

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2019
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF TUCSON		STREET ADDRESS, CITY, STATE, ZIP 6211 NORTH LA CHOLLA BOULEVARD TUCSON, AZ 85741	
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 0607 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** > Based on clinical record review, staff interviews, and review of facility policies and procedures, the facility failed to implement their abuse policy regarding the reporting of an allegation of exploitation to the State Survey Agency for one resident (#1). The deficient practice could result in further allegations of abuse, neglect, exploitation or mistreatment not being reported as required. Findings include: Resident #1 was admitted to the facility on (MONTH) 8, 2019 with [DIAGNOSES REDACTED]. A review of a Social Services Note dated (MONTH) 2, 2019 documented Writer, executive director, assistant director of nursing, director of activities, long term care unit manager, dietician, and ombudsman met with resident to discuss issues resident has brought up concerning her current POA (power of attorney). Resident was alert and oriented to time, place, and person and showed no signs of confusion during meeting. Resident stated that she does not know what (POA's name) does with her money and stated that she has access to an account where her money was moved to a different bank without (POA's name) telling her the new bank information. (POA's name) routinely withdraws money from resident's trust account with resident present but resident stated that she does not receive anything from (POA's name) and has never received receipts showing what resident's money is being spent on. Resident stated that (POA's name) does not allow her to eat what she wants and she no longer wants (POA's name) as her PO[NAME] Resident stated that she does not feel that (POA's name) has her best interests. Resident stated that she would no longer like (POA's name) to visit her. Resident agreed to sign a revocation of power of attorney and notary will be scheduled to notarize the form to revoke (POA's name) PO[NAME] Writer explained that what resident has described is possible financial exploitation and explained that writer will file an APS (adult protective services) report regarding (POA's name) and her use of resident's funds. Writer and long term care unit manager will call and notify (POA's name) that she is no longer allowed to visit resident until the APS investigation is resolved. Further review of the clinical record revealed no evidence that the allegation of exploitation was reported to the State Survey Agency. An interview was conducted with the social worker (staff #136) on (MONTH) 25, 2019 at 11:00 a.m. Staff #136 stated that the resident mentioned to a staff member that she did not want (POA's name) to be the POA any longer so he called the ombudsman. Staff #136 stated that he did not have proof that the resident's money was being exploited by the former POA but that he called APS so that they could investigate. Staff #136 stated that it was his responsibility to report situations like this to APS and that the ultimate decision to report to the State Survey Agency was the executive director. An interview was conducted with the executive director (staff #10) on (MONTH) 25, 2019 at 11:15 a.m. Staff #10 stated that the facility reported the incident to APS because there was a question of possible exploitation of the resident's money. Staff #10 stated that if he felt that an allegation of abuse was made that he would have reported the incident to the State Survey Agency. Review of the facility's policy Protection of Residents: Reducing the Threat of Abuse and Neglect documented the facility must develop and implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property .the facility must ensure that all alleged violations involving .exploitation .are reported immediately .to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long term care facilities) in accordance with State Law through established procedures .</p>		
F 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** > Based on clinical record review, resident interview, staff interviews, and review of facility policies and procedures, the facility failed to report an allegation of exploitation of one resident (#1) to the State Survey Agency. The deficient practice could result in further allegations of abuse, neglect, exploitation or mistreatment not being reported as required. Findings include: Resident #1 was admitted to the facility on (MONTH) 8, 2019 with [DIAGNOSES REDACTED]. A review of a Social Services Note dated (MONTH) 2, 2019 documented Writer, executive director, assistant director of nursing, director of activities, long term care unit manager, dietician, and ombudsman met with resident to discuss issues resident has brought up concerning her current POA (power of attorney). Resident was alert and oriented to time, place, and person and showed no signs of confusion during meeting. Resident stated that she does not know what (POA's name) does with her money and stated that she has access to an account where her money was moved to a different bank without (POA's name) telling her the new bank information. (POA's name) routinely withdraws money from resident's trust account with resident present but resident stated that she does not receive anything from (POA's name) and has never received receipts showing what resident's money is being spent on. Resident stated that (POA's name) does not allow her to eat what she wants and she no longer wants (POA's name) as her PO[NAME] Resident stated that she does not feel that (POA's name) has her best interests. Resident stated that she would no longer like (POA's name) to visit her. Resident agreed to sign a revocation of power of attorney and notary will be scheduled to notarize the form to revoke (POA's name) PO[NAME] Writer explained that what resident has described is possible financial exploitation and explained that writer will file an APS (adult protective services) report regarding (POA's name) and her use of resident's funds. Writer and long term care unit manager will call and notify (POA's name) that she is no longer allowed to visit resident until the APS investigation is resolved. Review of another Social Services Note dated (MONTH) 2, 2019 documented Writer, assistant director of nursing, long term care unit manager and weekend manager called (POA's name) who has been resident's POA and had to leave her a message that she is not allowed to visit resident at this time per resident's request and if she does try and visit the police will be called. Resident is revoking (POA's name) POA and an APS report has been filed on resident's behalf against (POA's name). Further review of the clinical record revealed no evidence that the allegation of exploitation was reported to the State Survey Agency. Review of the resident's annual MDS (Minimum Data Set) assessment dated (MONTH) 17, 2019 revealed the resident's BIMS (Brief Interview for Mental Status) score was a 13 or intact cognition. An interview was conducted with the resident on (MONTH) 24, 2019 at 1:10 p.m. The resident stated that her former POA stole a lot of money and she let her go. The resident stated that one day she wanted to get money out of her account at the facility to go shopping and her former POA told her you don't have any money, you spent it all. The resident further stated</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 0609</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>that she did not want her former POA to visit her any more at the facility.</p> <p>An interview was conducted with the social worker (staff #136) on (MONTH) 25, 2019 at 11:00 a.m. Staff #136 stated that the resident mentioned to a staff member that she did not want (POA's name) to be the POA any longer so he called the ombudsman. Staff #136 stated that he did not have proof that the resident's money was being exploited by the former POA but that he called APS so that they could investigate. Staff #136 stated that it was his responsibility to report situations like this to APS and that the ultimate decision to report to the State Survey Agency was the executive director.</p> <p>An interview was conducted with the executive director (staff #10) on (MONTH) 25, 2019 at 11:15 a.m. Staff #10 stated that the facility reported the incident to APS because there was a question of possible exploitation of the resident's money. Staff #10 stated that if he felt that an allegation of abuse was made that he would have reported the incident to the State Survey Agency.</p> <p>Review of the facility's policy Protection of Residents: Reducing the Threat of Abuse and Neglect documented .Each resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation of any type by anyone .the facility must ensure that all alleged violations involving .exploitation .are reported immediately .to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long term care facilities) in accordance with State Law through established procedures .</p>		