

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  05/31/2024
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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47910</b></p> <p>Based on clinical record reviews, staff and resident interviews, and policies and procedures, the facility failed to ensure that advance directives were accurate for one resident (#9). The deficient practice could result in residents' wishes not being honored.</p> <p>Findings include:</p> <p>-Resident #9 was admitted to the facility on [DATE], with a diagnosis of displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing, age-related osteoporosis with current pathological fracture, right femur, subsequent encounter for fracture with routine healing.</p> <p>Review of the clinical record revealed a prehospital medical care directive which included the resident was a Do Not Resuscitate (DNR) status. The medical care directive was signed by the resident on May 2, 2024.</p> <p>However, review of the physician orders signed and dated May 8, 2024 revealed an order for a Full Code status.</p> <p>An interview was conducted with resident #9 on May 30, 2024 at 01:00 PM who stated she had signed paperwork indicating her preferences for DNR. She stated I have had a good life, I don't want any heroic measures done on me.</p> <p>An interview was conducted with a Registered Nurse (staff #38) on May 30, 2024 at 1:16 p.m. She reviewed the resident's chart stating the residents current code status is a full code. She also reviewed the state forms noting the resident's actual status is a DNR. Registered Nurse (staff # 38) stated the orders needed to be corrected because they were not correct. Registered Nurse (staff #38) stated the risks associated with a resident's advance directives being incorrect and not reflecting the resident's decision could cause the resident to receive life saving measures when the directives were not to.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the Interim Director of Nursing (DON/staff #5) on May 30, 2024 at 1:31 p.m. She stated she has focused on the advance directives due to recent audits. When she reviewed the resident's clinical chart the code status had been changed to DNR. Registered Nurse (staff #38) informed the DON that the residents code status was Full Code and she had changed it to reflect the correct status of DNR. (DON/staff #5) stated that it is her expectations that advance directives be completed and be accurate.</p> <p>Review of the facility policy titled Advance Directives (Revised September 2022) the resident has the right to formulate an advance directive, including the right to accept or refuse medical or surgical treatment. Advance directives are honored in accordance with state law and facility policy.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47910</p> <p>Based on review of clinical records and policy, observations, and staff interviews the facility failed to ensure transmission-based precautions, particularly enhanced barrier precautions (EBP), signage and personal protective equipment were in-place to help prevent development or transmission of infections. The deficient practice could result in development or transmission of infections within the facility.</p> <p>Findings Include:</p> <p>Resident #352 was admitted on [DATE] with diagnosis including sepsis, unspecified organism, onset date May 22 2024, Unspecified Escherichia coli [E. coli] as the cause of diseases classified elsewhere onset May 22, 2024, Urinary tract infection, site not specified New UTI 3.19.24, Pressure ulcer of left heel, unstageable May 22, 2024, Benign prostatic hyperplasia with lower urinary tract symptom.</p> <p>A review of the physician orders revealed an order dated February 7, 2024 for an indwelling catheter size 16 French with a 15cc bulb.</p> <p>A review of the quarterly MDS (minimum data set) dated May 17, 2024 revealed that the resident BIMS (brief interview of mental status) was unable to be completed. The MDS further revealed that resident #352 had an in-dwelling catheter in place and a diagnosis of obstructive uropathy.</p> <p>A review of the care plan revealed that an indwelling catheter was in place for an obstructive uropathy. The care plan further notes interventions of monitoring for pain or discomfort, monitoring for UTI's (urinary tract infections), catheter care per shift and reporting any unusual observations to the nurse.</p> <p>An observation was conducted on May 28, 2024 at 10:46 AM. It was observed that there was no signage outside of the room of resident #352 alerting to enhanced barrier precautions, nor was PPE (personal protective equipment) visible outside of the resident's room. A box of gloves were observed in the resident's room, but no other PPE was present either within or directly outside of the resident's room.