

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035059	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Haven of Scottsdale		STREET ADDRESS, CITY, STATE, ZIP CODE 3293 North Drinkwater Boulevard Scottsdale, AZ 85251	

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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47341</p> <p>Based on resident and staff interviews, clinical record review, and facility policy, the facility failed to file and investigate a grievance per policy for one resident, #34.</p> <p>Findings include:</p> <p>Resident #34 admitted to the facility on [DATE] and discharged on [DATE] with diagnoses that included Hypertension, pain in left shoulder, delirium, hallucinations and presence of Pacemaker.</p> <p>Review of discharge Minimum Data Set assessment dated [DATE], resident #34 scored an 11 on the Brief Interview for Mental Status (BIMS) which suggested moderate cognitive impairment.</p> <p>The care plan initiated on 04/13/2024 stated her goal is to establish an appropriate discharge plan with interventions being to coordinate with the Interdisciplinary Team and help provider services according to care plan to enhance optimum well being.</p> <p>In a statement from Resident #34's husband on 06/11/2024 at 12:54pm, he stated that he spoke with nursing staff, resident relations, and the executive director on 04/14/2024 and 04/15/2024. He stated the executive director told him he would investigate and get back to him by noon. He was asked to put his narrative in writing, which he declined to do since he stated he had seen multiple staff writing his concerns down already.</p> <p>In a social services progress notes from 04/15/2024, documented that Resident #34 and spouse had initiated a request to discharge that same day.</p> <p>In an interview with the Resident Relations Manager, Staff #42, on 06/13/2024 at 2:24pm she stated that she recalled Resident #34 and her husband and had gone to talk to him at the request of the executive director. She stated the husband had not want to further discuss because he wanted to just take his wife home. She stated she did not get enough information for why they wanted to discharge and did not know if it was connected to his complaints. She stated that resident relations will receive grievances from many sources including staff and family, but the majority of the time it is resident relations is the one who fills out the grievance form. Grievance investigations are not put in the electronic chart and will be filed with resident relations in her records. She keeps a log, and then the investigation and steps completed for each incident is listed on the grievance investigation form she fills out.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility grievance log for April and May 2024 revealed no grievances had been reported or investigated for Resident #34.</p> <p>In an interview with the executive director on 06/13/2024 at 1:48pm, he stated that he recalled the name but needed to reference his notes from his personal notebook. He read a note from April 15th. He stated the husband of Resident #34 reported to him that there was water damage in the room, the patient was left sitting on the side bed in just a brief, unsure who staff member was, came into room and she was lying in bed in just a brief. He stated that he did not report the incident as a self report due to the husband not alleging abuse, but a quality of care concern. He stated this was short stay and normally they would do an investigation and follow up with staff to see what had happened and if it was isolated or a trend that would need to be addressed. He stated he did not identify the staff members involved at the time. He stated that he husband had insisted the discharge and it was not Against Medical Advice (AMA). When the husband brought in a list of concerns, he refused to fill out the grievance form. He said he would just like to get his wife out of the facility immediately.</p> <p>The facility was not able to provide any documentation of a grievance being filed nor an investigation being completed.</p>		