

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035245</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/18/2019</b>
NAME OF PROVIDER OF SUPPLIER <b>SUNVIEW RESPIRATORY AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>12207 NORTH 113TH AVENUE YOUNGTOWN, AZ 85363</b>	
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 <b>F 0655</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Few</b></p>	<p><b>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** &gt;</b> Based on record review, staff interviews and review of policies and procedures, the facility failed to ensure that one resident's (#2) representative was provided a summary of the resident's baseline care plan. The sample size was two residents.</p> <p>Findings Include: Resident #2 was admitted on (MONTH) 15, 2019 with [DIAGNOSES REDACTED]. An admission record dated (MONTH) 15, 2019 included that the resident was his own financial responsible party. However, a family member was listed as and emergency contact. An MDS (Minimum Data Set) assessment dated (MONTH) 22, 2019, included that the resident was rarely understood, had short and long term memory deficits and impaired cognition. The assessment included that the resident required extensive assistance from staff for care including bed mobility and hygiene and was totally dependent on staff for repositioning. The assessment also included that the resident had three unstageable pressure ulcers upon admission. Review of the clinical record revealed a written care plan initiated on (MONTH) 16, 2019 with the following care focus problems identified, goals and interventions: -Limited physical mobility related to weakness -Diabetes Mellitus -Indwelling catheter related to [MEDICAL CONDITION] -Dependence on staff for activities, cognitive stimulation and social interaction -Fall risk -Nutrition -Anti-anxiety medication -Acute/chronic pain</p> <p>A form titled Baseline Careplan Acknowledgement Form dated (MONTH) 17, 2019 at 12:00 (p.m.) included a statement that read I received a copy of the initial baseline care plan and physician's orders [REDACTED]. A space labeled :Signature included a hand written notation that stated On Isolation. The form was signed by a Social Worker/staff #187. An interview was conducted on (MONTH) 18, 2019 at 1:15 p.m. with staff #187. Staff #187 stated that within 48 hours of admission a baseline care plan and list of physician's orders [REDACTED]. Staff #187 stated that the resident was not provided the baseline care plan and list of physician's orders [REDACTED]. However, staff #187 stated this was not done, and there was no additional documentation in the record that the baseline care plan had been provided to the resident's family. During an interview conducted on (MONTH) 18, 2019 at 2:20 p.m. with the Director of Nursing/staff #92, she stated that the baseline care plan is left at the resident's bedside, if the resident is alert and oriented he would be asked to sign the care plan, if not, the resident's family member is asked to sign the care plan. The Director stated that if the family is not present they are notified by phone to come in and sign the baseline care plan, and that there would be a note written in the record that the family had been notified. The Director stated that it did not matter that the resident was in isolation, the resident's family still should have been notified about the baseline care plan. A policy and procedure titled Care Planning included that the the resident's baseline care plan will be developed and implemented within 48 hours of admission, and the facility is to provide the resident or the resident's family and/or responsible party a summary of the baseline care plan which includes the initial goals of the resident, a summary of medications, dietary instructions and any services or treatments provided.</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.