| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 035253 | A. BUILDING _____ B. WING _____ | 08/22/2019 |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
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| BROOKDALE SANTA CATALINA | 7500 NORTH CALLE SIN ENVIDIA TUCSON, AZ 85718 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| F 0607<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Develop and implement policies and procedures to prevent abuse, neglect, and theft.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on clinical record review, staff interviews, facility documentation, and policy review, the facility failed to implement their abuse policy regarding reporting and investigating an allegation of abuse for one sampled resident (#10). The deficient practice could result in further allegations of abuse not being reported and investigated.<br>Findings include:<br>Resident #10 was admitted to the facility on (MONTH) 18, 2019, with [DIAGNOSES REDACTED].<br>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. The report did not include the allegation was reported to the State Survey Agency.<br>Continued review of the report under findings of the investigation revealed the assistant Director of Nursing (staff #46) was unable to interview staff #71 because staff #71 handed in his badge and quit. The report did not include any other interviews.<br>Further review of the report dated (MONTH) 30, 2019 revealed no evidence that the facility reported the allegation to the State Survey Agency as required or conducted a thorough investigation regarding the allegation.<br>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 the facility grievances for the facility 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. Staff #38 stated that the resident stated that he was handled roughly by the CNA and that the CNA left the facility in the middle of his shift. Staff #38 stated that when the resident was interviewed, the resident stated that the CNA was not rough but that he had a bad temper. Staff #38 stated that it was investigated immediately and abuse was ruled out. Staff #70 stated that the facility should have reported the allegation to the State Survey Agency.<br>When asked for a copy of the investigation, the Administrator provided a typed statement from the assistant Director of Nursing (staff #46) dated (MONTH) 21, 2019 that an interview was conducted with resident #10 on (MONTH) 30, 2019 at approximately 8:00 a.m. The statement included resident #10 stated staff #71 was short tempered and that staff #71 responses to him were short. The statement also included the resident denied rough treatment by staff #71.<br>The Administrator further provided a typed statement dated (MONTH) 21, 2019 from herself that revealed early morning on (MONTH) 30, 2019, a Licensed Practical Nurse had reported to her that staff #71 and resident #10 had a disagreement while he and staff #71 were providing care to resident #10. The statement included staff #71 walked out of the room and left the facility.<br>The Administrator (staff #38) also provided six Resident Interviews also dated (MONTH) 21, 2019 regarding residents being asked if they had concerns with their care, if staff were disrespectful toward them, and if their toileting needs were met.Another interview was conducted with the Administrator (staff #38) on (MONTH) 21, 2019 at 2:15 p.m. Staff #38 stated that she was unable to interview resident #10 or staff #71 regarding the allegation on (MONTH) 30, 2019, so she just obtained general interviews from residents regarding their care on (MONTH) 21, 2019. Staff #38 further stated that she and the assistant Director of Nursing (staff #46) conducted interviews regarding the allegation made on (MONTH) 30, 2019 but did not document the interviews until (MONTH) 21, 2019.<br>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 the grievance form to the Administrator and the assistant Director of Nursing on (MONTH) 30, 2019 and asked them how they wanted her to proceed with the grievance. 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.<br>An interview was conducted with the assistant Director of Nursing (staff #46) on (MONTH) 22, 2019 at 10:45 a.m. Staff #46 stated that when she reported to work on (MONTH) 30, 2019, she was told that something happened between resident #10 and staff #71. Staff #46 stated that she spoke to the resident and he stated that staff #71 was short tempered and quick to answer his questions. Staff #46 stated that was the end of her investigation. Staff #46 further stated that the Administrator (staff #38) who is the abuse officer conducted the abuse investigation.<br>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 an allegation of abuse is received, residents, perpetrators, and witnesses should be interviewed. Staff #38 stated that the alleged perpetrator quit so he was not interviewed. Staff #38 further stated that she was not aware of the grievance dated (MONTH) 30, 2019 until (MONTH) 21, 2019.<br>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 . Further review of the facility's policy revealed Upon receipt of an allegation of resident abuse the administrator or designee should conduct a confidential internal investigation of the incident .The investigation should include interviews with potential witnesses, which may include the alleged perpetrator, the alleged victim, associates, other residents and visitors to the community . |