</p> <p>A secondary observation was conducted on May 28, 2024 at 2:37 PM. No signage for enhanced barrier precautions or PPE outside of the resident # 352's room were observed.</p> <p>An interview was conducted on May 29, 2024 at 11:25 PM with staff #100 Infection Preventionist /Licensed Practical Nurse (LPN/IP). Staff #100 Stated that she was recently placed as the IP person after assisting the facility during a Covid outbreak and was thrown in by fire as the Infection Preventionist. Staff #100 EBP was placed for all residents with catheters and wounds the morning of May 20, 2024. Staff #100 stated she was aware of the recent changes with CMS guidelines regarding EBP, but does not know why the EBP precautions were not previously placed.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on May 30, 2024 at 1:49 PM with staff #80 CNA (Certified Nursing Assistant). Staff #8 stated that resident # 352 has an indwelling catheter and has had one for a while. She stated that she had been informed on May 30, 2024 that she was to use precautions when caring for resident #352 catheter, using gown and gloves. She stated there were no Enhanced Barrier Precaution prior to May 30, 2024 for resident #352. Staff #8 stated she could not recall receiving training on transmission based or enhanced barrier precautions, she may have had training through Relias, but did not know the difference between the two precautions.</p> <p>An interview was conducted on May 29, 2024 at 01:07 PM with staff #5 Interim DON (Director of Nursing). Staff #5 stated that not having anyone available in the role as IP and her short-term role as the DON has been part of the conversation and in hindsight it was not something they have been practicing.</p> <p>49325</p> <p>Findings include:</p> <p>On May 29, 2024 at 11:08 AM a list of resident names with indwelling devices, wounds, and multi-drug-resistant organisms (MDRO) was requested. The list was reviewed and revealed the following number of residents in the facility within each category: indwelling devices: 4 residents; MDRO: 2 residents. Moreover, the list of residents with wounds that was provided included 21 residents.</p> <p>On May 29, 2024 at 8:50-8:55 AM, an observation of the facility rooms, consisting of hallway rooms 8100-8124 revealed no PPE or enhanced barrier signage present at any resident room.</p> <p>An interview was conducted on May 29, 2024 at 09:56 AM with Certified Nursing Assistant (CNA/Staff # 80) who stated that communication regarding the personal protective equipment (PPE) that needs to be worn is through the signage posted outside a resident' room. Staff # 80 stated she was not completely familiar with transmission-based precautions, however if there is any instructional signage on the wall staff are expected to follow instructions on the signage.</p> <p>An interview was conducted on May 29, 2024 at 10:01 AM with Registered Nurse (RN/Staff # 50) who stated that the risks of not having a signage are risks of spreading infection and chances that staff may also be infected. Staff # 50 stated if there were sign of enhanced barrier precaution (EBP) staff should wear gloves and gown. Staff # 50 confirmed that there were no EBP signage present.</p> <p>An interview was conducted May 29, 2024 at 10:34 AM with designated Infection Preventionist (LPN/IP/Staff # 100) and Interim Director of Nursing (IDON/Staff # 5). Staff # 100 stated if residents have Foley catheters or wounds enhanced barrier precaution (EBP) should be in place. Staff # 100 confirmed that the EBP signage had not been present and was placed today for all residents. Staff # 100 stated she had provided EBP training this morning regarding when it would be appropriate to wear PPE; and that, she gave examples. Staff # 100 stated that she was handed-off the position by fire around March 15, 2024, after previous qualified Infection Preventionist/Director of Nursing left the facility. Interim Director of Nursing confirmed no EBP signage was present in the facility since the last infection preventionist up to this point.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's policy titled, Enhanced Barrier Precautions dated August 2022 revealed, enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDRO's) to residents; and that, EBPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization; and that, EBPs remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk; and that, signs are posted in the door or wall outside the resident room indicating the type of precautions and PPE required; and that, PPE is available outside of the resident rooms.