| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | **035068** | A. BUILDING _____ B. WING _____ | **10/24/2019** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
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| **PUEBLO SPRINGS REHABILITATION CENTER** | **5545 EAST LEE STREET TUCSON, AZ 85712** |

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) |
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| F 0578<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on clinical record review, staff interviews, and review of facility policies and procedures, the facility failed to ensure advance directives were accurately documented for one of two sampled residents (#16). Failing to have accurate documentation for advanced directives could result in performing emergency treatment against residents' wishes.<br>Findings include:<br>Resident #16 was readmitted to the facility on (MONTH) 18, 2019, with [DIAGNOSES REDACTED].<br>A review of an Intensity of Care - Code Status form dated (MONTH) 18, 2019, signed by the resident's power of attorney, revealed FULL CODE: Receive CPR (cardiopulmonary resuscitation) and all life sustaining measures available at the facility - 911 will be called for emergency transport to area hospital.<br>Review of the face sheet in the electronic medical record dated (MONTH) 22, 2019 revealed Code Status: Full Code.<br>Further review of the clinical record revealed a Pre Hospital Medical Care Directive (Do Not Resuscitate) dated (MONTH) 24, 2019 signed by the resident.<br>The significant change Minimum Data Set assessment dated (MONTH) 25, 2019 revealed a BIMS (Brief Interview for Mental Status) score of 5 which indicated the resident had severely impaired cognition.<br>Review of a physician's orders [REDACTED].>An interview was conducted with a Licensed Practical Nurse (LPN/staff #96) on (MONTH) 23, 2019 at 2:35 p.m. The LPN stated that she should be aware of the resident's advance directive status. The LPN stated that she would refer to the resident's electronic clinical record, paper clinical record, and the physician orders.<br>An interview was conducted with another LPN (staff #69) on (MONTH) 23, 2019 at 2:53 p.m. Staff #69 stated that she would refer to the resident's electronic clinical record, paper clinical record, and physician orders [REDACTED]. The LPN further stated that all three documents should be the same.<br>An interview was conducted with the DON (director of nursing/staff #82) on (MONTH) 23, 2019 at 3:04 p.m. The DON stated that the resident's advance directive status should be documented in the electronic clinical record and the paper clinical record. The DON further stated that she did not know who would have had resident #16 sign the Do Not Resuscitate form on (MONTH) 24, 2019 as the resident's family member is the power of attorney.<br>Review of the facility's policy, Advance Directive Documentation dated (MONTH) (YEAR) revealed .The resident or the surrogate decision maker can modify or cancel the Advance Directive at any time. Facility staff must report promptly to the licensed nurses any evidence of the resident's or surrogate decision maker's desire to change their decision. In turn, immediate action must be taken to implement the desired changes. The attending physician will promptly be notified. These events are to be recorded in the resident's health record. |
| F 0623<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on interviews, record review, and policy, the facility failed to notify one resident (#31) in writing of a transfer and the reasons for the transfer and failed to send a copy of the notice to the Office of the State Long-Term Care Ombudsman.<br>Findings include:<br>Resident #31 was admitted to the facility on (MONTH) 10, 2019, with [DIAGNOSES REDACTED].<br>Review of a progress note dated (MONTH) 3, 2019, revealed the physician gave an order for [REDACTED].<br>The Transfer Form dated (MONTH) 3, 2019, revealed the resident was transferred to the hospital on (MONTH) 3, 2019.<br>Further review of the clinical record revealed no evidence the resident and the Ombudsman were provided written notice about the transfer.<br>An interview was conducted on (MONTH) 24, 2019 at 8:45 a.m. with the Director of Social Services (staff #81), who stated that she does not notify the Ombudsman in writing when a resident is transferred to the hospital. She said that the nurses notify the Ombudsman when a resident is transferred to the hospital.<br>An interview was conducted on (MONTH) 24, 2019 at 9:03 a.m. with a Licensed Practical Nurse (LPN/staff #60), who stated that she verbally explains to the resident why he or she is going to the hospital, but does not give the resident or representative an explanation in writing. She stated the Ombudsman is notified by phone that the resident is being transferred to the hospital and that the phone notification is documented in a progress note. The LPN said that she does not give the Ombudsman a written explanation for the transfer to the hospital.<br>During an interview conducted on (MONTH) 24, 2019 at 9:18 a.m. with a LPN (staff # 106), the LPN said the Ombudsman is notified by phone when a resident is transferred to the hospital and that it is documented in the transfer summary that goes with the resident to the hospital. She said she is not aware of a written explanation being sent to the Ombudsman.<br>Review of the facility transfer policy revised (MONTH) (YEAR), did not include written notification of the transfer and the reasons for the transfer to the resident and the resident's representative and the Ombudsman. |
