

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035253</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/22/2019</b>
NAME OF PROVIDER OF SUPPLIER <b>BROOKDALE SANTA CATALINA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7500 NORTH CALLE SIN ENVIDIA TUCSON, AZ 85718</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 0609</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>	<p><b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** &gt;</b></p> <p>Based on clinical record review, staff interviews, facility documentation, and policy review, the facility failed to ensure an allegation of abuse was reported to the State Survey Agency for one sampled resident (#10). The deficient practice could result in further allegations of abuse not being reported to the State Survey Agency. The resident census was 26.</p> <p>Findings include:</p> <p>Resident #10 was admitted to the facility on (MONTH) 18, 2019, with [DIAGNOSES REDACTED].</p> <p>A review of a Complaint/Grievance/Compliment Report dated (MONTH) 30, 2019, revealed resident #10 reported to social services a Certified Nursing Assistant (CNA/staff #71) was rough with him when providing care and spoke harshly to him. The report included resident #10 stated that he sat in feces a long time waiting to be changed.</p> <p>Further review of the Complaint/Grievance/Compliment Report dated (MONTH) 30, 2019, revealed no evidence the allegation was reported to the State Survey Agency.</p> <p>An interview was conducted with the Administrator (staff #38) and the Executive Director (staff #70) on (MONTH) 21, 2019 at 1:45 p.m. Staff #38 and staff #70 stated that they were auditing their grievances for the QAPI (Quality Assurance and Performance Improvement) program and realized that the grievance the resident filed on (MONTH) 30, 2019 probably should have been reported to the State Survey Agency.</p> <p>An interview was conducted with the social worker (staff #37) on (MONTH) 22, 2019 at 9:48 a.m. Staff #37 stated that she gave a copy of resident #10's grievance form to the Administrator (staff #38) and the assistant Director of Nursing on (MONTH) 30, 2019. Staff #37 stated that there was a breakdown in the system as to who was responsible for reporting an allegation of abuse to the State Survey Agency.</p> <p>An interview was conducted with the Administrator (staff #38) on (MONTH) 22, 2019 at 11:02 a.m. Staff #38 stated that she was the facility's abuse officer. Staff #38 stated that if the facility received an allegation of abuse that she, the Executive Director, or the assistant Director of Nursing should be notified immediately as they had two hours to report the allegation to the State Survey Agency. Staff #38 further stated that she was not aware of resident #10's grievance report dated (MONTH) 30, 2019 until (MONTH) 21, 2019.</p> <p>Review of the facility's policy Abuse, Neglect and Exploitation Policy dated (MONTH) (YEAR) revealed .All alleged violations involving abuse shall be reported immediately but not later than two hours after the allegation is made .to the State Survey Agency .</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.