

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035137</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/06/2019</b>
NAME OF PROVIDER OF SUPPLIER <b>LIFESTREAM AT COOK HEALTH CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>11527 WEST PEORIA AVE YOUNGTOWN, AZ 85363</b>	
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 <b>F 0684</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Some</b></p>	<p><b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, clinical record review, staff interviews, and policies and procedures, the facility failed to ensure that one of two sampled residents (#7) received treatment and care to maintain positioning in the wheelchair. The deficient practice could result in residents not receiving proper positioning devices to maintain comfort and safety.</p> <p>Findings include: Resident #7 was admitted to the facility on (MONTH) 15, (YEAR), with [DIAGNOSES REDACTED]. A physician's progress note dated (MONTH) 1, (YEAR) documented the resident requires elevating leg rests as his current leg rests are damaged beyond repair and they are medically necessary to support patient's legs due to [MEDICAL CONDITION]. He also requires a footbox as his legs are spastic and frequently fall off the leg rests. Therefore, he requires this to contain his legs within the confines of chair due to [MEDICAL CONDITION]. A physician's orders [REDACTED]. Footbox due to legs are spastic and frequently fall off leg rests. Therefore he requires this to contain his legs within the confines of chair due to [MEDICAL CONDITION]. A care plan dated (MONTH) 5, (YEAR) included I have contractures to my arms and legs with my arms being more pronounced. My contractures in my legs and spasms leave me to dangle my legs while in the wheelchair. When wheelchair legs are in place, I do not use them. Further review of the care plan revealed there were no approaches addressing how to maintain the resident's positioning and comfort, due to dangling his legs while in the wheelchair. A NP (nurse practitioner) note dated (MONTH) 13, (YEAR) documented .Patient is wheelchair bound and requires leg rests-patient requires elevating leg rests. Current leg rests are damaged beyond repair and they are medically necessary to support patient's legs due to [MEDICAL CONDITION] . Another NP note dated (MONTH) 12, (YEAR) documented .Patient is wheelchair bound and requires leg rests-patient requires elevating leg rests. Current leg rests are damaged beyond repair and they are medically necessary to support patient's legs due to [MEDICAL CONDITION] . Review of the clinical record revealed no documentation that the resident received the new leg rests or why the leg rests were not obtained. There was also no documentation of other interventions which were implemented to provide support to the resident's legs. A Health Status Note dated (MONTH) 1, 2019 revealed Resident evaluated by therapy and appears appropriate for a high-back wheelchair at this time. High-back wheelchair does not restrict mobility, unable to rise or transfer on own. The note did not include any reference regarding the foot rests. A quarterly MDS (Minimum Data Set) assessment dated (MONTH) 17, 2019 included the resident was rarely or never understood and had impairment on both sides to the upper and lower extremities. A podiatry note dated (MONTH) 26, 2019 included .Patient is in elevated, tilted wheelchair without foot and leg rests--legs swing freely. Difficult to work on . Review of a Rehabilitation Screening Form dated (MONTH) 22, 2019 completed by a physical therapy assistant (PTA/staff #92) revealed the following: Wheelchair screen at nursing request .Patient is appropriate for his wheelchair. The screening also included that the resident does not have footrests at the request of a family member, due to movements of his legs. However, this statement was not added to the screening until (MONTH) 6, 2019, per an interview with staff #92. An interview was conducted with a family member of the resident on (MONTH) 3, 2019 at 9:50 a.m. The resident's family member stated that when the resident was at a previous facility, he had specialized footrests on his wheelchair which his legs could be secured to so they weren't dangling. The resident's family member further stated that this facility would not allow this, as they stated it would be a restraint. Multiple observations were conducted of the resident during the morning and afternoon on (MONTH) 5, 2019. The resident was observed seated in his wheelchair in the central activity area of the facility. His legs and feet were not supported by any type of leg or foot rest. His toes on both feet were pointed toward the floor and were approximately eight inches from the floor. An observation of the resident was conducted on (MONTH) 6, 2019 at 8:52 a.m. The resident was being transported in his wheelchair from the dining room to the central activity area. There were no leg or foot rests or other supports devices in place. Both legs were observed in a flexed position with the left leg close to his chest. An observation was conducted of the resident on (MONTH) 6, 2019 at 9:31 a.m., in the central activity area. The resident was seated in his wheelchair during an exercise class. Again, his legs and feet were not supported. His right leg was flexed with his toes approximately eight inches from the floor and the left leg was flexed with his toes approximately twelve to sixteen inches from the floor. An interview was conducted with a certified nursing assistant (CNA/staff #144) on (MONTH) 6, 2019 at 9:26 a.m. Staff #144 stated that the resident has leg rests for his wheelchair, but he won't keep them on. Staff #144 stated the leg rests were in the resident's closet. Staff #144 retrieved two elevating leg rests from the back of the resident's closet in his room. The calf rest for the left leg rest was not on the leg rest. Staff #144 stated that he did not know the leg rest was broken.An interview was conducted with a licensed practical nurse (LPN/staff #78) on (MONTH) 6, 2019 at 9:36 a.m. Staff #78 stated the leg rests were not on the resident's wheelchair, because he would swing his legs out, which caused injuries. Staff #78 stated the resident did not like the leg rests. She also stated that she was not aware of the left leg rest being in disrepair. Staff #78 said the resident's care plan should reflect when a resident refused a necessary treatment or service. Staff #78 further stated that she was not aware of the (MONTH) 13 and (MONTH) 12, (YEAR) NP notes regarding the resident requiring elevating leg rests to support his legs, due to [MEDICAL CONDITION]. An interview was conducted with the Administrator (staff #27) on (MONTH) 6, 2019 at 9:50 a.m. Staff #27 stated that the resident had been screened by therapy and that the resident's family member did not want leg rests on the resident's wheelchair. An interview was conducted with a physical therapy assistant (PTA/staff #92) on (MONTH) 6, 2019 at 10:29 a.m. Staff #92 stated that she conducted the physical therapy screen on (MONTH) 22, 2019 but was not supposed to assess the resident, as she is not a physical therapist. Staff #92 stated that it was up to the physical therapist whether or not an assessment is done, after she conducts the physical therapy screen. Staff #92 stated the physical therapist was unavailable as she was on vacation. Staff #92 further stated that she spoke with the resident's family member before she did the screen on (MONTH) 22, 2019, and the resident's family member did not want the leg rests and thought this had been documented in the</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.

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<p>F 0684</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 1)</p> <p>resident's care plan. However, she also stated that she talked to the resident's family member on (MONTH) 22, 2019, but did not document that until today (June 6, 2019). When informed that the resident's family member stated in an interview on (MONTH) 3, 2019 with a surveyor that they wanted the leg rests on the wheelchair, staff #92 said she needed a minute to think about the conversation which she had with the resident's family member.</p> <p>Review of the facility's policy regarding Turning and Repositioning revealed .Repositioning techniques in chair: Ensure the feet are properly supported on footrests .</p> <p>A facility policy titled Therapy Screen included Therapy Services will perform a screen for needed services. The IDT (interdisciplinary team) will identify services .</p>		