| F 0625<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on clinical record review, staff interviews, facility documentation and policy review, the facility failed to provide written notice which contained specified information about their bed hold policy to one resident (#31) upon transfer to the hospital.<br>Findings include:<br>Resident #31 was admitted to the facility on (MONTH) 10, 2019, with [DIAGNOSES REDACTED].<br>Review of a progress note dated (MONTH) 3, 2019, revealed the physician gave an order for [REDACTED]. |

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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| F 0625<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | (continued... from page 1)<br>The Transfer Form dated (MONTH) 3, 2019, revealed the resident was transferred to the hospital on (MONTH) 3, 2019, but did not include the resident was notified about the facility's bed hold policy.<br>Review of a Bed Hold Policy form signed and dated (MONTH) 3, 2019 by a Licensed Practical Nurse (LPN/staff #73), revealed the resident's family member had been notified about the bed hold policy.<br>However, the policy form did not include the number of days for the duration, the reserve bed hold payment, and permitting the return of the resident to the next available bed if the leave exceeds the bed hold period.<br>An interview was conducted on (MONTH) 24, 2019 at 8:45 a.m. with the Director Social Services (staff #81), who said that nursing informs the resident of the bed hold policy when the resident is transferred to the hospital. She said that she does not do anything when a resident is transferred to the hospital.<br>On (MONTH) 24, 2019 at 9:00 a.m., an interview was conducted with the Admissions Director (staff #118), who said she does not inform a resident of the bed hold policy when the resident is transferred to the hospital.<br>An interview was conducted on (MONTH) 24, 2019 at 9:03 a.m. with a Licensed Practical Nurse (LPN/staff #60), who stated that every resident has a bed hold policy in his or her clinical record. The LPN stated it is the Admissions Nurse who informs the resident about the bed-hold policy when the resident is admitted .<br>Review of the facility's bed hold policy revised (MONTH) (YEAR), revealed the resident, or resident's representative, shall be informed in writing, of their right to exercise the bed hold provision in the event of a transfer from the facility to a general acute care hospital. Each notice shall include: the duration of the state bed hold policy (if any) and/or of the facility policy that the resident's bed will be held for the duration of the bed hold period; the amount required to be paid by the resident or by the resident's payor source to hold the bed for the duration of the bed hold period; that insurance may or may not cover such costs and , accordingly, the resident may have some liability for payment uncovered costs; and the facility's policy regarding bed-hold periods permitting the resident to return. This information shall be provided to the resident and/or his/her representative in a language they can understand at the time of transfer to the general acute hospital. |
| F 0641<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Ensure each resident receives an accurate assessment.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on observations, staff interviews, clinical record review, and the Resident Assessment Instrument (RAI) manual, the facility failed to ensure Minimum Data Set (MDS) assessments were accurate for 2 of 20 sampled residents (#31 and #54) regarding dental status. The deficient practice could result in inaccurate factors for care planning decisions.<br>Findings include:<br>-Resident #54 was admitted [DATE], with [DIAGNOSES REDACTED].<br>Review of the significant change MDS assessment dated [DATE], revealed resident #54 was not edentulous (without teeth).<br>During an interview conducted with the resident on 10/21/19 at 12:58 PM, the resident was observed to have no teeth.<br>An interview was conducted with the Director of Nursing (DON/staff #82) on 10/24/19 at 10:26 AM. The DON confirmed resident #54 has no natural teeth. After reviewing the significant change MDS assessment, she stated that the dental section was incorrect.