

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 01/30/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnule 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)
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40581</p> <p>Based on documentation, staff and resident interviews, and the facility policy and procedures, the facility failed to ensure that adequate staffing was available to provide for the residents needs and care timely. The deficient practice could result in residents not receiving the care needed.</p> <p>Findings include:</p> <p>Resident #22 was admitted to the facility on [DATE] with diagnoses that included hemiplegia and hemiparesis following a cerebral infarction affecting the right dominant side, repeated falls, obesity, and chronic kidney disease.</p> <p>The baseline care plan dated February 3, 2024 revealed that the resident is at risk for skin breakdown. Interventions included to clean and dry skin after each incontinent episode.</p> <p>The investigation included that a family member had to provide continence care for the resident on February 4, 2025 because staff would not answer the call-light.</p> <p>Review of the toilet task sheet revealed that staff did not provide continence care on February 4, 2025 during the day shift.</p> <p>-Resident #77 was admitted to the facility on [DATE] with diagnoses that included a displaced trimalleolar fracture of the left lower leg, right artificial hip joint, and generalized muscle weakness.</p> <p>The minimum data set (MDS) dated [DATE] included a brief interview for mental status score of 15 indicating the resident was cognitively intact. It also included that the resident required substantial/maximal assistance with transferring to and from bed to chair.</p> <p>Review of the care plan did not reveal a plan for assistance with activities of daily living, such as transfers.</p> <p>Review of the Daily Staff Posting dated January 24, 2025 revealed that ten CNAs were scheduled to work the day shift.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

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 01/30/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnule 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)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the schedule for Station Two dated January 24, 2025 revealed that two nurses and four certified nursing assistants (CNAs) were scheduled to work the day shift.</p> <p>-Licensed Practical Nurse (LPN/staff #152), 7:00 a.m. to 7: 00 p.m.</p> <p>-(LPN/staff #22), 7:00 a.m. to 7: 30 p.m.</p> <p>-(CNA/staff #51), 6:30 a.m. to 2:30 p.m.</p> <p>-(CNA/staff #95), 6:30 a.m. to 6:30 p.m.</p> <p>-(CNA/staff #176), 6:30 a.m. to 6:30 p.m.</p> <p>-(CNA/staff #97), 8:00 a.m. to 6:00 p.m.</p> <p>Review of the time sheets dated January 24, 2025 revealed:</p> <p>-Licensed Practical Nurse (LPN/staff #152), 7:09 a.m. to 9: 20 p.m.</p> <p>-(LPN/staff #22), 7:16 a.m. to 9: 01 p.m.</p> <p>-(CNA/staff #51), 6:29 a.m. to 2:30 p.m.</p> <p>-(CNA/staff #95), 6:29 a.m. to 6:31 p.m.</p> <p>-(CNA/staff #176), 6:32 a.m. to 6:26 p.m.</p> <p>-(CNA/staff #97), 8:02 a.m. to 7:27 p.m.</p> <p>Review of the schedule for Station Three dated January 24, 2025 revealed that two nurses and three certified nursing assistants (CNAs) were scheduled to work the day shift.</p> <p>-Registered Nurse (RN/staff #13), 7:00 a.m. to 7:00 p.m.</p> <p>-Registry Nurse, 7:00 a.m. to 7:00 p.m.</p> <p>-(CNA/staff #78), 6:30 a.m. to 6:30 p.m.</p> <p>-(CNA/staff #19), 8:30 a.m. to 2:30 p.m.</p> <p>-(CNA/staff #68), 6:30 a.m. to 6:30 p.m.</p> <p>Review of the time sheets dated January 24, 2025 revealed:</p> <p>-(RN/staff #13) worked on January 24, 2025 from 6:55 a.m. to 8:05 p.m.</p> <p>-(CNA/staff #78), 6:15 a.m. to 6:32 p.m.</p> <p>(continued on next page)</p>		

