STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER **035259**	(X2) MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING _____	(X3) DATE SURVEY COMPLETED **02/13/2019**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE GARDENS OF SCOTTSDALE	**6001 EAST THOMAS ROAD SCOTTSDALE, AZ 85251**

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 0600 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, resident and staff interviews, investigative documentation, and policies and procedures, the facility failed to ensure one resident (#9) was from free from abuse and failed to ensure one resident (#231) was free from physical abuse from another resident (#232). Findings include: -Resident #9 was admitted on (MONTH) 18, (YEAR), with [DIAGNOSES REDACTED]. An annual MDS (Minimum Data Set) assessment dated (MONTH) 21, (YEAR) revealed the resident had a BIMS (Brief Interview for Mental Status) score of 13, indicating cognition was intact. The MDS also noted that the resident was frequently incontinent of bowel. A care plan for limitation in ability to perform Activities of Daily Living (ADLs) revealed a goal for staff to assist the resident in maintaining functional status and decrease risks for functional decline with completing ADLs. Interventions were to encourage the resident to participate to the fullest extent possible with each interaction, encourage resident to use bell to call for assistance, and that the resident required extensive assistance with personal hygiene and toilet use. Review of the facility's investigative report revealed that on 3/21/18 at 8:20 a.m., a staff member (staff #85) heard yelling coming from resident #9's room. Staff #85 entered the room and heard a Certified Nursing Assistant (CNA/staff #113) yelling Why did you do that? When the resident attempted to respond, staff #113 mocked her and mimicked the way she was talking. Staff #85 asked the CNA Why are you doing that, you need to stop. Staff #113 responded because she is sh all over the place. Staff #85 asked staff #113 to leave the room and then reported the incident to the Director of Nursing (DON). Staff #113 was suspended pending the investigation. Further review of the report revealed a statement from staff #113, who reported the resident was sitting on the toilet and had a bowel movement that had fallen on the floor. As she was cleaning it up, she said the resident kept saying that she needed to go to the bathroom over and over again. She said that she kept telling the resident that she was cleaning up the floor and that was when staff #85 entered the room. She denied yelling or mocking the resident. The report included an interview with resident #9, who stated that staff #113 was yelling at her and always yells at her. In interviews, other residents, families or staff reported that staff #113 had yelled at another resident, was rough with other residents and was rude, bossy and loud. The allegation of verbal abuse was substantiated and staff #113 was terminated. An interview was conducted with staff #85 on (MONTH) 12, 2019 at 9:21 a.m. Staff #85 stated that he was coming down the hallway and he could hear screaming coming from the room of resident #9. Staff #85 stated he heard staff #113 yelling at resident #9 saying, Do you see this? Do you see this? and staff #113 was also making fun of the way the resident was talking. Staff #85 stated he did not see any feces on the floor, but staff #113 was cleaning BM (bowel movement) off of the resident's leg. He said that he told staff #113 to leave and after ensuring the resident was safe, he reported the incident. An interview was conducted with another resident on (MONTH) 12, 2019 at 9:40 a.m. This resident was interviewed during the facility's investigation of the incident. The resident stated that she reported to the social worker that staff #113 had yelled at her and her spouse previously. The resident said that staff #113 would stand outside the room and say I can hear you. An attempt was made to interview resident #9 on (MONTH) 12, 2019 at 9:46 a.m. Resident #9 was unable to remember the incident with staff #113 on (MONTH) 21, (YEAR). A telephone interview was conducted with the CNA (staff #113) on (MONTH) 12, 2019 at 10:12 a.m. Staff #113 stated that when staff #85 came into the room of resident #9, she was in the bathroom with the resident. Staff #113 stated she was attempting to clean up the BM that was on the floor, as the resident was yelling Where are you? Where are you? Don't leave me. Staff #113 said she kept telling the resident that she was right there and that she was cleaning up the BM on the floor. Staff #113 denied the allegations. On (MONTH) 12, 2019 at 10:41 a.m., an interview was conducted with the Director of Nursing (DON/staff #26). Staff #26 stated that staff #85 had reported the incident between resident #9 and staff #113 to her and the social worker. Staff #26 stated she took a statement from staff #113 and then escorted her out of the building. -Resident #231 was admitted to the facility on (MONTH) 30, (YEAR), with [DIAGNOSES REDACTED]. Review of a 30 day MDS assessment dated (MONTH) 28, (YEAR), revealed a BIMS score of 15, which indicated the resident was cognitively intact. -Resident #232 was admitted to the facility on (MONTH) 31, (YEAR), with [DIAGNOSES REDACTED]. Review of the 30 day MDS assessment dated (MONTH) 28, (YEAR), revealed a BIMS score of 3, which indicated severe cognitive impairment. A care plan for resident #232 for verbally and physically aggressive behaviors dated (MONTH) 28, (YEAR), revealed a goal that the resident would not harm himself or others. Interventions included to maintain the resident and others in a safe environment, and to intervene if the resident became agitated to prevent escalation. A nursing progress note dated (MONTH) 16, (YEAR) included the nurse received a report that resident #232 struck resident #231 in the back of the head. The note stated that a CNA was able to intervene and stop the resident from striking a second time. Review of the facility's investigation revealed a witness statement by a CNA (staff #114), who reported that on (MONTH) 16, (YEAR), he witnessed resident #232 strike resident #231 in the back of the head. The CNA stated the resident attempted to strike again, but resident #231 put her hand up to block, and resident #232 was moved away. Further review of the facility's investigation revealed that resident #232 had not been aggressive with other residents prior to this incident, and was provided one-on-one supervision until he was discharged from the facility. The investigation also included that resident #231 was placed on wellness checks for the remainder of the day and was assessed to have no injuries from the incident. An interview was conducted on (MONTH) 12, 2019 at 9:58 a.m., with staff #26. She stated that residents should be immediately separated when one resident tries to touch another. She stated that when she learned of this incident, her focus was to quickly remove the alleged aggressor from the building to protect the safety of all other residents. She stated that resident #232 was discharged from the facility on the same day of the incident, on (MONTH) 16, (YEAR). An interview was conducted on (MONTH) 12, 2019 at 3:03 p.m., with a CNA (staff #114). He stated he witnessed the incident between the two residents. He stated that both residents were confused, and resident #232 thought resident #231 was his

