

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035016	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Handmaker Home for the Aging		STREET ADDRESS, CITY, STATE, ZIP CODE 2221 North Rosemont Boulevard Tucson, AZ 85712	

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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47954</p> <p>Based on clinical record review, staff interviews, and policy reviews, the facility failed to ensure one resident (#60) was allowed to return to the facility following hospitalization . This deficient practice could result in unsafe discharges for future residents.</p> <p>Findings include:</p> <p>Resident #60 was admitted to the facility on [DATE] with diagnoses that included dementia, bipolar disorder, chronic obstructive pulmonary disease, spinal stenosis, and atrial fibrillation.</p> <p>Review of the quarterly MDS (Minimum Data Set) assessment dated [DATE], revealed a BIMS (brief interview for mental status) score of 8, which indicated the resident had significant cognitive impairment.</p> <p>The discharge MDS assessment dated [DATE] revealed that the resident had been discharged with return anticipated.</p> <p>A nursing progress note dated June 8, 2024 revealed the resident was being sent out emergently via 911 because of altered mental status and labored breathing.</p> <p>An interview was conducted with hospital case manager (HCM/staff #15) on June 20, 2024 at 11:50 a.m. Regarding resident #60, the HCM stated that the resident was awake and alert but not oriented; and that, the resident was not able to make decisions about her care. The HCM stated that the facility's executive assistant (staff #10) stated that resident #60 could not return there because of ongoing issues with the family. The HCM also stated that and that, at the hospital, there was no level of care change identified which indicated that there was no reason the facility could not take her back; and that, the resident was ready to return to the facility.</p> <p>In an interview with Director of Nursing (DON/staff #69) conducted on June 20, 2024 at 1:30 p.m., the DON stated that she was not comfortable bringing back the resident because it was unsafe. The DON said that on the night the resident was hospitalized , she was notified that the resident was in distress, was put on a non-rebreather, and the staff notified the nurse practitioner on-call. She further stated that the resident was then sent to the hospital through 911 due to the resident being in distress.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035016	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Handmaker Home for the Aging		STREET ADDRESS, CITY, STATE, ZIP CODE 2221 North Rosemont Boulevard Tucson, AZ 85712	

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 0626</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 administrator (staff #45) on June 20, 2024 at 2:37 p.m. The administrator stated that due to the threatening behavior caused by the family towards the staff and the building, they have no intentions to bring back the resident under any circumstances.</p>