

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2019
NAME OF PROVIDER OF SUPPLIER CHANDLER POST ACUTE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 2121 WEST ELGIN STREET CHANDLER, AZ 85224	
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 0684	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 appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** ></p> <p>Based on clinical record review, staff interviews, and policy review, the facility failed to ensure medications were administered in accordance with professional standards of practice for 1 of 4 sampled residents (#26). The deficient practice could result in a resident missing doses of physician ordered medications.</p> <p>Findings include:</p> <p>Resident #26 was admitted to the facility on (MONTH) 21, (YEAR), with [DIAGNOSES REDACTED].</p> <p>Review of the clinical record revealed physician's orders [REDACTED].</p> <p>A quarterly Minimum Data Set (MDS) assessment dated (MONTH) 1, (YEAR) revealed a score of 12 on the Brief Interview for Mental Status which indicated the resident had moderate impaired cognition.</p> <p>Review of a physician's note dated (MONTH) 17, (YEAR), revealed the resident has had an overall expected decline with her dementia both physically and mentally and that the resident continues to have approximately 2 [MEDICAL CONDITION] a month which is her baseline. The note revealed there has been several days where the resident has pocketed her medications including her [MEDICAL CONDITION] medications, and has thrown them under her bed or in the trash can. Staff has found the medications several times. The note also included that the physician had spoken with the nursing staff in depth about making sure the resident is taking her medications without pocketing them.</p> <p>An interview was conducted with a Certified Nursing Assistant (CNA/staff #81) on (MONTH) 17, 2019 at 1:53 PM. The CNA stated that resident #26 does have a habit of spitting out her medications and that she usually finds the pills in the resident's bed. The CNA stated that it happens every now and then and that each time it happens she notifies the nurse.</p> <p>An interview was conducted with a Licensed Practical Nurse (LPN/staff #92) on (MONTH) 17, 2019 at 2:10 PM. The LPN stated that she has never seen resident #26 spit out or pocket her pills. The LPN also stated that resident #26 refuses to take her medications in front of the nurse, so she leaves them at the bedside and returns later to make sure the resident has taken the medications.</p> <p>During an interview conducted with resident #26 on (MONTH) 18, 2019 at 11:10 AM., the resident stated that she always takes her pills and the nurse watches her take her medications.</p> <p>An interview was conducted with the Director of Nursing (DON/staff #159) on (MONTH) 18, 2019 at 2:37 PM. The DON stated that there were no long term care residents who were able to self-administer medications. She stated that the nurse is expected to stand there and make sure the resident takes their medications. The DON also stated that if the resident refuses to take the medications in front of one nurse, another nurse can try to get the resident to take the medications. The DON stated that the medications cannot be left at the bedside for the resident to take whenever they want.</p> <p>The facility's policy for Administration of Drugs states that medication shall be administered as prescribed by the attending physician. The policy included that if a medication is withheld, refused or given other than at the scheduled time, the documentation will be reflected in the clinical record. The policy also included right documentation included documenting the refusal of the medication or the attempt and noting any concerns.</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.