

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  01/22/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42319</p> <p>Based on staff interviews, clinical record review and facility policy, the facility failed to ensure that an allegation of abuse was reported in a timely manner.</p> <p>Findings include:</p> <p>Resident #24 was admitted on [DATE] with diagnoses of multiple fractures.</p> <p>An admission Minimum Data Set, dated dated dated [DATE] included that this resident was cognitively intact.</p> <p>A care plan dated January 6, 2025 included the resident is independent for meeting emotional, intellectual, physical, and social needs.</p> <p>A social services note dated January 3, 2025 included, This writer met with resident andher daughter after receiving report that (a family member) was aggressively trying to get residents' debit card. (Family member) states she is trying to pay her mother's rent and it is on an app on her cell phone. Explained to (Family member) why we were there and that there was concern over how she was talking to (this resident) and her attempt to get money from (this resident). This writer talked to resident privately and asked if she feels safe and she said she does and she is a good (family member). This writer with residents' permission attempted to assist with finding the app and pay her rent. There were no apps that looked like they are to the apartment complex and resident said she just hands her phone to the office, and they pay the rent. (Family member) took residents' phone, debit card, and keys with residents' permission. She said she is going to pay the rent, take some money out of the account, with residents' permission, and check the mail. This information was conveyed to nurses. Will continue to monitor for any potential episodes of abuse.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A social services note dated January 6, 2025 included This writer was called to unit urgently. Went to unit and nurse and ADON stated residents' (family member) was there earlier and she started yelling and banging on the door to the nurses' station. She was aggressive with nurse and said (this resident) needs a pain pill now. The resident hadn' t requested one but nurse said she would bring one. When nurse gave the pill to the resident she pulled her tongue to the sidefor the nurse to put it under her tongue. The nurse said this doesn't go under your tongue, you can swallow it. (This family member) and resident said she can't swallow it. Nurse was surprised as resident hasn't had any difficulty swallowing her medications but quickly stepped outside to her cart to get applesauce to help the resident swallow her pill. When she returned the pill was gone and her (family member) said Oh, she swallowed it.The resident turned her eyes to the side and looked at her (family member) but didn't say anything. When resident asked for other medication, the nurse crushed the medication and put it in applesauce. Per the nurse the (family member) remarked and said are you going to crush all her medications now? When this story was relayed to me the (family member) had already left. I discussed the matter with my supervisor, and we met with the nurse and put a safety plan in place.</p> <p>However, review of the clinical record and facility documents do not include that these incidents were reported to the Long Term Care Licensing as required.</p> <p>An interview was conducted on January 24, 2025 at 10:17 A.M. with a Certified Nursing Assistant (CNA/staff #10) who said that she worked when this resident's family member was here and asking for for money kinda aggressively. This staff said that the family member was saying it was for her rent and that when a staff member talked to her she changed the story to paying the resident's rent. This staff said that the family member had a chemically odor and was jittery. This staff member said that she has not seen the family member since. This CNA said that she had abuse training and knows the types of abuse and reports to her nurse.</p> <p>An interview was conducted on January 24, 2025 at 10:26 A.M. with a Licensed Practical Nurse (LPN/staff #57) who said that she was familiar with this resident's family member because she came here and she was demanding money from this resident. This nurse also said that the nurse on shift was giving oxycodone, and that the resident kept the pill in her mouth and gave to the family member. This nurse said that she had not seen this family member since. This nurse said that the plan is to just keep an eye out and let the Director of Nursing (DON) know if the family member arrives. This nurse said the resident said that her family member is not working and she's trying to help her. This nurse said that they have regular trainings about abuse and reporting it to management.</p> <p>An interview was conducted on January 24, 2025 at 1:36 P.M. with the Assistant Administrator (staff #35) who said that whatever staff member hears of the abuse is expected to go the direct charge nurse to report it to management immediately, and then staff are expected to take the pieces, interview the abused person, verify it happened, then report within 2 hours. This staff said that if the person being abused says they are being abused, we report it, and if not cognizant then their representative. This staff member said that it is possible for a person to be abused and not say they are abused and that not every suspicion of abuse is reported. This staff said that our social worker went over the financial stuff and the resident is cognizant and the social worker did report to Adult Protective services (APS) and said that the resident willing divulged her money so the appropriate action was to go to APS. This staff said that the family member's actions are borderline that it is abuse but that this staff put the nurses on high alert that she is to be notified if the daughter comes in.