STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER **035289**	(X2) MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING _____	(X3) DATE SURVEY COMPLETED **05/16/2019**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CENTER AT ARROWHEAD, LLC	**7201 W CAMINO SAN XAVIER AVE GLENDALE, AZ 85308**

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 0757 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Ensure each resident's drug regimen must be free from unnecessary drugs.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, staff interviews, and policy review, the facility failed to ensure that 3 residents (#1, #27, and #36) out of 11 sampled residents were free from unnecessary drugs, by failing to administer pain medications according to the physician ordered parameters. The facility census was 69. The deficient practice has the potential to cause residents to receive pain medications that may not be necessary. Findings include: Resident (#1) was admitted to the facility on (MONTH) 4, 2019 with [DIAGNOSES REDACTED]. Review of the resident's pain care plan dated (MONTH) 5, 2019, revealed the resident had acute and chronic pain related to wounds and [MEDICAL CONDITION]. The goal was that the resident would have effective pain control over the next 90 days, with interventions that included monitoring the resident's pain every shift and administering pain medications, as needed, per physician's orders [REDACTED]. Review of the MDS (Minimum Data Set) assessment dated (MONTH) 25, 2019, revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident was cognitively intact. The assessment also included that the resident experienced moderate pain frequently and had received scheduled pain medication and as needed (PRN) pain medication. The physician orders [REDACTED]. These included the following: -1 tablet for pain levels of 1-3 out of 10 -2 tablets for pain levels of 4-6 out of 10 -3 tablets for pain levels of 7-10 out of 10 The Medication Administration Record [REDACTED]. This included the following dates: -April 8, the resident received 2 tablets for a pain level of 3 -April 15, the resident received 2 tablets for a pain level of 2 -April 22 and 23, the resident received 2 tablets for a pain level of 1 -April 29, the resident received 3 tablets for a pain level of 5 The nursing notes for (MONTH) 2019 did not reveal any documentation as to why the resident was given a higher dose of the [MEDICATION NAME] than what was ordered by the physician. Review of the MAR for (MONTH) 1 through 15, 2019, revealed that on several occasions, the resident received more tablets of [MEDICATION NAME] than what was ordered. This included the following dates: -May 4, the resident received 3 tablets for pain scale of 6 -May 7, the resident received 2 tablets for a pain scale of 2 -May 9, the resident received 3 tablets for a pain scale of 6 -May 11, the resident received 3 tablets for a pain scale of 3 -May 13, twice the resident received 3 tablets for a pain scale of 2 and 5 Review of the nursing notes from (MONTH) 1 through 15, 2019, revealed no documentation as to why the resident was given a higher dose of the [MEDICATION NAME] than what was ordered by the physician. An interview was conducted on (MONTH) 15, 2019 at 8:31 a.m., with a Licensed Practical Nurse (LPN/staff #90), who stated that once the location and level of pain is determined, she would check the resident's medication orders to determine what medication to give the resident. She would then administer the appropriate medication as per the physician's orders [REDACTED]. She stated that sometimes the resident requests more pain medication because she is going to go to therapy and she knows that will cause pain. She stated that she follows the directions in the narcotic count book, which was observed to say, Give 1-3 5 mg tablet(s) every 4 hours as needed. There was no pain scale in the narcotic count book. She said it is the resident who decides how much medication she needs. She said that the physician should be contacted if the resident is requesting an amount of medication that is different from the pain parameters in the order. She said that any deviation from the order or request from the resident should be documented in a progress note. During the interview, a bottle of [MEDICATION NAME] prescribed to the resident was observed to say, Oxy, 5 mg take one tablet by mouth 4 times daily as needed for pain. The nurse explained that the resident brought the bottle of [MEDICATION NAME] in to the facility because the insurance wouldn't pay for more [MEDICATION NAME] because the resident was taking too much. An interview was conducted on (MONTH) 15, 2019 at 8:50 a.m., with the Director of Nursing (DON/staff #134), who said that when a pain medication is prescribed PRN, the facility's policy is have a pain scale included on the order and there should be a separate order for each pain scale range. She said that the MAR indicated [REDACTED]. She said that if a resident wants a higher dosage than prescribed, the physician and herself would be notified and it would be documented in the nurse's progress note. If a resident brings a medication from home or from the hospital, there may not be a pain scale included and the nurse would then contact the physician to get an order and pain parameters for the use of the medication. She stated that there really is no process in place at this time to monitor PRN pain medications to determine if pain medications are being given as prescribed. She said that if a nurse was giving PRNs outside of the doctor's parameters, she would do a counseling and re-educate the nurse. She also stated that the narcotic medication count book should not be used as instructions on how to administer pain medication. -Resident #27 was admitted to the facility on (MONTH) 17, 2019, with [DIAGNOSES REDACTED]. Review of the care plan dated (MONTH) 17, 2019, revealed the resident had acute pain related to a right [MEDICAL CONDITION]. The goal was that the resident would have effective pain control over the next 90 days, with interventions that included monitoring the resident's pain every shift and as needed and administering pain medications per physician's orders [REDACTED].>The physician orders [REDACTED]. These included the following: -[MEDICATION NAME] 50 milligrams (mg), 0.5 tablet by every 8 hours PRN for pain 1-6 out of 10 -[MEDICATION NAME] (a pain medication containing a narcotic) 5-325 mg, give 1 tablet every 8 hours PRN for pain 7-10 out of 10. Review of the admission Minimum Data Set (MDS) assessment dated (MONTH) 24, 2019, revealed a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact. The assessment stated the resident had frequent, moderate pain, and had been receiving scheduled pain medication and as needed (PRN) pain medication. Review of the Medication Administration Record [REDACTED]. This included the following dates: -April 22 and 23, the resident's pain level was 1 -April 19, 20, 21, 22, 26, 27, 28, the resident's pain was 6 -April 26, 29, and 30, the resident's pain level was 5 -April 30, the resident's pain level was 0 The nursing notes for (MONTH) 2019 revealed no documentation as to why the [MEDICATION NAME] was given outside of the physician ordered parameters.

