

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2019
NAME OF PROVIDER OF SUPPLIER HAVASU REGIONAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP 1811 MESQUITE AVE LAKE HAVASU CITY, AZ 86403	
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 0640 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on closed clinical record reviews, staff interviews, facility documentation, policy review and the RAI (Resident Assessment Instrument) manual, the facility failed to ensure that MDS (Minimum Data Set) assessments for two residents (#1 and #3) were transmitted within the required timeframe for submission. The sample size was 2 of 4 sampled residents. Findings include: -Resident #1 was admitted on (MONTH) 4, (YEAR), with [DIAGNOSES REDACTED]. The Medicare 14-day MDS assessment had an ARD (Assessment Reference Date) of (MONTH) 18, (YEAR). However, review of the facility assessment history revealed this assessment was transmitted and accepted on (MONTH) 18, 2019, one month later. -Resident #3 was admitted on (MONTH) 28, (YEAR), with [DIAGNOSES REDACTED]. Regarding the admission MDS assessment: The admission MDS assessment dated (MONTH) 4, 2019 included an admitted (MONTH) 28, (YEAR) and a ARD of (MONTH) 4, 2019. The assessment was signed by a registered nurse (staff #96) and completed on (MONTH) 9, 2019. However, review of the facility assessment history revealed that this assessment was submitted and accepted on (MONTH) 27, 2019, which was more than two months later. Regarding the discharge MDS assessment: The Transfer or Discharge Order Form signed by the physician on (MONTH) 11, 2019, included the discharge was planned and appropriate, because resident's health improved sufficiently. A physician's orders [REDACTED]. The discharge instructions for care dated (MONTH) 12, 2019 was signed by the resident. A discharge summary signed by an RN dated (MONTH) 15, 2019, included the resident's goals were met and the date of discharge was (MONTH) 12, 2019. Review of the discharge MDS assessment dated (MONTH) 12, 2019 revealed the resident was discharged to the community on (MONTH) 12, 2019. The assessment was completed, signed and dated by a RN (staff #96) on (MONTH) 12, 2019. However, review of the facility assessment history revealed that this assessment was submitted and accepted on (MONTH) 27, 2019, which was over two months later. During an interview with the MDS coordinator (staff #96) conducted on (MONTH) 15, 2019, she stated the transmission of MDS assessments are done at least three times per week. She stated once an assessment is completed, she transmits it within the required timeframe as instructed in the RAI manual. She stated the only reason for delay in transmission that she could think of is when the CMS website is down. A review of the MDS transmission records for (MONTH) 2019 revealed no record that the admission and discharge MDS assessments were submitted. In a later interview with staff #96 conducted on (MONTH) 15, 2019 at 3:01 p.m., she stated that she does not know why the admission and discharge assessments for resident #3 were not done until (MONTH) 27, 2019; and does not know why the 14-day MDS assessment for resident #1 was not done until (MONTH) 2019. She said there may have been issues with the electronic record which could have caused the delay in the transmission of these assessments to CMS. According to the RAI manual, the Admission MDS assessments must be transmitted within 14 calendar days after the Care Plan Completion Date. The RAI manual instructed that the Medicare 14 day assessments must be submitted electronically and accepted into the QIES ASAP system, within 14 days after completion.</p>		
F 0641 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interviews, facility documentation, policy review and the RAI (Resident Assessment Instruction) manual, the facility failed to ensure the MDS (Minimum Data Set) assessment for one of 4 sampled residents (#14) was accurate. Findings include: -Resident #14 was admitted on (MONTH) 30, 2019 with [DIAGNOSES REDACTED]. The Transfer or Discharge Order Form signed by the physician dated (MONTH) 8, 2019 included the resident had been planned for discharge and was appropriate, because the resident's health improved sufficiently. A physician's orders [REDACTED]. Review of a daily skilled nurse's note dated (MONTH) 9, 2019 revealed the resident was being discharged to home. Another physician's orders [REDACTED]. The Discharge Instructions were signed by the resident on (MONTH) 9, 2019. According to the Discharge Summary which was signed by a registered nurse, included the date of discharge was (MONTH) 9, 2019. Reason for discharge included goals were met. Review of the facility's undated Admission/Discharge Log revealed that resident #14 was discharged to home on (MONTH) 9, 2019. Review of the Discharge MDS assessment revealed a discharge date of (MONTH) 9, 2019. However, the assessment included that the resident was discharged to an acute hospital, instead of home. In an interview with the social services director (staff #101) conducted on (MONTH) 15, 2019 at 2:47 p.m., she stated resident #14 was discharged to home. In an interview with the MDS Coordinator (staff #96) conducted on (MONTH) 15, 2019 at 3:01 p.m., she stated that she does not know why the resident was coded for discharge to hospital, instead of home. The Resident Assessment Instrument manual for the MDS included the importance of accurately completing and submitting the MDS cannot be over-emphasized. The MDS is the basis for the development of an individualized care plan. Further, Federal regulations require that the assessment accurately reflects the resident's status. The RAI manual instructed to review the medical record including the discharge plan and discharge orders for documentation of discharge location.</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.