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A policy titled Abuse Neglect and Exploitation implemented 2003 and updated April, 2024 included that It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. This policy included Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse. This policy included that the Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42319</p> <p>Based on staff interviews, clinical record review and facility policy, the facility failed to ensure that a thorough investigation was conducted for resident #21.</p> <p>Findings include:</p> <p>Resident #21 was admitted [DATE] with diagnoses of mild cognitive impairment and major depressive disorder.</p> <p>An annual Minimum Data Set, dated dated [DATE] included that this resident was cognitively intact and required extensive assistance with bed mobility, transfers, dressing and personal hygiene.</p> <p>A review of the SA complaint tracking system received October 23, 2023 by Long Term Care Licensing included that a family member is misappropriating the resident's finances and is not paying for bills nor equipment repairs.</p> <p>However, a five day report was not received for this incident.</p> <p>A request was made for the five day report on January 24, 2025 at 9:40 A.M.</p> <p>An interview was conducted with the Assistant Administrator (staff #35) on January 24, 2025 shortly after this request. This staff stated that they did not have a 5 day report for this incident.</p> <p>A follow up interview was conducted with this staff member (staff #35) on January 24, 2025 at 1:36 P.M. which included this staff saying that a 5 day report is part of a complete investigation and that she did not know what this incident was about but that it could be financial. This staff said that since our survey, we have put into place only herself or one other staff are the only ones to do the reporting, and that they are to do the 5 days and that was in their plan of correction.</p> <p>A policy titled Abuse Neglect and Exploitation implemented 2003 and updated April, 2024 included that It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. This policy included that the Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42319</p> <p>Based on staff interviews, clinical record review and facility policy, the facility failed to ensure that resident #16 was provided with assistance with activities of daily living (ADL) to maintain personal hygiene. Failure to meet this requirement could lead to issues with skin integrity and impairing resident dignity.</p> <p>Findings include:</p> <p>Resident #16 was admitted [DATE] with diagnoses of dementia, Bipolar disorder and Major Depressive Disorder.</p> <p>An quarterly Minimum Data Set, dated dated [DATE] included that this resident was severely cognitively impaired and was dependent for showering/bathing self and dependant for the ability to get in or out of a tub/shower.</p> <p>A care plan dated June 9, 2020 included that this resident has an ADL self-care deficit related to dementia. This care plan included that this resident will have all ADL's met with staff assistance daily.</p> <p>A review of facility records included that this resident received or was offered a shower 6 times in November 2023 (on the 2, 6, 9, 13, 16, and 27th), 3 times in December 2023 (on the 11, 14, and 28th)</p> <p>An Interview was conducted on January 24, 2025 with a Certified Nursing Assistant (CNA/staff #12) who said that when staff first comes in, they are assigned their section and what showers they have to do. This staff said that if her area only has 3 CNA's that it can be hard to get them done. She said that if they are unable to get them done, they are supposed to tell their nurse and ask if the evening shift can get the shower done. This staff said that residents are supposed to be showered twice a week and that there is a sheet which states which room numbers get showers on which days.</p> <p>An interview was conducted on January 24, 2025 with a Licensed Practical Nurse, who said that the nurses role in showers is doing the skin checks and making sure the shower sheets get done and to try to convince residents if they refuse. This nurse said that showers are twice a week and should be every 2-3 days. This nurse said that each room is scheduled on certain days and whether its evening or day shift. This nurse said that there is not a dedicated shower person, and that the CNA's will divide the shower assignments in the morning.</p> <p>An interview was conducted with the MDS nurse (staff #78) who said that she was filling in for the Director of Nursing. This nurse said that residents are supposed to get their showers on their bath days when they are scheduled and that they are scheduled twice a week.</p> <p>A policy titled Resident Showers Policy updated October 2024, included It is the practice of this facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice. This policy included Residents will be provided showers as per facility schedule protocols.</p>