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.

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F 0757 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) Review of the MAR for (MONTH) 2019, revealed that the resident received [MEDICATION NAME] 5-325 mg for a pain level less than the physician's orders [REDACTED]. -May 2, 3, 4, 8, 9, 10, and 15, the resident's pain was 6 -May 6 and 7, the resident's pain was 1 -May 9, the resident's pain was 5 -May 13, the resident's pain was 2 -May 14, the resident's pain was 3 Review of the nursing notes for (MONTH) 1 through 15, 2019, revealed no documentation as to why the resident was given the [MEDICATION NAME] for pain levels less than 7-10. -Resident #36 was admitted to the facility on (MONTH) 20, 2019, with [DIAGNOSES REDACTED]. Review of the care plan dated (MONTH) 20, 2019, revealed the resident had acute pain related to a left femur fracture. The goal was that the resident would have effective pain control over the next 90 days, with interventions that included monitoring the resident's pain every shift and as needed and administering pain medications per physician's orders [REDACTED].>A physician's orders [REDACTED]. Review of the MAR for (MONTH) 2019, revealed that the resident received [MEDICATION NAME] 10-325 mg on (MONTH) 24, 25, and 26 for a pain level of 0. Review of the admission MDS assessment dated (MONTH) 27, 2019, revealed a BIMS score of 15, which indicated the resident was cognitively intact. The assessment stated the resident had occasional, moderate pain, and had been receiving scheduled pain medication and PRN pain medication. The nursing notes for (MONTH) 2019 revealed no documentation as to why the [MEDICATION NAME] was given outside of the physician ordered parameters. Review of the MAR for (MONTH) 2019, revealed that the resident received [MEDICATION NAME] 10-325 mg on (MONTH) 1, 3, and 10 for a pain level of 0. Review of the nursing notes for (MONTH) 1 through 15, 2019, revealed no evidence that the physician had been contacted regarding the administration of pain medication outside of ordered parameters. The notes did not contain documentation as to why the medication was given for a pain level of 0. An interview was conducted on (MONTH) 15, 2019 at 8:31 a.m., with a Licensed Practical Nurse (LPN/staff#90). She stated that sometimes residents request more pain medication because they are going to go to therapy and they know that they are going to experience pain. She said it is the residents who decide how much medication they need. She also stated she would follow the directions in the narcotics count book, which did not include ordered pain parameters. She said that the physician should be contacted if the resident was requesting an amount of medication different from the ordered pain parameters, and this would be documented in a nursing note. An interview was conducted on (MONTH) 15, 2019 at 8:50 a.m., with the Director of Nursing (DON/staff #134). She stated that when a pain medication is prescribed PRN, the facility's policy is to have pain parameters included in the order. She said that if a resident requested a higher dosage than indicated by the pain parameters, the physician and herself would be notified and there would be documentation in a nurse's progress note. She stated that the information in the narcotic count book should not be used to determine the instructions of how to administer pain medication. An interview was conducted on (MONTH) 15, 2019 at 9:39 a.m., with a LPN (staff #114). She stated she would administer pain medication according to the ordered parameters. She stated if the resident requested a pain medication with parameters that did not match the resident's reported pain, she would provide education about the ordered parameters and give the resident a chance to modify their reported pain level. She said sometimes the resident or the therapist would request that the resident receive a pain pill before therapy, even if the current level of pain was 0. She said she would administer the medication and leave a nursing note to document the reason. Review of the facility's policies for medication administration and PRN medication administration revealed that medications are to be administered as prescribed by the attending physician, in accordance with the written orders. Should a drug be withheld, refused or given other than at the scheduled time it should be appropriately documented as such on the MAR. The policies were not dated.