

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER ADVANCED HEALTHCARE OF MESA		STREET ADDRESS, CITY, STATE, ZIP 5755 EAST MAIN STREET MESA, AZ 85205	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on clinical record review, staff interviews, and review of policy and procedures, the facility failed to ensure that residents, their representatives and families were notified of the COVID status of the building for two residents (#2 and #4). The deficient practice can result in residents' and families' potential uninformed exposure to COVID-19 infection. Findings include: -Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The admission Minimum Data Set (MDS) for resident #2 dated May 6, 2020 was reviewed and included the resident had a score of 13 on the Brief Interview for Mental Status (BIMS), indicating the resident was cognitively intact. An interview was conducted with the facility administrator (staff #13) on June 18, 2020 at 8:15 am. Staff #13 stated the facility publishes a website with the facility's COVID-19 status and updates. She stated the website address is given to residents upon admission. An interview with the Director of Nursing (DON/staff #21) was conducted on June 18, 2020 at 12:15 pm. The DON stated there is no available documentation to indicate resident #2's family was made aware of the website which published the facility's COVID-19 status and updates. Another interview was conducted with the DON and facility administrator on June 18, 2020 at 12:54 pm. Staff #13 stated all of the residents are provided with the website address upon admission. The website was first published in early May. Staff #13 stated the families of the residents who were current residents at the time the website was published were sent an email with instructions on how to access the website. She stated there was no confirmation that Resident #2's family received the email. -Resident #4 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The admission MDS for resident #4 dated May 30, 2020 was reviewed. It included that the resident had a BIMS score of 15, indicating the resident was cognitively intact. An interview was conducted on June 18, 2020 at 11:45 a.m. with Resident #4, regarding facility notification/ Covid 19 updates. Resident #4 stated that the only information she has received from the facility is what was overheard amongst facility staff in the halls. Resident #4 stated that no one specifically from the facility has come to her and said what was going on. Resident #4 stated that she was not given any information on a website from Advanced Health Care. In an interview conducted with the DON and facility administrator on June 18, 2020 at 12:54 pm, the DON stated she has not checked with residents to see if they were able to access the website. She stated she was not aware that Resident #4 did not know about the website. The facility policy COVID-19 Emergency Plan includes that patients, their representative, and families are to be informed of confirmed COVID-19 infections and respiratory infections of three or more residents within 72 hours of each other. The policy includes that the information should be easily available to residents and their families.</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.