STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035014	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Terrace Healthcare Center	2509 North 24th Street Phoenix, AZ 85008

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43863 Based on staff interviews, review of records and review of policies and procedures, the facility failed to ensure that medical records were documented accurately and in accordance with accepted professional standards and practices for one resident (#12) regarding vital signs and blood glucose monitoring. The deficient practice could result in inaccurate records being documented for additional residents. Findings include: Resident #12 was readmitted on [DATE] with diagnoses that included osteomyelitis of vertebra, sacral and sacrococcygeal regions, pressure ulcers of left buttock (stage 4), left hip (stage 4), right hip (stage 4), type 2 diabetes mellitus, and depression. A Quarterly MDS (Minimum Data Set) assessment dated [DATE] included that Resident #12 had intact cognition, required setup or clean up assistant for eating, and was incontinent of bowel/bladder. Review of June 2024 Medication Administration Records (MAR), revealed Resident #12 was administered insulin glargine (Lantus) on June 25, 2024 and June 26, 2024, with no record of Resident #12's blood sugar results. Review of June 2024 POC (point of care) Certified Nursing Assistant (CNA) Task documentation, revealed no evidence of vital signs performed on the evening shifts June 25, 2024 and June 27, 2024. Regarding Vital Sign Documentation: An interview was conducted on July 2, 2024 at 2:45 PM with CNA (staff #1), who stated that she was assigned to care for Resident #12 on the evening shift (2:00 PM - 10:00 PM) on June 28, 2024. The CNA stated that she completes documentation for all residents at the end of her shift, but did not complete documentation for Resident #12 that day. An interview was conducted on July 3, 2024 at 10:15 AM with a Licensed Practical Nurse (LPN/staff #2), who stated that CNA's are responsible for charting resident vitals in the medical record. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035014	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Terrace Healthcare Center	2509 North 24th Street Phoenix, AZ 85008

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on July 3, 2024 at 12:20, with an LPN (staff #5) who stated the facility policy is for CNA's to complete vial signs twice a day, on the day and evening shifts, prior to the nurses' shift. The LPN stated that this is done to ensure that nurses can start medication pass immediately at the start of their shifts. An interview was conducted on July 3, 2024 at 11:53 AM, with CNA (staff #4), who stated that the 2-10 PM shift CNA's are required to complete vitals at 2:00 PM, and to document the results in the medical record. The CNA reviewed Resident #12's medical record and stated that there was no evidence that vitals during the 2:00 PM - 10:00 PM shifts on June 25, 2024 and June 27, 2024 had been conducted. The CNA further stated that this did not meet the facility requirements for documentation of resident's vitals. An interview was conducted on July 3, 2024 at 1:45 PM with the Director of Nursing (DON/staff #6), who stated that vitals should be conducted twice daily, and expected vitals to be conducted each nursing shift. The DON reviewed the medical record for Resident #12, and stated that there was no evidence that vitals had been obtained on June 25, 2024 and June 27, 2024 on the evening shift. The DON further stated that this did not meet her expectations and did not follow the facility policy. The DON stated the risk could include the potential to miss an acute change. Review of the facility policy titled, Documentation and Charting, included it is the policy of the facility to provide documentation of the resident's care, treatment, response to the care, signs, symptoms, as well as progress of the resident's care. Regarding Blood Sugar Monitoring: An interview was conducted on July 3, 2024 at 10:15 AM, with a Licensed Practical Nurse (LPN/staff #2), who stated that orders for medications/treatments come from the referring hospital, that would include blood sugar monitoring for resident's with diagnoses of type 2 diabetes mellitus. The LPN stated that the facility policy is to check blood sugar levels prior to administering insulin, any time insulin is ordered. The LPN also stated that the facility process for insulin administration included completing a blood glucose test prior to administrating insulin, and documenting the results in the medical record. The LPN stated that the risk of not monitoring blood sugars prior to administration of insulin could result in the resident's blood sugar bottoming-out, which could cause death. The LPN further stated that the standard of care for resident's with diabetes and insulin orders would be to check blood sugars twice a day and regularly monitor glucose levels. An interview was conducted on July 3, 2024 at 11:07 AM, with an LPN (staff #3), who stated that the facility policy is to monitor blood glucose levels as ordered, and the standard of care is to check blood glucose levels prior to administering insulin. The LPN reviewed the medical record and stated that Resident #12 received insulin on June 25, 2024 and June 26, 2024, but she found no evidence that a blood glucose test had been performed. The LPN also stated that Resident #12's blood glucose had not been monitored since June 12, 2024. The LPN further stated that the admission nurse should have called the provider for orders to monitor blood glucose levels, because Resident #12 had an order for insulin glargine (Lantus). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035014	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Terrace Healthcare Center	2509 North 24th Street Phoenix, AZ 85008

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on July 3, 2024 at 1:45 PM with the Director of Nursing (DON/staff #6), who stated that blood glucose monitoring depends on the hospital orders and the patient. The DON further stated that insulin glargine (Lantus) is not held for low blood glucose levels, because it does not have immediate effects. The DON stated the standard of care for insulin administration would be to monitor for signs/symptoms of hypoglycemia, in lieu of physician orders for glucose monitoring. Review of the facility policy titled, Insulin Injections, revealed insulin injections and blood glucose monitoring will only be done following physician's orders. Lantus (insulin glargine injection) administration instructions included not to take Lantus during episodes of low blood sugar, test blood sugar levels while using insulin, such as Lantus. Individualize dosage based on metabolic needs, blood glucose monitoring, glycemic control, type or diabetes, and prior insulin use.