<br>During an interview conducted with the MDS Coordinator (staff #20) on 10/24/19 at 10:36 AM, she stated that the dental section of the significant change MDS assessment was incorrect.<br>The RAI manual instructs Conduct exam of the resident's lips and oral cavity, Check L0200B, no natural teeth if resident is edentulous.<br>-Resident #31 was readmitted on (MONTH) 6, 2019, with [DIAGNOSES REDACTED].<br>Review of the initial nursing assessment dated (MONTH) 6, 2019, revealed the resident had cavities and missing teeth.<br>Review of the significant change MDS assessment dated (MONTH) 13, 2019, revealed the resident had none of the dental issues listed which included no cavity or broken tooth.<br>During an observation conducted on (MONTH) 24, 2019 at 10:55 a.m. with a Licensed Practical Nurse (LPN/staff # 106), the resident was observed to have brown spots on teeth and broken teeth.<br>An interview was conducted on (MONTH) 24, 2019 at 11:12 a.m. with the MDS Coordinator (staff #20), who stated that she completes and updates the MDS assessments for the residents. She stated that she gathers information for the MDS assessments by interviewing the residents, talking to the nurses, and gathering information from the physician, nurses, and Certified Nursing Assistants notes. Staff #20 stated that she codes the MDS assessment dental section from the dental information on the initial nursing assessment. After reviewing the initial nursing assessment and the significant change MDS assessment, she stated that she missed the documentation on the initial nursing assessment and that she did not code the dental section correctly for resident #31.<br>The RAI manual instructs Conduct exam of the resident's lips and oral cavity, Check L0200D, obvious or likely cavity or broken natural teeth if any cavity or broken tooth is seen. The RAI manual also included that it is required the assessment accurately reflects the resident's status and that the importance of accurately completing and submitting the MDS assessment cannot be over emphasized. |
| F 0658<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Some | **Ensure services provided by the nursing facility meet professional standards of quality.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on clinical record reviews, staff interviews, and policy review, the facility failed to ensure services provided met professional standards of quality regarding medications for 2 of 6 sampled residents (#235 and #31). The deficient practice could result in residents not receiving optimal outcomes.<br>Findings include:<br>-Resident #235 was readmitted on (MONTH) 2, 2019, with [DIAGNOSES REDACTED].<br>A physician's orders [REDACTED].<br>Review of the Medication Administration Record [REDACTED]. The MAR indicated [REDACTED].<br>However, review of the clinical record revealed no evidence the physician was notified the medication was unavailable or that the medication was reordered from the pharmacy.<br>An interview was conducted on 10/24/19 at 9:52 AM with the Licensed Practical Nurse (LPN/staff #40) caring for the resident. The LPN stated that the resident did have an itching problem and was constantly being reminded not to scratch. She said that the medication was available most of the time and she did administer the medication when it was available. The LPN also stated that she believes when a medication is unavailable, the policy is to call the pharmacy and reorder the medication and notify the physician. She further stated that she has called the pharmacy, but is not sure if she called the physician and that there is no documentation that either action was done.<br>An interview was conducted with the Director of Nursing (DON/Staff #91) on 10/24/19 at 10:17 AM. The DON stated that if a medication is unavailable, the nurse is expected to document why the medication is not available and when the medication is expected to be available. She also stated that the nurse should notify the physician or the Medical Director regarding the medication not being available. The DON stated that she was not certain that the pharmacy or the physician was notified about the unavailability of resident #235's medication.<br>Review of the facility's policy for medication administration revised on 8/2016, revealed medications are to be administered in accordance with the written physician's orders [REDACTED].<br>-Resident #31 was readmitted to the facility on (MONTH) 12, 2019, with a [DIAGNOSES REDACTED].<br>Review of the clinical record revealed a physician order [REDACTED]. The orders also included accucheck (blood sugar) at bedtime for DM.<br>The resident was discharged to another nursing home return not anticipated on (MONTH) 10, 2019.<br>Resident #31 was readmitted to the facility from another nursing home on (MONTH) 10, 2019, with a [DIAGNOSES REDACTED].<br>Review of the clinical record revealed a physician's orders [REDACTED]. Hold for systolic blood pressure (SBP) less than 130.Review of the Medication Administration Record [REDACTED]. The MARs included a space for blood sugar recordings with the insulin and blood sugars were recorded.<br>Additional review of the physician orders [REDACTED].<br>However, further review of the clinical record revealed no order for blood sugars or that the physician was notified for clarification of the insulin order to hold for SPB less than 130. |

