

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035292	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2019
NAME OF PROVIDER OF SUPPLIER SAPPHIRE ESTATES REHAB CENTRE, LLC		STREET ADDRESS, CITY, STATE, ZIP 2040 NORTH WILMOT ROAD 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 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 interview and review of the Resident Assessment Instrument (RAI) manual, the facility failed to ensure the discharge Minimum Data Set (MDS) assessment was accurate for 1 of 3 sampled residents (#40). The deficient practice could result in inaccuracies in resident's clinical record. Findings include: Resident #40 was admitted to the facility on (MONTH) 7, 2019, with a [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. Review of a nurse's note dated (MONTH) 7, 2019 revealed that resident #40 was discharged to an assisted living facility, with home health services. However, review of the MDS discharge assessment dated (MONTH) 7, 2019 revealed documentation that the resident was discharged to an acute hospital. An interview was conducted on (MONTH) 23, 2019 at 10:16 a.m., with a nurse consultant (staff #36) and the Director of Nursing (DON/staff #99). Staff #36 stated that resident #40 was discharged to an assisted living facility and the DON agreed. After reviewing the MDS discharge assessment, staff #36 stated that the MDS was incorrect, as resident #40 did not go to the hospital. Staff #36 said it should have been documented on the MDS as discharged to the community. Review of the RAI manual revealed to review the resident's clinical record for documentation of the discharge location. The RAI manual also included it is required that the assessment accurately reflects the resident's status and that the importance of accurately completing and submitting the MDS assessment cannot be over emphasized.</p>		
F 0867 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on review of personnel records, staff interview, facility assessment and policies and procedures, the Quality Assessment and Assurance (QA) committee failed to identify that 12 employees had not received dementia management training, and failed to identify that three employees had not received any abuse training. The deficient practice resulted in concerns not being identified regarding a lack of staff training therefore; no corrective action was implemented. Findings include: During the survey, personnel files were reviewed which revealed there were 12 employees with no evidence that they had received dementia management training, either on orientation or annually. The employees included two registered nurses (RN); two Licensed Practicable Nurses (LPN); 3 Certified Nursing Assistants (CNA); a Certified Occupational Therapist assistant; a housekeeping assistant; the Activity Director; a dietary assistant and the Social Services Director. In addition, there was no evidence that three CNA's had been provided any abuse training, since their hire dates in (YEAR) and (YEAR). Review of the facility's assessment dated (MONTH) 2019 revealed the purpose of this assessment is to determine what resources are necessary to care for residents competently during day to day operations. Use this assessment to make decisions about the direct care staff needs, as well as capabilities to provide services to residents. Ensure each resident is provided care that allows the resident to maintain or attain the highest practical physical, mental, and psychosocial well being. The intent of the facility assessment is for the facility to evaluate the resident population and identify the resources needed to provide the necessary person centered care and services the residents require. The facility resources needed to provide competent care for residents include staff training/education. When on boarding a new team member and then annually, the staff must be trained on care/management for persons with dementia. An interview was conducted with the Administrator (staff #12) on (MONTH) 24, 2019 at 10:14 a.m. Staff #12 stated that the facility's QA committee should have been involved to ensure that employee personnel files were complete related to training. Staff #12 stated that when he joined the facility, he determined there was a lack of employee training in general, and has since contracted with a company to provide the required inservice's for employees. Review of the facility's policy regarding QAPI (quality assurance and performance improvement) Plan revealed that QAPI activities will cross service areas and departments and they will work together to assure they address all concerns and strive to continuously improve the provided services. The QAPI plan includes procedures to identify and use data to monitor performance, establish goals and thresholds for our performance measurement, identify and prioritize problems and opportunities for improvement, systematically analyze underlying causes of systemic problems and adverse events, and develop corrective action or performance improvement activities. The review of data must continue to assure that systems are being monitored and processes are maintained to achieve the highest level of quality. Data must be monitored to identify new areas for improvement. This monitoring and review of data and systems will begin the identification of quality improvement projects. The policy also included .When the need is identified, we will implement corrective action plans or performance improvement projects to improve processes, systems, outcomes, and satisfaction .</p>		
