

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2019
NAME OF PROVIDER OF SUPPLIER CAMELBACK POST ACUTE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 4635 NORTH 14TH STREET PHOENIX, AZ 85014	
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 F 0697	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, resident and staff interviews, and policy review, the facility failed to ensure one resident (#54) of three sampled residents received pain management consistent with professional standards of practice. The facility census was 80. The deficient practice had the potential to result in residents experiencing unrelieved pain. Findings include: Resident #54 was admitted to the facility on (MONTH) 22, 2019, with [DIAGNOSES REDACTED]. Review of the physician's orders [REDACTED]. Review of the care plan dated (MONTH) 23, 2019, revealed the resident had acute and/or chronic pain, with a goal that the resident would verbalize adequate relief of pain through the review date. Interventions included assessing the resident for pain each shift, monitoring for non-verbal signs and symptoms of pain, and following the pain scale to administer medications as ordered. The admission Minimum Data Set (MDS) assessment dated (MONTH) 28, 2019 revealed a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact. An interview was conducted with the resident on (MONTH) 28, 2019 at 9:08 a.m. She stated she had told the nurse she had a headache, and she was waiting for the nurse to bring her some pain medication. She stated it was not unusual for her to wait over an hour to receive pain medication. In an interview with a Licensed Practical Nurse (LPN/staff #38) on (MONTH) 28, 2019 at 9:20 a.m., she stated she was the resident's nurse, and that the resident had recently reported that she had pain in the form of a stiff neck. She stated that she knew the resident had a physician's orders [REDACTED]. Review of the Medication Administration Record [REDACTED]. This was over an hour after the resident had reported the headache to the nurse. An interview was conducted on (MONTH) 29, 2019 at 11:17 a.m., with a LPN (staff #68). She stated if a resident reported pain, she would assess the resident for the location and intensity of the pain. She said that if a resident reported pain and she was in the middle of taking care of another resident, she would try to assess the resident within fifteen minutes or provide the resident with an estimated wait time if it would take longer than fifteen minutes. She said if the resident had another medication scheduled to be given in an hour, she would ask the resident if they wanted the pain medication immediately or if they felt like they would be able to wait. An interview was conducted on (MONTH) 29, 2019 at 11:21 a.m., with a LPN (staff #37). She stated if a resident reported pain, she would assess the resident using the pain scale. She said she would not wait to give pain medications in conjunction with scheduled medications that were due later. If the resident wanted pain medication, she would give it to them immediately. An interview was conducted on (MONTH) 29, 2019 at 11:32 a.m., with the Director of Nursing (DON/staff #102). He stated that for pain management, he would expect the nurse to prioritize and to follow-up with the resident at the time pain was reported. He said the nurse should go directly to the resident and assess for pain location and intensity using the pain scale. He said he would also like the nurse to offer non-pharmacological interventions to the resident, and if the pain was still present, he would expect the nurse to administer the appropriate medication based on the physician orders. He said if there was a question about waiting to administer pain medication in conjunction with another medication, that question should be asked of the resident so that the resident could state whether or not they wanted to wait. Review of the facility's pain management policy revealed the facility would assist each resident with pain to maintain or achieve the highest practicable level of well-being by screening for pain, comprehensively assessing pain, identifying circumstances when pain can be anticipated, and developing and implementing a plan to manage the pain. Residents would be monitored for pain on a regular basis such as during routine medication pass. The policy included that the care plan will reflect the pharmacological and non-pharmacological interventions to be used for the resident's pain.</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.