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| F 0658<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Some | (continued... from page 2)<br>An interview was conducted on (MONTH) 22, 2019 at 2:50 p.m. with a Registered Nurse (RN/staff #110), who stated that when a resident is admitted to the facility, the Assistant Director of Nursing (ADON/staff #111) transcribes the orders into the system and the charge nurse verifies the orders with the physician. The RN stated that she has never seen an order for [REDACTED].<br>An interview was conducted on (MONTH) 23, 2019 at 12:29 p.m. with the ADON (staff #111). She reviewed the MAR for (MONTH)<br>2019 and stated that the insulin ([MEDICATION NAME]) order was incorrect.<br>Review of the facility's policy regarding physician orders [REDACTED]. |
| F 0756<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Few | **Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on clinical record review, staff interviews and review of policy and procedures, the facility failed to ensure that a pharmacy recommendation was implemented timely for one out of five residents (#42). The deficient practice could result in adverse effects from antipsychotic medication not being identified timely.<br>Findings include:<br>Resident #42 was readmitted to the facility on (MONTH) 4, 2019, with [DIAGNOSES REDACTED].<br>Review of the admission orders [REDACTED].<br>A Consultant Pharmacist's Medication Regimen Review dated (MONTH) 6, 2019 included that resident #42 had recently been admitted and that a new admission medication review was performed and the following irregularities were noted: in regard to the [MEDICATION NAME], an Abnormal Involuntary Movement Scale (AIMS) assessment was not located in the resident's record. The recommendation was for an AIMS assessment to be done upon initiation/admission and every 3 months. The Medication Review also included initials under the recommendation, however, there was no documentation as to who had initialed the form. Also on this form was a Registered Nurse's (RN) initials in the margin.<br>Review of the clinical record revealed an AIMS assessment was completed on (MONTH) 7, 2019. The assessment included the resident did not display any abnormal movements related to antipsychotic use. The next AIMS assessment was due in three months (in (MONTH) 2019).<br>A care plan for the use of [MEDICAL CONDITION] medication as evidenced by auditory hallucinations dated (MONTH) 12, 2019 included the following goals: Resident to be free from drug related complications, including movement disorder, discomfort, [MEDICAL CONDITION], gait disturbance, constipation/impaction or cognitive/behavioral impairment through the review date; and have fewer episodes of auditory hallucinations. Interventions included to administer medications as ordered, monitor/document for side effects and effectiveness, monitor/record occurrence of target behavior symptoms (auditory hallucinations) and document, monitor/record/report to Medical Doctor as needed of side effects and adverse reactions related to psychoactive medications.<br>A physician's orders [REDACTED].<br>A significant change Minimum Data Set (MDS) assessment dated (MONTH) 9, 2019 revealed the resident scored a 10 on the Brief Interview for Mental Status (BIMS), indicating she had moderate cognitive impairment. The behavior assessment revealed the resident had no hallucinations, no delusions and no behaviors during the 7-day look back period. The MDS indicated the resident required extensive/total assistance with most Activities of Daily Living (ADLs) and setup/supervision for meals. The MDS also included that a Gradual Dose Reduction (GDR) had not been completed and that the physician had documented that a GDR was clinically contraindicated.<br>According to the Medication Administration Records, the resident continued to receive [MEDICATION NAME] daily from (MONTH)<br>2019 through (MONTH) 2019.<br>Further review of the clinical record revealed there was no documentation that an AIMS assessment had been completed from (MONTH) 2019 through (MONTH) 2019, per the pharmacist recommendation of one being completed every three months.<br>Review of a pharmacy recommendation for (MONTH) 23, 2019-September 25, 2019 revealed a recommendation for AIMS testing to be done (related to [MEDICATION NAME]).