| F 0609<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>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.<br>Findings include:<br>Resident #10 was admitted to the facility on (MONTH) 18, 2019, with [DIAGNOSES REDACTED].<br>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.<br>Further review of the Complaint/Grievance/Compliment Report dated (MONTH) 30, 2019, revealed no evidence the allegation was reported to the State Survey Agency.<br>An interview was conducted with the Administrator (staff #38) and the Executive Director (staff #70) on (MONTH) 21, 2019 at |

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

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| F 0609<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | (continued... from page 1)<br>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.<br>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.<br>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.<br>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 . |
| F 0610<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Respond appropriately to all alleged violations.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on clinical record review, staff interviews, facility documentation, and policy review, the facility failed to ensure that an allegation of abuse was thoroughly investigated for one sampled resident (#10). The deficient practice could result in the potential for ongoing abuse not being thoroughly investigated. The census was 26.<br>Findings include:<br>Resident #10 was admitted to the facility on (MONTH) 18, 2019, with [DIAGNOSES REDACTED].<br>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.<br>Continued review of the report under findings of the investigation revealed the assistant Director of Nursing (staff #46) was unable to interview staff #71 because staff #71 handed in his badge and quit. The report did not include any other interviews.<br>Further review of the Complaint/Grievance/Compliment Report dated (MONTH) 30, 2019, revealed no evidence that the allegation was thoroughly investigated.<br>An interview was conducted with the Administrator (staff #38) on (MONTH) 21, 2019 at 1:45 p.m. Staff #38 stated that when the resident was interviewed, the resident stated that the CNA was not rough but that he had a bad temper. Staff #38 stated that it was investigated immediately and abuse was ruled out.<br>When asked for a copy of the investigation, the Administrator provided a typed statement from the assistant Director of Nursing (staff #46) dated (MONTH) 21, 2019 that an interview was conducted with resident #10 on (MONTH) 30, 2019 at approximately 8:00 a.m. The statement included resident #10 stated staff #71 was short tempered and that staff #71 responses to him were short. The statement also included the resident denied rough treatment by staff #71.<br>The Administrator further provided a typed statement dated (MONTH) 21, 2019 from herself that revealed early morning on (MONTH) 30, 2019, a Licensed Practical Nurse had reported to her that staff #71 and resident #10 had a disagreement while he and staff #71 were providing care to resident #10. The statement included staff #71 walked out of the room and left the facility.<br>The administrator (staff #38) additionally provided six Resident Interviews also dated (MONTH) 21, 2019 regarding residents being asked if they had concerns with their care, if staff were disrespectful toward them, and if their toileting needs were met.<br>Another interview was conducted with the Administrator (staff #38) on (MONTH) 21, 2019 at 2:15 p.m. Staff #38 stated that she was unable to interview resident #10 or staff #71 regarding the allegation on (MONTH) 30, 2019 so she just obtained general interviews from residents regarding their care on (MONTH) 21, 2019. Staff #38 further stated that she and the assistant Director of Nursing (staff #46) conducted interviews regarding the allegation made on (MONTH) 30, 2019 but did not document the interviews until (MONTH) 21, 2019.<br>An interview was conducted with the assistant Director of Nursing (staff #46) on (MONTH) 22, 2019 at 10:45 a.m. Staff #46 stated that when she reported to work on (MONTH) 30, 2019, she was told that something happened between resident #10 and staff #71. Staff #46 stated that she spoke to the resident and he stated that staff #71 was short tempered and quick to answer his questions. Staff #46 stated that was the end of her investigation. Staff #46 further stated that the Administrator (staff #38) who is the abuse officer conducted the abuse investigation.<br>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 an allegation of abuse is received, residents, perpetrators, and witnesses should be interviewed. Staff #38 stated that the alleged perpetrator quit so he was not interviewed. Staff #38 further stated that she was not aware of the grievance dated (MONTH) 30, 2019 until (MONTH) 21, 2019.<br>Review of the facility's policy Abuse, Neglect and Exploitation Policy dated (MONTH) (YEAR) revealed Upon receipt of an allegation of resident abuse the Administrator or designee should conduct a confidential internal investigation of the incident .The investigation should include interviews with potential witnesses, which may include the alleged perpetrator, the alleged victim, associates, other residents and visitors to the community . |
