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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035003 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER The Terraces of Phoenix | | STREET ADDRESS, CITY, STATE, ZIP CODE 7550 North 16th Street Phoenix, AZ 85020 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, clinical record reviews, resident and staff interviews, facility documentation and policy and procedures, the facility failed to ensure showers were provided for one resident (#89). The deficient practice can result in residents not receiving care of activities of daily living to maintain highest practicable wellbeing.</p> <p>Findings include:</p> <p>Resident was admitted on [DATE] and discharged [DATE] with diagnoses of occlusion and stenosis of right posterior cerebral artery, local infection of the skin and subcutaneous tissue, unspecified, unspecified dementia, unspecified severity, with other behavioral disturbance</p> <p>Review of the resident's care plan revealed a focus for activities of daily living (ADL) self-care performance deficit, incontinence of bowel and bladder related to dementia, impaired balance and limited mobility. Interventions included documentation of refusal of care and cleaning of peri-area with each incontinence episode.</p> <p>An admission Minimum Data Set (MDS) assessment dated [DATE] revealed that the resident a Brief Interview for Mental Status (BIMS) evaluation with a BIMS score of 13, indicating cognition intact. The MDS assessment revealed that the resident did not exhibit rejection of care behavior during the assessment period. The assessment also revealed that the resident required partial/moderate assistance with shower or bathing.</p> <p>Review of the progress notes revealed no documentation for refusal of showers or baths.</p> <p>Review of the facility ADL Verification Worksheet for July 23, 2024 thru July 28, 2024 revealed one shower provided on July 28, 2024. No documentation of shower or bath evident from July 29, 2024 thru July 31, 2024. Review of ADL documentation for bathing revealed no documentation July 25, 2024 thru July 31, 2024.</p> <p>Review of the facility Follow-Up Question Report dated July 26, 2024 thru August 9, 2024 for ADL-Bathing revealed one shower provided on August 6, 2024 and one refusal on August 9, 2024.</p> <p>Further review of the Bathing task log revealed that the scheduled showers/bathing did not occur on the following dates:</p> <p>(continued on next page)</p> |

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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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| NAME OF PROVIDER OR SUPPLIER The Terraces of Phoenix | | STREET ADDRESS, CITY, STATE, ZIP CODE 7550 North 16th Street Phoenix, AZ 85020 | |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>- August 1, 2024, August 2, 2024 and August 7, 2024 - coded as NA indicating that resident not assigned bathing during shift. The review also revealed no documentation on August 4, August 5, and August 8 2024.</p> <p>An interview was conducted on June 12, 2025 at 9:52 a.m. with Certified Nursing Assistant/ Restorative Nursing Assistant (CNA/RNA/Staff #21). Staff #21 stated residents are provided showers twice per week and are scheduled, further stating if they need an additional one or request one then staff are able to provide them one as needed. Staff #21 stated all showers are documented on shower sheets for skin assessments and are given to the nurse who signs off on them. Staff #21 stated if residents refuse their shower, staff will ask the RNA to offer the resident their shower, if the resident continues to refuse the RNA will notify the nurse and the nurse will speak with the resident to determine the reason for the refusal which could be due to prefer to have/not have a male, pain, or preference for a later time.</p> <p>An interview was conducted on June 12, 2025 at 10:19 a.m. a.m. with Licensed Practical Nurse (LPN/Staff #57). Staff #57 stated residents are offered two- three showers weekly and are scheduled according to their room number. She stated baths/showers are assigned to the CNA assigned to that room for the day. Staff #57 stated if a resident refuses their shower/bath, it is reported to the nurse who will have a conversation with the resident to determine the cause and offer a solution with a different time or day. If the resident continues to refuse, the refusal is documented on the shower sheets and in the nursing progress notes.</p> <p>An interview was conducted with Director of Nursing (DON/ Staff #109). The DON stated she started her position nine months prior and that it is her expectation that all residents are scheduled for a shower twice per week and will try to accommodate for an additional shower if a resident should request one. The DON reviewed the shower documents and stated; based on the documentation there is a nine-day lapse where the resident was not documented as having a shower between July 28, 2024 and August 6, 2024 and no documentation that resident #89 refused. The DON stated the lapse would prompt her to look further as to why the resident did not have a shower.</p> <p>Review of the facility policy titled Activities of Daily Living (ADLs), Supporting states resident will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs).</p> <p>2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with:</p> <p>a. hygiene (bathing, dressing, grooming, and oral care)</p> | | |