<br>Continued review of the clinical record revealed there was no evidence that an AIMS assessment had been completed from (MONTH) 23 through (MONTH) 22, 2019.<br>During the survey, an AIMS assessment was completed on (MONTH) 23, 2019.<br>On (MONTH) 24, 2019 at 10:47 a.m., an interview was conducted with the Director of Nursing (DON/staff #82). She stated it is her responsibility to receive/review the pharmacist recommendations. She stated that when she receives a recommendation from the pharmacist, she makes copies of it and keeps one for herself and gives the other one to the provider. She stated that if the provider doesn't respond to the recommendation, she calls him and obtains a verbal consent to make changes. She stated that she thought that AIMS assessments were only required once every six months or so. She said that she was not aware of the missed AIMS assessments.<br>Review of a policy titled, Medication Regimen Review stated that it is the policy of this facility that the drug regimen of each resident, which includes a review of the resident's medical chart, will be reviewed at least once a month by a licensed pharmacist. Additionally, the policy stated that irregularities will be documented on a separate written report that is sent to the attending physician, the facility's Medical Director and the Director of Nursing Services, and the list includes the resident's name, the relevant drug and the irregularity the pharmacist identified. The policy included that these reports will be acted upon and that the attending physician will document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. The policy stated that in performing the drug regimen review, the pharmacist utilizes federally mandated standards of care, in addition to other applicable standards. |
| F 0791<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Few | **Provide or obtain dental services for each resident.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on clinical record review, an observation, interviews, and facility policy, the facility failed to ensure one of two sampled residents (#54) received required dental services. The facility census was 89 residents. This deficient practice could result in the residents having unmet dental needs.<br>Findings include:<br>Resident #54 was admitted to the facility 12/8/13, with [DIAGNOSES REDACTED].<br>Review of the significant change MDS assessment dated [DATE], revealed resident #54 was not edentulous (without teeth).<br>During an interview conducted with the resident on 10/21/19 at 12:58 PM, the resident was observed to have no teeth.<br>A review of dental appointment dated 5/16/19 revealed resident has no natural teeth and is need of dentures top and bottom. Also, indicated resident was to return 5/23/19 for impressions to be made for these. Financial papers for dental expenses dated 5/16/19 indicated the resident needs to pay $241.63 for his dentures.<br>Interview with resident #54 on 9/21/19 at 12:58 PM he stated he would like dentures and has and asked multiple times.<br>During an interview with Social Services Director (SSD/staff #81) on 10/24/19 at 10:19 AM, regarding resident #54's dentures. She stated that Administrative Assistant (AA/staff #32) does all the transportation and appointments. SSD texted AA and the text stated resident #54 has been to dentist but his insurance won't pay for upper and lower plates he has to wait.<br>During an interview with the Director of Nursing (DON/staff #82) on 10/24/19 at 10:26 AM she stated she was unaware resident #53 needed funds for his teeth the facility would have helped.<br>During an interview with resident #54 on 10/24/19 at 10:55 AM, he stated he was never informed he needed to pay any money for his dentures. He wants to eat regular food and has not been able to.<br>Review of the facility's dental policy revised (MONTH) 28, (YEAR), revealed that the policy of the facility is to ensure that all of its residents who require dental services on a routine or emergency basis have access to such services without barrier. The policy's emergency services definition includes broken or damaged teeth and routine dental services includes fillings and smoothing of broken teeth. For Medicare and private pay residents, the facility will ensure that the needed dental services are available, but may bill an additional charge for services. If a resident is unable to pay for dental |