| F 0641<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Ensure each resident receives an accurate assessment.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on clinical record review, staff interview, the Resident Assessment Instrument (RAI) manual and policy review, the facility failed to ensure a discharge Minimum Data Set (MDS) assessment was accurate for one of three sampled residents (#21). The deficient practice could result in other discharge MDS assessments being coded inaccurately.<br>Findings include:<br>Resident #21 was admitted to the facility on (MONTH) 8, 2019, with [DIAGNOSES REDACTED].<br>Review of a Social Service Progress note dated (MONTH) 21, 2019, revealed the resident was seen for discharge needs and that a ride to the assisted living facility was discussed.<br>A nursing Evaluation Summary dated (MONTH) 23, 2019 revealed the resident was expected to be discharged home to an assisted living facility on (MONTH) 24, 2019.<br>Review of a Nursing Progress Note dated (MONTH) 24, 2019 revealed the resident was discharged at 5:45 p.m. with family.<br>However, review of the discharge-return not anticipated MDS assessment dated (MONTH) 25, 2019, revealed the resident was discharged to an acute hospital.<br>An interview was conducted with the MDS coordinator (staff #66) on (MONTH) 22, 2019 at 12:22 p.m. Staff #66 stated that she must have coded the MDS assessment wrong. Staff #66 stated that normally if a resident is discharged to the hospital, she codes the discharge MDS assessment return anticipated, rather than return not anticipated. Staff #66 stated that the MDS assessment was coded discharge to an acute hospital in error.<br>The RAI manual instructs to review the resident's clinical record for documentation of the discharge location. The RAI manual also includes that it is required that the assessment accurately reflects the resident's status and that the importance of accurately completing and submitting the MDS assessment cannot be over emphasized.<br>Review of the facility's policy Certifying Accuracy of the Resident assessment dated (MONTH) 2009 revealed All personnel who complete any portion of the Resident Assessment (MDS) must sign and certify the accuracy of that portion of the assessment . |
| F 0686<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Some | **Provide appropriate pressure ulcer care and prevent new ulcers from developing.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on observation, clinical record review, staff interviews, and policy review, the facility failed to ensure one of three sampled residents (#4) with pressure ulcers consistently received services consistent with professional standards. The deficient practice could result in pressure ulcers not being thoroughly assessed and monitored. |

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| F 0686<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Some | (continued... from page 2)<br>Findings include:<br>Resident #4 was admitted to the facility on (MONTH) 6, 2019, with [DIAGNOSES REDACTED].<br>A care plan related to skin integrity dated (MONTH) 6, 2019, revealed the resident was admitted with a stage 3 pressure ulcer. Interventions included providing treatment to the left heel as ordered by the wound clinic.<br>A Weekly Wound Data Collection Flow Sheet dated (MONTH) 7, 2019, revealed the resident was admitted with a stage 2 pressure ulcer of the left heel. The assessment included the pressure ulcer had no drainage or odor and that the wound edges were pink and intact. However, the area of the form for wound measurements and a description of the wound base were blank.<br>A provider note dated (MONTH) 10, 2019 revealed the resident was transferred to the facility for wound care of the left foot and that the resident had a stage 3 pressure ulceration of the left heel.<br>However, the admission Minimum Data Set assessment dated (MONTH) 13, 2019, revealed the resident was admitted with one unhealed stage 2 pressure ulcer.<br>A Weekly Wound Data Collection Flow Sheet dated (MONTH) 13, 2019 revealed the left heel stage 2 pressure ulcer wound edges were intact. The documentation did not include the wound measurements, a description of the wound base, or whether there was odor or drainage.<br>Review of the NP progress note dated (MONTH) 14, 2019 revealed the left heel pressure ulcer was now unstageable. The note included the pressure ulcer measured 3.8 centimeters (cm) x 4.8 cm x UTD (unable to determine) and was unstageable. The note also included the wound had 40% slough, 60% red with moderate amount of serous drainage and no odor. This is the first documentation of a thorough assessment of the left heel pressure ulcer since admission.<br>A Weekly Wound Data Collection Flow Sheet dated (MONTH) 21, 2019 revealed the resident refused to have the wound assessed or treated.<br>The NP progress note dated (MONTH) 21, 2019 revealed the resident declined treatment to the unstageable left heel pressure ulcer. The note included the risks to declining treatment was explained to the resident and that the resident continued to decline treatment.<br>A Weekly Wound Data Collection Flow Sheet dated (MONTH) 27, 2019 revealed the left heel stage 2 pressure ulcer measured 4.2 cm x 6.1 cm x 0.2 cm. The assessment included the wound base had 15% slough and 85% dark pink/red tissue with intact pink wound edges. The assessment also included there was moderate amount of tan drainage and no odor.