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 01/30/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-(CNA/staff #19), 8:22 a.m. to 3:13 p.m.</p> <p>-(CNA/staff #68), 6:37 a.m. to 6:31 p.m.</p> <p>Review of the schedule for Station three dated January 28, 2025 revealed that two nurses and three certified nursing assistants (CNAs) were scheduled to work the day shift. The scheduled times for the three CNAs was 6:30 a.m. to 6:30 p.m.</p> <p>During an interview conducted on January 29, at 12:48 p.m. with resident #120, he stated that it takes about 30 minutes for staff to answer his call-light.</p> <p>During an interview conducted on January 29, 2025 at 1:55 p.m. with resident #77, she stated that last night she waited for her call-light to be answered for over two hours and had to sit in her bowel movement for that time. She stated that a new CNA from Haiti told her that she didn't know that she was assigned to her room. Resident #77 stated that she is waiting for her call-light to be answered for a minimum of one hour daily. She stated that after therapy, the Assistant Director of Therapy had to wait with her for a CNA to come and help her get back into bed. She stated that she likes to go back to bed after therapy to rest because she has pain in her ankle.</p> <p>An interview was conducted on January 30, 2025 at 9:46 a.m. with a certified nursing assistant (CNA/staff #75) who stated that continence care is provided every two hours and when the resident turns on the call-light and requests assistance. She stated that if the skin is red, she applies barrier cream and notifies the nurse on duty and texts the wound nurse. Staff #75 stated that a couple of weeks ago, resident #44 complained to her and a licensed practical nurse (LPN/staff #22) that it took the night shift over three hours to come and change her. (LPN/staff #22) told the resident that she would follow up on her concern. Resident #44 needed to be changed at the time that she made the complaint, so staff #75 changed her and her skin was red, so she applied barrier cream. Staff #75 stated that last Thursday at approximately 3:00 p.m., a female resident in room [ROOM NUMBER] (Station 3) complained that she had not been changed since 6:00 a.m. Staff #75 stated that she had been pulled from another area for approximately an hour because the CNA assigned to the female resident in room [ROOM NUMBER] had taken another resident to an appointment. Staff #75 stated that she reported the complaint to (LPN/staff #66) and it was her understanding that (LPN/staff #66) would follow up on the complaint. Staff #75 changed the resident and also reported that there was redness to the area. She stated that there were three CNAs assigned to the hall on Station 3: one took a resident to an appointment, and one left at 2:30 p.m., so she was called over to help, which meant that there were two CNAs to assist approximately forty residents. She stated that typically there are four CNAs and each CNA has 10 to 13.33 residents. Staff #75 stated that the CNA who had taken a resident to an appointment returned around 4:30 p.m. and then left, so there were still only two CNAs working on Station 3. She feels that the facility is short staffed and has complained to the Director of Nursing and the Staffing Coordinator who have told her that they are working on the staffing shortage.</p> <p>(continued on next page)</p>		

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 01/30/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnule 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)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on January 30, 2025 at 1:20 p.m. with residents #55, #115, and #136. Resident #55 stated that last week, she wanted to lay down and waited for over an hour for staff to come and assist her. She also stated that yesterday, she was on the bedpan and the CNA told her to push the call-light when she was done. She stated that she pressed the call-light and waited for over an hour for the CNA to come back and it was uncomfortable and painful. She stated that the CNA told her that she was doing other things. Resident #55 stated that she uses the toilet during the day and needs assistance with transferring to and from the toilet. If she needs to use the toilet during lunch time and the CNA assigned to her is not available, none of the other CNAs will come to help her because they are busy and short staffed during lunch time. Resident #115 stated that she has waited one to two hours to be changed and has complained to the DON. She also stated that she has called for a CNA to change her roommate (#88) because the room smells, who has dementia and speaks a different language, and was told by the CNA that the roommate was not assigned to her. Resident #136 stated that he waits for over an hour for his call-light to be answered on a weekly basis when he needs to be changed and when he is waiting for his supper.</p> <p>During an interview conducted on January 30, 2025 at 12:30 p.m. with resident #44, she stated that she has to wait for one hour or more weekly for a CNA to come and help her with care.</p> <p>An interview was conducted on January 30, 2025 at 1:34 p.m. with the Assistant Director of Therapy (ADT/staff #54), who stated that he goes to get the residents when he is going to provide therapy, but he doesn't schedule therapy with the residents, so the residents don't know when he is going to show up. If a resident is not ready (dressed) for therapy, he pushes the call-light, so a CNA will come and get the resident ready and comes back later to get the resident, and this occurs daily. He stated that after therapy has been completed, he takes the resident back to the room, and pushes the call-light, so the CNA will come and assist the resident with transitioning back into bed. He stated that he has waited for more than an hour for a CNA to come and assist the resident with getting back into bed more than one time, but believes that occurred months ago. He stated that he has heard residents complain about waiting for thirty to sixty minutes for care to be provided, but doesn't document any of the complaints, but reports it to his supervisor and the DON. He stated that on January 24, 2025, he went to resident #77's room at approximately 11:30 a.m. to get her for therapy. He stated that resident #77 was agitated and complained about waiting for at least an hour for staff to answer her call-light and get her up that morning. Staff #54 stated that he provided 30 minutes of therapy with the resident and then pressed the call-light, so a CNA would come to help the resident transition back to bed. He waited 15 minutes with the resident and then left to provide another resident 30 minutes of therapy. He stated that he when he came back, resident #77 was in bed, but he did not know how long she waited for assistance after he had left the room. He stated that he reported resident #77's complaint about call-light response time to the (RN/staff #13).</p> <p>(continued on next page)</p>		

