

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035084	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2018
NAME OF PROVIDER OF SUPPLIER PLAZA HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1475 NORTH GRANITE REEF ROAD SCOTTSDALE, AZ 85257	
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)		
<p>F 0695</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, clinical record review, resident and staff interviews, and policy, the facility failed to ensure one resident (#58) who needed respiratory care was provided care consistent with professional standards of practice. Findings include: Resident #58 was readmitted on (MONTH) 8, (YEAR), with [DIAGNOSES REDACTED]. Review of the annual Minimum Data Set (MDS) assessment dated (MONTH) 9, (YEAR) revealed the resident scored a 15 on the Brief Interview for Mental Status (BIMS) indicating the resident was cognitively intact. The assessment also included the resident was receiving oxygen therapy. Review of the physician's orders [REDACTED]. The care plan revealed the resident required oxygen therapy related to dyspnea and ineffective gas exchange with a goal of having no signs or symptoms of poor oxygen absorption. Interventions included giving medications as ordered by the physician, observing and documenting side effects and effectiveness, observing for signs and symptoms of respiratory distress and reporting to the physician as needed. During an observation conducted on (MONTH) 10, (YEAR) at 1:47 p.m., the resident was observed receiving 4 liters of oxygen per nasal cannula. Review of nursing notes dated (MONTH) 10, (YEAR) revealed no evidence the resident was receiving 4 liters of oxygen or that the physician was notified. During an interview conducted with the resident on (MONTH) 12, (YEAR) at 10:38 a.m., the resident was observed receiving oxygen at 4 liters via nasal cannula. The resident stated that she has been on oxygen for two years and that a couple of months ago the oxygen rate was changed to 4 liters. An interview was conducted on (MONTH) 12, (YEAR) at 11:01 a.m. with a licensed practical nurse (LPN/staff #101). Staff #101 stated that if a resident's oxygen saturation is 90% or less and/or the resident is having shortness of breath, nurses are to notify the physician for orders, implement the orders, and document the incident. After checking resident #58 oxygen rate, she stated that the rate may have been increased last night because of decreased oxygen saturation. The LPN reviewed the clinical record and stated the oxygen order is for 2 liters and that the resident should not be on 4 liters. An interview was conducted on (MONTH) 12, (YEAR) at 1:21 p.m. with a registered nurse (RN/staff #187). He stated that nursing staff are to follow physician's orders [REDACTED]. During an interview conducted on (MONTH) 12, (YEAR) at 1:39 a.m. with the Assistant Director of Nursing (ADON/staff #30), the ADON stated that if a change is made to a resident's oxygen rate, the nurse is expected to notify the physician and obtain orders to titrate the oxygen rate. An interview was conducted on (MONTH) 12, (YEAR) at 1:50 p.m. with the Director of Nursing (DON/staff#80), a nurse consultant (staff #313), and the Director of Quality Assurance (staff #248). The DON stated that the expectation is for the nursing staff to follow the physician's orders [REDACTED].#80 stated that if a resident begins to experience respiratory distress, nurses are to initiate oxygen therapy, notify the physician, complete a nursing assessment, and continue to monitor the resident's respiratory status. After reviewing the oxygen order, the DON stated that if the oxygen rate was increased to 4 liters, the expectation is that the nurse notify the physician. The facility's policy titled Oxygen Administration revealed oxygen therapy be administered upon a physician order [REDACTED]. The policy included to set oxygen flow rate as ordered. The policy also revealed in the absence of a physician's orders [REDACTED].</p>		
<p>F 0761</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and policy review, the facility failed to ensure expired medications and biologicals were not available for resident use and failed to ensure medications were secured in a locked storage cart. Findings include: During an observation conducted of the medication storage on station 3 on 12/12/18 at 09:03 AM, the Intravenous (IV) cart was observed to have 4 [MEDICATION NAME] flush syringes with an expiration date of (MONTH) (YEAR). An interview was conducted on 12/12/18 at 09:03 AM with Registered Nurse (RN/staff #204) who stated the [MEDICATION NAME] flush syringes are used for residents with implanted ports and that the [MEDICATION NAME] syringes have not been used for several months. The RN further stated that all supplies are checked before use, but that the night nurse is supposed to stock and check the supplies every Tuesday night. During an observation conducted of a Respiratory Care Cart on Station 3 on 12/12/18 at 09:10 AM, a 250 ml (milliliter) single-resident-use bottle of 0.9% sterile normal saline solution was observed opened and used with no resident's name and no open date marked. An interview was conducted on 12/12/18 09:10 AM with the Respiratory Therapist (RT/staff #99), who stated the sterile bottles are single-resident-use and should be thrown out if not completely used. During an observation conducted of a second Respiratory Care Cart on Station 3 on 12/12/18 at 09:15 AM with RT (staff #40), staff #40 retrieved the keys to open the cart from a box containing face masks on top of the cart. The cart had been observed unattended in the hall and contained inhaled and nebulizer medications. An interview was immediately conducted with staff #40, who stated that she was keeping the keys in the box instead of on her person. She also stated that she was aware there were medications in the cart and that they were supposed to be locked up. During an observation conducted of a Respiratory Care Cart on Station 4 on 12/12/18 at 09:20 AM, a 100 ml single-resident-use bottle of 0.9% sterile normal saline solution was observed opened and used with no resident's name and no open date marked. During an interview conducted on 12/12/18 at 09:20 AM with the RT (staff #300), the RT stated that the sterile bottles are for single-resident-use and should be thrown out once they have been opened and used. An interview was conducted on 12/12/18 at 09:38 AM with the Respiratory Director (staff #1), who stated the carts should be checked weekly by the RT. Staff #1 stated that if a single-resident-use bottle is opened and not used, it should be disposed of.</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035084	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2018
NAME OF PROVIDER OF SUPPLIER PLAZA HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1475 NORTH GRANITE REEF ROAD SCOTTSDALE, AZ 85257	
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)		
<p>F 0761</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>An interview was conducted on 12/12/18 at 10:00 AM with the RN/Chief Clinical Officer (staff #80), who stated the consulting pharmacist conducts a courtesy check for the facility to check for expired medications and supplies on the medications carts. Staff #80 further stated the RT's check the RT carts, the wound nurses check the wound carts, and the IV nurses check the IV carts for expired medications and biologicals. The RN stated that the pharmacist checked the medication carts last month.</p> <p>Review of the facility's policy titled Storage of Medications included the policy statement, Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The policy included that only those lawfully authorized to administer medications are allowed access to medications. Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access.</p>		