</p> <p>The CDC website on healthcare acquired infections revealed that the enhanced barrier precautions are an infection control intervention designed to reduce the transmission of resistant organisms that employ targeted gown and glove use during high contact resident care activities. The CDC further stated that nursing home residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDRO's (multi-drug resistant organisms). The CDC website further stated that the use of gown and glove for high-contact resident care activities is indicated when contact precautions do not otherwise apply. Updated July 12, 2022. <a href="https://cdc.gov/hai/containment/PPE-Nursing-Homes.html">https://cdc.gov/hai/containment/PPE-Nursing-Homes.html</a>.</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>49325</p> <p>Based on staff interviews and facility policy, the facility failed to designate a qualified individual as the Infection Preventionist (IP). The deficient practice could result in improper infection prevention practices in the facility.</p> <p>Findings include:</p> <p>An interview was conducted May 29, 2024 at 10:34 AM with Licensed Practical Nurse and designated Infection Preventionist (LPN/IP/Staff # 100) who stated although had coursework in Infection Prevention, did not have an infection prevention program certificate of completion at this time. Staff # 100 stated she had not taken the final cumulative assessment in order to receive her certificate of completion. Staff # 100 stated initially it was a collaborative task for whoever was present, but was handed-off the IP position by fire around March 15, 2024, after previous qualified Infection Preventionist/Director of Nursing left the facility.</p> <p>An interview was conducted on May 29, 2024 at 01:07 PM with Interim Director of Nursing (IDON/Staff # 5) who confirmed that Staff # 100 was the designated Infection Preventionist at this time. Staff # 100 stated the facility is going to remove staff #100 out of her floor service duties, and whatever the requirement is, the facility will make sure staff #100 meet the requirement.</p> <p>Review of State Operations Manual, Appendix PP-2022 update (revised June 2022), regulations revealed the facility must: designate one or more individuals as the Infection Preventionist (IP) who is responsible for the facility's Infection Prevention Control Program. The IP must S483.80(b)(4) Have completed specialized training in infection prevention and control. The IP must be qualified by education, training, experience or certification. Training can occur through more than one course, but the IP must provide evidence of training through a certificate of completion or equivalent documentation.</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>48814</p> <p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>Based on review of employee personnel file, staff interviews and policy review, the facility failed to ensure personnel records for 2 staff (#150 and #56) included documentation of orientation and in-service education as required by policies and procedure. The deficient practice could result in inadequate care of residents.</p> <p>Findings include:</p> <p>Review of the personnel file of a registered nurse (RN/staff 150) revealed a hire date of April 26, 2021. The file revealed no evidence of infection control and Abuse/neglect/exploitation training since January and July, 2022.</p> <p>Review of the personnel file of a activity coordinator (staff 56) revealed a hire date of January 21, 2014. The file revealed no evidence of Abuse/neglect/exploitation training since May, 2016, no evidence of Resident rights training since June, 2017 and no evidence of Infection control and prevention training since December, 2018.</p> <p>An Interview was conducted on May 29, 2024 at 2:12 p.m. with the Human Resource Director (staff # 125), she stated that she is not sure about orientation and in-service education policy. She further stated that Relias send a reminder when staff training class is due, it's also self-monitoring thing and she also sent reminder to staff and supervisor if they are way behind.</p> <p>An Interview was conducted on May 30, 2024 at 9:15 a.m. with the Interim Director of Nursing (staff # 5), she stated that there are certain in-service training done through relias. She further stated that she has been here for 2 months so she was not sure about in-service training but she will do competency and also access staff before the year. She also stated risk for staff not getting training that they won't be updated to process and procedure and it would cause problem to residents.</p> <p>Review of facility policy regarding Elder Abuse Prevention Identification, response, and reporting, revised on 10/20/2023 stated that onboarding and annual education is necessary for all team members to understand their role in abuse prevention, management, and reporting.</p>		