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| F 0791<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | (continued... from page 3)<br>services, the facility will attempt to find alternative funding sources or delivery systems, so the resident may receive the services needed to meet his/her dental needs and maintain his/her highest practicable level of well-being. The facility guidelines include providing and obtaining from an outside resource, routine and emergency dental services for each residentBased on clinical record reviews, observations, interviews, and facility policy, the facility failed to ensure two of two sampled residents (#31 and #54) received required dental services. The facility census was 89 residents. This deficient practice could result in the residents having unmet dental needs.<br>Findings include:<br>Resident #31 was admitted to the facility on (MONTH) 10, 2019 and was readmitted on (MONTH) 6, 2019 with [DIAGNOSES REDACTED].<br>Review of the admission record dated (MONTH) 6, 2019, revealed that the resident had Medicaid insurance coverage.<br>The initial nursing assessment dated (MONTH) 6, 2019, revealed that the resident had cavities and missing teeth.<br>Review of a significant change Minimum Data Set (MDS) dated (MONTH) 13, 2019, included a Brief Interview for Mental Status (BIMS) with a score of 15 indicating that the resident was cognitively intact. The MDS was coded to show that the resident did not have any cavities or broken teeth.<br>The clinical record did not contain any evidence that the resident's dental concerns had been addressed or that the resident had been scheduled to see a dentist.<br>An interview was conducted on (MONTH) 21, 2019 at 10:13 a.m. with resident #31, who stated that she asked to see a dentist about two months ago and no one has made her an appointment. It was observed that she had missing teeth, some broken teeth, and several teeth with dark brown spots.<br>An interview was conducted on (MONTH) 24, 2019 at 10:32 a.m. with an administrative assistant (staff #42), who stated that she schedules dental appointments for the residents when she is notified by a nurse that the resident needs to see a dentist. She reviewed her records and stated that the resident had not seen a dentist since being admitted to the facility in (MONTH) 2019 and she did not have an order for [REDACTED].<br>An interview was conducted on (MONTH) 24, 2019 at 10:55 a.m. with a Licensed Practical Nurse (LPN/staff #113), who observed that the resident had brown spots on her teeth, which she described as tooth decay and broken teeth. She stated that she would report the dental concerns to the charge nurse or the Director of Nursing (DON) because the resident may need to see a dentist. She also said that not receiving dental care can lead to health problems down the line and affect nutrition.<br>-Resident #54 was admitted to the facility on (MONTH) 8, 2013, with [DIAGNOSES REDACTED].<br>The resident's clinical record indicated that he was receiving Medicaid health insurance.<br>Review of the significant change MDS assessment dated (MONTH) 8, 2019 revealed that the resident scored a 15 on the BIMS indicating that he was cognitively intact. The resident was not coded as being edentulous (without teeth).<br>A dental appointment referral form dated (MONTH) 16, 2019 revealed that the resident had no natural teeth and was in need of full dentures. Also, the referral indicated that the resident was to return on (MONTH) 23, 2019 to make impressions for the dentures.<br>Financial papers for dental expenses dated (MONTH) 16, 2019 indicated that the resident needed to pay $241.63 for his dentures.<br>In an interview with resident #54 on (MONTH) 21, 2019 at 12:58 p.m., he stated he would like dentures and has and asked staff to assist him in getting dentures multiple times.<br>During an observation conducted with the resident on (MONTH) 21, 2019 at 12:58 p.m., the resident was observed to have no teeth.<br>During an interview with the Social Services Director (SSD/staff #81) on (MONTH) 24, 2019 at 10:19 a.m., she stated that the administrative assistant (Staff #42) establishes all the resident appointments and transpiration to the appointments. The SSD checked with staff #42 who told her that the resident had been to the dentist, but his insurance will not pay for the dentures and he has to wait.<br>An interview was conducted with the Director of Nursing (DON/staff #107) on (MONTH) 24, 2019 at 10:26 a.m. She stated she was unaware resident #54 needed money to get his dentures and had she known, the facility would have assisted him in paying the bill.<br>During an interview with resident #54 on (MONTH) 24, 2019 at 10:55 a.m., he stated he was never informed he needed to pay any money for his dentures.<br>Review of the facility's dental policy, revised (MONTH) 28, (YEAR), revealed that the policy of the facility is to ensure that all of its residents who require dental services on a routine or emergency basis have access to such services without barrier. The policy defined emergency services as broken or damaged teeth and defined routine dental services as including fillings and smoothing of broken teeth. The policy included that for Medicaid residents, the facility will provide all emergency dental services and those routine dental services to the extent covered under the Medicaid state plan. The policy noted that the facility will inform the resident of the deduction for the incurred medical expense available under the Medicaid state plan and assist the resident in applying for the deduction. The facility policy provided guidelines which included providing and obtaining from an outside resource, routine and emergency dental services for each resident. |
