

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER Haven Health Green Valley, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 150 North LA Canada Drive Green Valley, AZ 85614	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47954</p> <p>Based on clinical record reviews, facility documentation, staff interviews, and policy review, the facility failed to ensure that one resident (#17) was free from sexual abuse from another resident (resident #51). The deficient practice could result in further incidents of resident to resident abuse.</p> <p>Findings Include:</p> <p>-Resident #17 (Alleged victim) was admitted to the facility on [DATE], with diagnoses including Alzheimer's disease, dementia, depression, anxiety, chronic kidney disease, and type 2 diabetes.</p> <p>A behavioral care plan with a start date of August 29, 2023 revealed resident #17 has impaired cognitive function, impaired decision-making related to Alzheimer's dementia with noted interventions of resident needing approaches that maximize involvement in daily decision making and activity limit choices, use cueing, task segmentation, instructions, and to keep the residents routine consistent and try to provide consistent care givers as much as possible in order to decrease confusion.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 6 which indicated the resident has major cognitive impairment.</p> <p>-Resident #51 (Alleged perpetrator) was admitted to the facility on [DATE], with diagnoses including Alzheimer's disease, anxiety, hypertension, type-2 diabetes, and hyperlipidemia.</p> <p>A behavioral care plan with a start date of January 5, 2023 revealed resident #51 was at risk for behavior problems related to end stage dementia, as evidenced by verbal aggression towards staff and groping female residents without their consent, with noted interventions of identifying behavioral triggers, and keep the resident at arm's length from other female residents.</p> <p>Review of the facilities Reportable Event Record revealed that on the afternoon of April 1, 2024, resident #17 was seated in a day room where the resident's watch TV when a Certified nursing assistant (CNA/staff #119) entered and observed resident #51 with his hand down resident #17's shirt, appearing to be touching her breast. The CNA (CNA/staff #119) removed resident's #51 hand from resident #17's shirt, which made resident #51 upset and visibly agitated towards the CNA (CNA/staff #119).</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with a CNA (CNA/staff #119) on April 9, 2024, at 11:06 a.m., Staff #117 stated that on the day of the incident they were working as a med tech and was passing medications when they observed resident #51 rubbing the shoulders of resident #17, and had his hand in her shirt. The CNA further stated that the resident can be physical too, and likes to grab at staff members also.</p> <p>In an interview conducted with the Director of Nursing (DON/staff #200) on April 9, 2024 at 2:30 p.m. The DON stated that resident #51 has lots of behaviors, verbally sexually suggestive among others. The DON also stated that the care plan states not to allow the resident within arms reach of female residents. The DON also stated that her expectation is that the staff separate the resident's immediately which they did and report it to management.</p> <p>Review of the facility's policy titled 'Resident rights/dignity: Abuse, Neglect, exploitation or misappropriation dated 2022 revealed the objective of the facility is to provide a safe haven for our residents through preventative measures that protect every resident's right to freedom from abuse.</p>		