

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035245	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2020
NAME OF PROVIDER OF SUPPLIER SUNVIEW RESPIRATORY AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 12207 NORTH 113TH AVENUE YOUNGTOWN, AZ 85363	
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 F 0656	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on clinical record review, staff interviews, facility documentation and policy review, the facility failed to ensure one resident's (#153) care plan was implemented. The deficient practice could result in care needs not being met.</p> <p>Findings include:</p> <p>Resident #153 was admitted to the facility on (MONTH) 13, 2019, with [DIAGNOSES REDACTED].</p> <p>A comprehensive care plan dated (MONTH) 14, 2019 revealed the resident had limited physical mobility related to weakness and flaccid paralysis. The goal included the resident would remain free of complications related to immobility, contractures, skin breakdown and fall related injuries through the next review period. One of the interventions included for a female staff member to be present during all cares.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated (MONTH) 20, 2019, revealed the resident was rarely/never understood and cognitive skills for daily decision making were severely impaired.</p> <p>Review of the facility's investigative report revealed that upon the resident's admission, the family expressed concerns about male staff providing unwitnessed assistance to the resident. As a result, the facility required the presence of a female staff member for all cares. Per the report, all staff involved in the care of the resident were educated on this aspect, which was included in the resident's care plan. Care was to be provided either by female staff only or a combination of a male and a female staff member. The report further included that on (MONTH) 23, 2019, a male Certified Nursing Assistant (CNA/staff #64) gave the resident a shower alone without a female staff member present. When the shower was completed, staff #64 called for assistance as he needed help with the Hoyer lift with transferring the resident. Another male CNA (staff #76) assisted staff #64 with this process.</p> <p>An interview was conducted on (MONTH) 23, 2020 at 10:00 a.m. with a CNA (staff #64). Staff #64 said on (MONTH) 23, 2019, he was in the resident's room with a family member present. He said he was waiting for a female staff to help him get the resident out of bed and provide assistance with giving the resident a shower. Staff #64 stated care was always suppose to be done with at least one female staff member. He said the family member told him to give the resident a shower because he trusted him. Staff #64 stated he did not wait for a female staff and gave the resident a shower between 10:00 a.m. and 10:30 a.m. He said that after the shower he asked another CNA (staff #76) to help him put a sling on the resident to transfer her from the shower bed to a chair.</p> <p>An interview was conducted with a CNA (staff #76) on (MONTH) 23, 2020 at 10:35 a.m. He stated he remembered providing care to the resident on (MONTH) 23, 2019. He stated he assisted staff #64 with transferring the resident from a shower bed to a chair. He stated he was aware at least one female staff was to be present when providing care.</p> <p>On (MONTH) 23, 2020 at 11:15 a.m. an interview was conducted with the Director of Nursing (DON/staff #200), who stated the family asked for a female to be present during care at all times. She stated there should have been a female present during care since it was part of the care plan. She stated inservices were given to all employees to follow the care plan.</p> <p>Review of the facility's care planning policy revealed an interdisciplinary team (IDT) shall develop a comprehensive person-centered plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychosocial needs identified in the comprehensive assessment. The IDT team will also develop healthcare information necessary to properly care for each resident and instructions needed to provide effective and person-centered care that meet professional standards of quality care.</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.