| F 0812<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Some | **Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.**<br><br>Based on observations, staff interviews, and review of policy and procedures, the facility failed to ensure desserts and produce were covered when stored in the refrigerator. The facility census was 89 residents. The deficient practice could result in food contamination placing residents at risk for foodborne illnesses.<br>Findings include:<br>On (MONTH) 21, 2019 at 2:11 p.m., a kitchen tour was conducted with the dietary supervisor (Staff# 112). In the walk-in refrigerator, a large plastic container of iceberg lettuce was not covered. There were lettuce heads on the top and some wilted brown lettuce leaves next to the lettuce heads. The dietary supervisor picked up one of the lettuce heads and multiple brown and wilted lettuce leaves were observed to be underneath. She moved another lettuce head to the side and more brown and wilted lettuce leaves were observed. There was also one large portable multilevel rack of individual desserts in the middle of the refrigerator. Each individual dessert was partially covered with a plastic lid. It was observed that the lids were too small, so the food items were exposed to the open air. There was also one large tray of desserts on another rack with flat plastic lids lying on top of each dessert. These lids were observed to be too small, so the desserts were also exposed to the air. Also, there was a plastic covering over the entire rack of desserts but there was a large hole in the plastic.<br>An interview was conducted with the dietary supervisor (Staff #112) at the time of the observation. She stated that there is no schedule to rotate the older produce to the front and she said that it was her responsibility to ensure that the produce was checked and that the old produce was removed from the refrigerator. She stated that the wilted lettuce would be removed from the refrigerator. She stated that in regards to the desserts, that the entire dessert rack was covered with plastic, but that there was a large hole in the plastic, about 3 feet by 3 feet, so the desserts were exposed to air. She stated that the desserts were prepared for the dinner meal and should have been covered.<br>A second observation of the kitchen was conducted on (MONTH) 22, 2019 at 11:30 p.m. with the dietary supervisor (Staff #112). Two large trays of chocolate cream pies were observed to be uncovered in the walk-in refrigerator.<br>A second interview was conducted with the dietary supervisor (Staff #112) at the time of the observation. She said that the facility policy requires that all food be covered when stored.<br>An interview was conducted on (MONTH) 23, 2019 at 11:15 a.m. with a cook (staff #49), who stated that she prepares salad the night before it is to be served so that it has time to chill. She said that once the lettuce heads are pulled apart and washed, she stores the lettuce in a plastic container and covers the container with a plastic lid to prevent anything from dripping into the lettuce. She stated that the container of lettuce is stored in the walk-in refrigerator. She stated that she has seen the lettuce in the refrigerator uncovered before and she has found brown lettuce in the plastic bin at times. She said that desserts are prepared by the night cooks the night before they are served and that all the desserts should be |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **035068** | A. BUILDING _____ B. WING _____ | **10/24/2019** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| **PUEBLO SPRINGS REHABILITATION CENTER** | **5545 EAST LEE STREET TUCSON, AZ 85712** |

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 0812<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Some | (continued... from page 4)<br>covered with a large piece of plastic. She stated that she has seen the plastic with holes in it before and said that this would be considered an inadequate covering. She said the facility doesn't have lids to fit the dessert bowls, so they use a soup bowl lid instead. She said that these lids do not fit because they are not large enough, so the lid only covers part of the dessert, leaving the rest exposed to the air.<br>Review of the facility refrigerated food policy, dated 2013, revealed that all foods should be stored in covered containers or wrapped carefully and securely. The policy noted that refrigerated foods should be stored upon delivery and careful rotation procedures should be followed. |