<br>A Weekly Wound Data Collection Flow Sheet dated (MONTH) 4, 2019 revealed the left heel stage 2 pressure ulcer measured 4 cm x 6 cm x 0.2 cm, the wound edges were pink and intact, scant amount serosanquineous drainage, and no odor. However, the assessment did not include a description of the wound base.<br>Further review of the clinical record revealed no evidence a thorough assessment of the left heel pressure ulcer was conducted from (MONTH) 5 - 24, 2019.<br>A Weekly Wound Data Collection Flow Sheet dated (MONTH) 25, 2019 revealed the left heel stage 2 pressure ulcer measured 4.0 cm x 6.0 cm x 0.2 cm, the wound base had 10% slough and 90% dark pink/red tissue, and that the wound edges were intact. The assessment included there was moderate amount bloody drainage and did not include if there was odor or not.<br>A Weekly Skin Integrity form dated (MONTH) 31, 2019 revealed the following documentation regarding the left heel pressure ulcer: positive granulation, slough-dressing CD&I.<br>The Weekly Wound Data Collection Flow Sheet dated (MONTH) 1, 2019 revealed the left heel pressure ulcer measured 3.9 cm x 5.7 cm x 0.2 cm, the wound base had 90% dark pink/red tissue and 10% pale pink tissue, the wound edges were intact, scant amount of serosanquineous drainage, and no odor. The assessment did not include the stage of the pressure ulcer.<br>Review of the next Weekly Wound Data Collection Flow Sheet dated (MONTH) 11, 2019, now revealed documentation the left heel pressure ulcer was a diabetic wound. The assessment included the wound measured 5.2 cm x 3.2 x 0.3 cm, wound base was 10% slough and 90% pale pink tissue, wound edges were dry and intact, with tan drainage and no odor.<br>The Weekly Skin Integrity form dated (MONTH) 14, 2019 revealed the left heel wound was a pressure ulcer, had moderate drainage, and the dressing was intact.<br>A wound clinic progress note dated (MONTH) 15, 2019 revealed the left heel stage 3 pressure ulcer (not a diabetic ulcer) was debrided and the post debridement measurements were 5 cm x 6.5 cm x 0.1 cm.<br>The Weekly Wound Data Collection Flow Sheet dated (MONTH) 20, 2019 revealed the stage 3 left heel pressure ulcer measured 4.5 cm x 4.8 cm x 0 cm, had 30% slough, wound edges intact, moderate amount serosanquineous drainage and no odor.<br>An observation of the left heel pressure ulcer treatment was conducted on (MONTH) 21, 2019 at 7:25 a.m. with a Registered Nurse (RN/staff #22). Treatment was provided per orders. The RN stated that she does not obtain pressure ulcer measurements. She stated the Director of Nursing (DON/staff #46) assesses and obtains measurements of pressure ulcers weekly. The RN also stated resident #4's pressure ulcer was currently a stage 3 but that it goes back and forth between a stage 2 and a stage 3.<br>An interview was conducted with the DON (staff #46) on (MONTH) 21, 2019 at 1:27 PM. The DON stated she is the person in charge of the care and treatment of [REDACTED]. The DON stated that it is incorrect for a nurse to stage a pressure ulcer back and forth between a stage 2 and a stage 3. The DON also stated that she questioned if resident #4's ulcer is a pressure ulcer or a diabetic ulcer.<br>During an interview conducted with the RN (staff #22) on (MONTH) 22, 2019 at 12:50 p.m., the RN stated that a stage 2 pressure ulcer does not have slough and that there should not be backward staging of a pressure ulcer from a stage 3 to a stage 2.<br>Another interview was conducted with the DON (staff #46) on (MONTH) 22, 2019 at 1:38 p.m. The DON stated that she had not reviewed the Weekly Wound Data Collection Flow Sheets for accuracy but that she should have been conducting random audits of the pressure ulcer program. The DON stated that she realize there is confusion regarding the stage of resident #4's left heel pressure ulcer.<br>Review of the facility's policy regarding Wound Observation and Pressure Ulcer Staging revised (MONTH) (YEAR), revealed all licensed nurses should follow established guidelines and protocols to observe, describe tissue, evaluate, measure wounds and stage of pressure ulcers. Clinical standards do not support reverse staging or back staging pressure ulcers as a way to document healing as it does not accurately characterize what is physiologically occurring as the ulcer heals. Pressure ulcers will be staged according to the National Pressure Ulcer Advisory Panel guidelines. All pressure ulcers will be measured weekly by the Director of Clinical Services or Licensed designee. The policy also included that all wounds and wound measurements will be documented on the Wound Evaluation Flow Sheet Document and all pressure ulcer data will also be entered on the Weekly Pressure Ulcer Summary and the medical record.<br>The facility's policy titled Skin Observation and Wound Prevention revised (MONTH) (YEAR), revealed that if a resident is admitted with a wound, the Charge Nurse will initiate and describe the wound on the Weekly Wound Data Collection Sheet and will continue to describe the wound weekly on the Weekly Wound Data Collection Sheet. The policy included the Director of Clinical Services or Designee should review the Weekly Wound Data Collection Sheets and provide direction and oversight, and identify opportunity and implement interventions as indicated. The policy also included a [DIAGNOSES REDACTED]. |