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 01/30/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnule 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)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on January 30, 2024 at 2:02 pm with a registered nurse/Infection Preventionist (RN/staff #13), who stated that last week she was the only nurse working on the upper 500 and 600 Hall (Station 3) where resident #77 resides and vaguely remembers the resident complaining that she had to wait for a CNA to come and get her up. She stated that there should have been three CNAs working on January 24, 2025, one CNA on the upper 500 Hall, and the other two CNAs on the 600 Hall. She stated that there were at least three call-lights on in the upper 500 Hall and she had to stop administering medications and answer the call-lights; she wasn't sure which CNA was assigned to the upper 500 Hall. She assumed that there were two CNAs assisting the residents on the 600 Hall, but she wasn't really sure. She stated that the upper 500 and 600 Hall was short of CNAs that morning and they pulled two CNAs from Station 2. She stated that the nurse is responsible for monitoring and supervising the CNAs on the floor. She stated that when a resident complains about call-light response time, she is supposed to give the resident a grievance form to complete, but she was trying to deal with the complaints and the needs of the residents herself and didn't offer a grievance form to resident #77. She stated that when a CNA goes on break or lunch, one of the other CNAs has to cover the rooms, so there are only two CNAs to assist the residents during breaks and lunchtime.</p> <p>An interview was conducted on January 30, 2025 at 3:09 p.m. with the Staffing Coordinator (staff #99), who stated that staffing is based on the census and she tries to keep the CNA to resident staffing ratio at 1 CNA to 10 or 14 residents. She stated that when a CNA goes to the lunch, the other CNAs on the hall cover the rooms. She stated that two nurses are needed for Station three, one for the long-term care side and the other for the skilled nursing side. She stated that she originally had scheduled two CNAs for Station Three (CNA/staff #78) and (CNA/staff #118) and staff #118 called off, but she needed three CNAs for Station Three, so she pulled two CNAs (CNA/staff #19) and (CNA/staff #68) from Station Two. She stated that there were supposed to be four to five CNAs on Station Two and when she pulled the two CNAs to Station Three, it left Station Two with only three CNAs, so she used the (CNA/staff #97) who was supposed to assist the residents with showers on Station Two to fill in, but she didn't start her shift until 8:00 a.m., so there were only three CNAs on Station Two from 6:30 a.m. to 8:00 a.m. Staff #99 stated that she is responsible for contacting the staff and did not contact the CNAs scheduled to do showers to ask them to come in at 6:30 a.m. and to stay until 6:30 p.m. so they were short staffed from 6:30 a.m. to 8:00 a.m. and they were also short staffed at the end of the shift from 2:30 p.m. to 6:30 p.m. She stated that they do not use registry for CNAs, but are in the process of hiring more CNAs because they are short staffed and she is aware of the residents complaints. She stated that due to call offs, they are short staffed weekly.</p> <p>An interview was conducted on January 30, 2025 at 3:48 p.m. with the Director of Nursing (DON/staff #163), who stated that she, the staffing coordinator and the Administrator determine the number of staff needed daily. She stated that the staffing coordinator can hire CNAs from registry at any time even the same morning of call-offs and is responsible for the scheduling and the Daily Staff Posting. Staff #163 normally starts work about 8:00 a.m. and will walk around to each station to see if there were any call-offs. She stated that additional CNAs are scheduled to assist the residents with showers and are normally scheduled from 8:00 a.m. to 6:00 p.m., but if they were not called to come in early, they would be short staffed from 6:30 a.m. to 8:00 a.m. and if the CNAs clocked out at 6:00 p.m., they would have been short staffed from 6:00 p.m. to 6:30 p.m. She stated that when a resident makes a complaint, she tries to resolve it and there is no documentation regarding complaints about staffing and agreed that the complaint process needs to be reviewed.</p> <p>(continued on next page)</p>		

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 01/30/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnule 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)
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility policy, Staffing states that the facility maintains adequate staff on each shift to meet the residents' needs, posts daily staffing data and furnishes staffing information to the state as specified in the Federal regulations.</p>