

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2019
NAME OF PROVIDER OF SUPPLIER SUN CITY HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 9940 WEST UNION HILLS DRIVE SUN CITY, AZ 85373	
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 0610 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** > Based on clinical record reviews, staff interviews, facility documentation, and policy review, the facility failed to ensure allegations of abuse were thoroughly investigated for one of two sampled residents (#12). The deficient practice could result in the potential for further abuse. Findings include: -Resident #12 was admitted on (MONTH) 26, (YEAR) with [DIAGNOSES REDACTED]. A quarterly MDS assessment dated (MONTH) 24, 2019 revealed a BIMS score of 14, which indicated the resident had intact cognition. A social service note dated (MONTH) 28, 2019 at 2:38 p.m. revealed the resident reported an incident that had occurred on the evening of (MONTH) 27, 2019. The resident did not feel safe having a specific staff taking care of her. The note included the resident stated that she would feel safer if she received her medications on time and if other staff members provided her care. The facility's investigative report dated (MONTH) 31, 2019 revealed that on (MONTH) 28, 2019 at 2:00 p.m. the resident had complained to the DON that on the prior evening (January 27, 2019) an LPN (Licensed Practical Nurse/staff #89) had refused to allow her to lay down, told her she must eat in her room, refused to give her medication, and yelled at her to stop using your call light, you get one call a shift and you have called way too much. The report also included the resident felt unsafe with staff #89 working. Continued review of the investigative report revealed that staff #89 refused to provide a statement to the investigator, refused to participate in the investigation and was terminated from employment. However, there was no documented evidence that any additional staff had been interviewed, or that any witness statements had been obtained from additional staff that may have been present at the time of the alleged incident on the evening of (MONTH) 27, 2019. An interview was conducted on (MONTH) 18, 2019 at 12:06 p.m. with the DON (staff #30). The DON stated that allegations of abuse are investigated by the Administrator, social worker, and himself. He stated that he interviews all of the staff who were working at the time of the alleged incident to determine if there were any witnesses. The DON stated that he did not participate in this investigation, that it was completed by a staff member who is no longer at the facility. During an interview conducted on (MONTH) 18, 2019 at 12:25 p.m. with the Administrator (staff #45), she stated that when an allegation of abuse is investigated, they obtain statements from other staff who may have been present at the time of the incident. The administrator stated that without staff statements she could not determine if there were any witnesses to the alleged abuse. The facility's policy and procedure titled Abuse Prohibition included that the facility will prohibit abuse and mistreatment of [REDACTED]. The policy included that the facility will initiate an investigation within 24 hours and the investigation will be thoroughly documented with a statement that read Ensure that documentation of witnessed interviews is included. The policy also included the findings of all completed investigations will be reported to the SA within 5 working days.</p>		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** > Based on clinical record review and staff interviews, the facility failed to ensure one sampled resident (#28) received treatment and care in accordance with professional standards of practice, by failing to schedule an appointment ordered by the physician. The census was 65. The deficient care could affect continuity of care. Findings include: Resident #28 was admitted to the facility on (MONTH) 6, (YEAR) with [DIAGNOSES REDACTED]. Review of the recapitulation of physician's orders [REDACTED]. Review of the clinical record revealed no evidence the resident was seen by a gynecologist or no rationale why an appointment not being made. During an interview conducted with a Licensed Practical Nurse (LPN/staff #18) on (MONTH) 17, 2019 at 9:56 AM, the LPN stated that at the time the order was written, there was a different procedure for scheduling appointments. The LPN stated that medical records now schedule appointments. During another interview conducted with the LPN (staff #18) on (MONTH) 18, 2019 at 9:05 AM, she stated that she was unable to locate any information regarding the appointment. In an interview conducted on (MONTH) 18, 2019 at 1:18 PM with the Administrator (staff#45), the Administrator stated her expectation is that if there is a physician's orders [REDACTED]. She further stated that refusals and calls to the physician need to be documented. An interview was conducted on (MONTH) 18, 2019 at 3:20 PM with the Director of Nursing (DON/staff #30). The DON stated that the process for scheduling outside appointments would include receiving a physician order, scheduling the appointment, and setting up transportation. The DON also stated that he could not explain why there seemed to be no information regarding this order for an appointment.</p>		
F 0688 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** > Based on clinical record review, staff interviews, and policy review, the facility failed to ensure 1 of 3 sampled residents (#28) received Restorative Nursing Assistant (RNA) services as recommended and ordered. The deficient practice could result in a reduction in range of motion. Findings include: Resident #28 was admitted to the facility on (MONTH) 6, (YEAR), with [DIAGNOSES REDACTED]. A review of physician's orders [REDACTED]. The quarterly Minimum Data Set (MDS) assessment dated (MONTH) 26, 2019 revealed a Brief Interview for Mental Status score of 3 which indicated the resident had severe cognitive impairment. The assessment included the resident required extensive to total assistance with all Activities of Daily Living except eating and had impairment of physical mobility of the upper and</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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<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>lower extremities on one side. The assessment also included no RNA services were provided during the 7 day look-back period. Review of the PT notes dated (MONTH) 13, 2019 revealed instructions to provide passive range of motion (PROM) exercises to the right and left ankle and knee, and to provide PROM to all joints of the right upper extremity 3 times a week for two months.</p> <p>The care plan for restorative range of motion care initiated on (MONTH) 13, 2019 included a goal to prevent contractures and maintain skin integrity. Interventions included PROM and providing support above and below the joint.</p> <p>Review of physician's orders [REDACTED].</p> <p>A review of the RNA documentation for (MONTH) and (MONTH) 2019 revealed the resident did not receive PROM exercises on (MONTH) 1 and (MONTH) 3, 2019. The documentation revealed the RNA worked as a Certified Nursing Assistant (CNA) on those days. On (MONTH) 8, 2019, it was documented the RNA was on vacation.</p> <p>During an interview conducted on (MONTH) 17, 2019 at 1:32 PM with the RNA (staff #4), the RNA stated that she started providing PROM exercises to the resident on (MONTH) 15, 2019. She stated that she is the only RNA and she works three days per week. The RNA stated that sometimes she is assigned to take a CNA assignment and that when that happens, the RNA program is not provided.</p> <p>In an interview conducted on (MONTH) 18, 2019 at 1:18 PM with the Administrator (staff#45), the Administrator stated her expectation is that if there is a physician's orders [REDACTED]. She further stated that refusals and calls to the physician need to be documented.</p> <p>An interview was conducted on (MONTH) 18, 2019 at 3:29 PM with the Director of Nursing (DON/staff #30). The DON stated that the RNA receives guidance from the therapy department. He stated that the RNA is also a CN[NAME] The DON also stated that he does not complete the schedule and is unaware that the RNA was assigned CNA duties at times which resulted in RNA services not being provided.</p> <p>The facility's policy for Restorative Nursing revised (MONTH) 15, (YEAR) revealed it is the policy of the facility to provide restorative programs coordinated by nursing or in collaboration with rehabilitation based on individual patient needs. The policy included a Registered Nurse or Licensed Practical Nurse must supervise the activities in a restorative program. The policy also included the restorative nursing program is to be implemented according to the specifics on the resident's plan of care.</p>		