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER **035259**	(X2) MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING _____	(X3) DATE SURVEY COMPLETED **02/13/2019**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE GARDENS OF SCOTTSDALE	**6001 EAST THOMAS ROAD SCOTTSDALE, AZ 85251**

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 0600 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) wife. He said resident #232 began yelling at resident #231, and when she did not respond, he made an aggressive pat on the back of the other resident's head to get her attention. He stated he intervened and separated the two residents before resident #232 could take any further action. Review of the facility's Abuse Prevention policy revealed the following: The facility has a zero-tolerance policy with regard to abuse; All employees are informed of their responsibility to immediately report any allegation of abuse; In responding to abuse, the first priority is to protect residents and prevent further potential abuse; and if an allegation involves another resident, they are separated, and other reasonable measures as appropriate are put in place, pending the outcome of investigation.
F 0658 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure services provided by the nursing facility meet professional standards of quality.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, interviews and policy and procedure, the facility failed to ensure that a medication was administered in accordance with the physician's orders [REDACTED].#22). Findings include: Resident #22 was admitted to the facility on (MONTH) 22, 2019, with [DIAGNOSES REDACTED]. Review of the physician's orders [REDACTED]. An observation of medication administration was conducted on (MONTH) 12, 2019 at 7:39 a.m., with a Licensed Practical Nurse (LPN/staff #11). During the observation, staff #11 administered 1 tablet of [MEDICATION NAME] 20 milligrams to resident #22, instead of 2 tablets as ordered. An interview was conducted on (MONTH) 12, 2019 at 8:03 a.m., with staff #11. She stated that the physician's orders [REDACTED]. She said she should have administered 2 tablets to the resident instead of 1 tablet. An interview was conducted with the Director of Nursing (DON/staff #26) on (MONTH) 12, 2019 at 9:58 a.m. She stated that a medication should be administered according to the physician's orders [REDACTED].#22 should have received 2 tablets of [MEDICATION NAME] 20 milligrams, not 1 tablet. Review of the facility's policy regarding medication administration revealed that residents should receive medications as ordered by the healthcare provider.
F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on personnel record reviews, staff interviews and policy and procedures, the facility failed to ensure that three staff members (#61, #29 and #87) had current evidence of freedom from [MEDICAL CONDITION] (TB). Findings include: -Review of personnel record for staff #61 (dietary aid) revealed a hire date of (MONTH) 26, 2002 for full time employment. A chest x-ray report dated (MONTH) 25, (YEAR) included there were no findings of any symptoms of TB. Further review of the personnel record revealed there was no additional evidence that staff #61 was free of TB after (MONTH) 25, (YEAR). -Review of the personnel record for staff #29 (Certified Nursing Assistant) revealed a hire date of (MONTH) 29, (YEAR), for full time employment. A chest x-ray report dated (MONTH) 30, (YEAR), revealed staff #29 was free of TB. Further review of the personnel record for staff #29 revealed no additional documentation that staff #29 was free of TB, after (MONTH) 30, (YEAR). -Review of the personnel record for staff #87 (floor technician) revealed a hire date of (MONTH) 19, (YEAR) for full time employment. A chest x-ray report dated (MONTH) 24, (YEAR) included no evidence of active TB. Further review of the personnel record revealed no additional documentation that staff #87 was currently free of TB. An interview was conducted on (MONTH) 13, 2019 at 10:35 a.m., with the Director of Nursing (DON/staff #26) and the Administrator (staff #95). The DON stated that employees must provide proof of freedom from TB prior to employment, and annually thereafter. The Administrator said that all employees, including those who did not provide direct care to residents, were required to provide proof of freedom from TB. Review of the facility's policy for TB control revealed the following: New employees will provide documentation of a negative TB skin test within the previous 12 months, and annually thereafter; New employees who do not have documentation of a negative TB skin test within the previous 12 months will receive a 2 step TB skin test, and provide documentation of a negative TB skin test annually thereafter; Employees with documentation of a positive skin test will provide evidence of a negative chest x-ray, and provide a negative symptoms questionnaire annually.