F 0943 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on personnel record reviews, staff interviews, facility documentation and review of the facility assessment, the facility failed to provide dementia management training to 12 of 12 sampled employees (staff #'s 37, 44, 80, 106, 8, 45, 71, 34, 86, 21, 26 and 49), and failed to provide abuse training to 3 of 3 sampled employees (Certified Nursing Assistants/CNA/staff #8, #71 and #45). The deficient practices could result in staff not being knowledgeable of how to care for residents with dementia, and not recognizing abuse and implementing appropriate actions. Findings include: Regarding dementia training: Review of the personnel files for 12 employees revealed no evidence that they had received dementia management training, either on orientation or annually as follows: -Registered Nurse (RN/staff #37) with a hire date of (MONTH) 18, (YEAR)</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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F 0943 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <ul style="list-style-type: none"> -RN (staff #44) with a hire date of (MONTH) 27, (YEAR) -Licensed Practical Nurse (LPN/staff #80) with a hire date of (MONTH) 15, (YEAR) -LPN (staff #106) with a hire date of date of (MONTH) 5, (YEAR) -CNA (staff #8) with a hire date of (MONTH) 8, (YEAR) -CNA (staff #45) with a hire date of (MONTH) 27, (YEAR) -CNA (staff #71) with a hire date of (MONTH) 17, (YEAR) -Certified Occupational Therapist Assistant (staff #34) with a hire date of (MONTH) 24, (YEAR) -Housekeeping Assistant (staff #86) with a hire date of (MONTH) 12, (YEAR) -Activities Director (staff #21) with a hire date of (MONTH) 4, (YEAR) -Dietary Assistant (staff #26) with a date hire date of (MONTH) 21, (YEAR) -Social Services Director (staff #49) with a hire date of (MONTH) 8, (YEAR) <p>Review of the facility's assessment dated (MONTH) 2019 revealed the purpose of this assessment is to determine what resources are necessary to care for residents competently during day to day operations. Use this assessment to make decisions about the direct care staff needs, as well as capabilities to provide services to residents. Ensure each resident is provided care that allows the resident to maintain or attain the highest practical physical, mental, and psychosocial well being. The intent of the facility assessment is for the facility to evaluate the resident population and identify the resources needed to provide the necessary person centered care and services the residents require. The facility resources needed to provide competent care for residents include staff training/education. When on boarding a new team member and then annually, the staff must be trained on care/management for persons with dementia.</p> <p>An interview was conducted with the Human Resources Director (staff #50) on (MONTH) 23, 2019 at 1:09 p.m. She stated that because the facility does not have a behavioral unit, she did not think dementia training had to be provided.</p> <p>An interview was conducted with the Administrator (staff #12) on (MONTH) 23, 2019 at 2:36 p.m. He stated there is no current policy regarding the need for dementia training. He said the facility assessment indicates that residents with dementia would be accepted for appropriate care and treatment. He further stated the facility is currently providing care to at least two residents who have a [DIAGNOSES REDACTED].</p> <p>An interview was conducted with a LPN (staff #24) on (MONTH) 24, 2019 at 9:09 a.m. She stated that she has worked at the facility since (YEAR) and has never received training on dementia.</p> <p>An interview was conducted with a CNA on (MONTH) 24, 2019 at 9:20 a.m. who stated she has worked at the facility since (YEAR) and has never received training on dementia.</p> <p>Regarding abuse training: Review of the personnel files for three CNA's revealed no evidence that they had received any abuse training since their hire dates as follows:</p> <ul style="list-style-type: none"> -CNA (staff #8) with a hire date of (MONTH) 8, (YEAR) -CNA (staff #71) with a hire date of (MONTH) 17, (YEAR) -CNA (staff #45) with a hire of (MONTH) 27, (YEAR) <p>Further review of the facility's assessment revealed that annual training and education must be completed regarding abuse.</p> <p>An interview was conducted with the Human Resources Director (staff #50) on (MONTH) 23, 2019 at 1:09 p.m. She stated that she was unsure why the required training had not been provided. Staff #50 said it is necessary for CNA's to be provided ongoing training and education regarding abuse.</p> <p>An interview was conducted with the Administrator (staff #12) on (MONTH) 23, 2019 at 2:36 p.m. He stated there is no current written policy regarding how often CNA abuse training must be provided, but he said it needed to be done annually.</p>		