement of people who were or may have been exposed to a contagious disease to see if they become sick. Transmission-Based Precautions are for patients who are known or suspected to be infected or colonized with infectious agents, which require additional control measures to effectively prevent transmission. There are three categories of Transmission-Based Precautions: Contact Precautions, Droplet precautions and Airborne Precautions. Transmission-Based Precautions are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone. For some diseases that have multiple routes of transmission, more than one Transmission Based Precaution Category may be used. When used either singly or in combination, they are always used in addition to Standard Precautions. Facilities should follow local and State health department guidelines and State regulations as well as current Center for Medicare/Medicaid and CDC guidelines. Education and job-specific training will be provided to associates regarding current guidance related to infection prevention and control measures related to COVID-19. The training list included: How to keep residents, visitors and associates safe by using correct infection control practices including proper use of PPE. The facility should develop a plan for managing the following resident types and all of these residents will need to be placed in droplet plus contact precautions with eye protection: New admissions and readmissions, residents with COVID-19 exposures, residents who develop symptoms, and COVID-19 positive residents. The facility should place residents in dedicated areas of the facility depending on COVID-19 status (COVID-19 positive/red; unknown COVID-19 status/yellow; COVID-19 negative/green). For unknown COVID-19 status (yellow), all residents warrant transmission-based precautions (droplet plus contact with eye protection). All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of a N95 mask or higher-level respirator (or facemask if respirator is not available), eye protection, gloves and gown. Implement a process for decontamination and reuse of PPE such as face shields and goggles. Full PPE should be worn per CDC guidance for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE. Healthcare personnel should use all recommended COVID-19 PPE for the care of all residents on affected units (or facility-wide if cases are widespread); this includes both symptomatic and asymptomatic residents. Review of the facility policy regarding PPE revealed the purpose was to reduce the risk of and prevent the spread of infection to patients, visitors and staff. The facility should train associates on PPE. This training should include but not limited to: appropriate don/doff process; appropriate use based on care activities; and appropriate extended or reuse of PPE, based on national/local recommendations. The appropriate use of PPE included the following: Donning (putting on) PPE: apply gown or upper torso covering with sleeves. Review of the CDC guidance titled, Coronavirus Disease 2019/Strategies for Optimizing the Supply of Isolation Gowns dated March 17, 2020 revealed that consideration can be made to extend the use of isolation gowns, such that the same gown is worn by the same healthcare personnel (HCP) when interacting with more than one patient known to be infected with the same infectious disease when these patients are housed in the same location. This can be considered only if there are no additional co-infectious [DIAGNOSES REDACTED]. The CDC guidance titled, Preparing for COVID-19 in Nursing Homes dated June 25, 2020, included if extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents, unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections. The guidance included to implement a process for decontamination and reuse of PPE such as face shields and goggles. 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 a N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves and gown, when caring for these residents. Because of the higher risk of unrecognized infection among</p>		

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