

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Plaza Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  1475 North Granite Reef Road Scottsdale, AZ 85257	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, staff interviews, and review of facility policy and procedure, the facility failed to ensure that one sampled residents (#36) was safe to self-adminster medication. The deficient practice could result in a medication overdose.</p> <p>Findings Include:</p> <p>Resident #36 was initially admitted on [DATE] and re-admitted on [DATE] with a diagnosis of acute kidney failure,hyperlipidemia, and cerebral infarction.</p> <p>The Nursing Assessment PPS (NP) Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicated intact cognition.</p> <p>A Care Plan dated October 23, 2024 revealed no indication of a focus for medication self-administration.</p> <p>An observation was conducted on January 22, 2025 at 8:20 am of the residents (#36) room, and three medications were observed on the residents bed side table. The medications included Osha Root Rocky Mountain Throat Syrup, Salonpas Lidocaine Plus Pain Relieving Cream , and Fluid Extract Mullein Leaf 2, 000mg.</p> <p>Review of the clinical record revealed no evidence of a medication self-administration order.</p> <p>Further review of physician orders revealed no evidence of orders for the following medications:</p> <ul style="list-style-type: none"> <li>- Osha Root Rocky Mountain Throat Syrup,</li> <li>-Salonpas Lidocaine Plus Pain Relieving Cream</li> <li>-Fluid Extract Mullein Leaf 2,000mg</li> </ul> <p>Review of the clinical record revealed no evidence of a medication self-administration assessment.</p> <p>An interview was conducted on January 22, 2025 at approximately 8:20 AM with Resident #36, who stated that her son brought in the medication , and that she could not remember when this occurred.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on January 22, 2025 at 08:34 AM with a Licensed Practical Nurse (LPN/staff #83 ) who entered the resident ' s room and stated that there were three containers sitting on the bedside table that included Osha Root Rocky Mountain Throat Syrup, Salonpas Lidocaine Plus Pain Relieving Cream , and Fluid Extract Mullein Leaf 2,000 mg. The LPN stated that she has to speak with the Assistant Director of nursing (ADON) to find out what was going on with the medications found on the resident 's bedside table. The LPN also stated that she was not aware of the medication at bedside.</p> <p>An interview was conducted on January 24, 2025 at 1:00 PM with LPN who stated that residents cannot bring cigarettes, alcohol,or medications . The LPN (Staff # 257) stated that if medications were to be brought to the facility by the family and found by staff the staff will put it into a zip lock bag for the family to come by and pick it up. The LPN (Staff # 257) stated the physicians will be made aware along with the social worker when medication is found at the bedside table of the resident . The LPN (Staff #257) stated that they will let the resident know they can ' t have medication that are not ordered by the physician. The LPN (Staff #257 ) stated that there needs to be order for self administration and there are no residents that are on self administration.</p> <p>An interview was conducted on January 24, 2025 at 1:28 PM with the Chief Clinical Officer (CCO/staff #218), who stated that she oversees all of the clinical staff. The CCO (Staff #218) stated that during admission staff will do a head to toe, and skin assessment. The CCO (Staff #218) reviewed their facility policies and stated that if residents request to do self administered they will conduct an assessment to determine resident cognitive status, ability to name the medication. The CCO (Staff #218) stated that they will also need to know if residents are able to tell time and day, and the side effects of the medication. The CCO (Staff #218) stated that they would monitor the side effects, and no controlled substance would be allowed to self administer. The CCO (Staff #218) stated that when staff give medication to residents they should stay at their bedside to ensure that the resident takes their medication. The CCO (Staff #218) stated there were times when families would bring in medication or supplements and in that case education will be provided to the resident and family regarding medication administration and the family will be asked to take the medication back. The CCO (Staff #218) stated that staff will inform the unit manager when a family or representative has brought in medication, and tell the family to take it back. The CCO (Staff #218) stated that there is nothing in the resident # 36 records for self admission and she will be the one to know. The CCO (staff #218) stated that there are no residents in the facility that are self administrators.</p> <p>A review of the policy titled Self-Administration of Medication, revealed that the interdisciplinary team will assess the resident to determine if self-administration of medication is clinically appropriate, safe, and feasible to honor the resident request and to maintain the resident ' s independence consistent with individualized plan of care.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, staff interviews, and policy review, the facility failed to ensure food was properly labeled. The deficient practice may allow residents to consume foods that are unsafe for consumption.</p> <p>Findings include:</p> <p>During an initial tour of the kitchen conducted on January 21, 2025 at approximately 11:17 AM, with the Dietary Director (staff #277) and the Dietitian (staff #112), a ziplock bag labeled pork breast was observed in the walk-in refrigerator with the dates December 30, 2024 and January 06, 2025 written on the ziplock bag. However, there was no identification of the open or expiration dates. The pork breast was 22 days past from December 30, 2024 and 15 days past January 06, 2025 from the initial tour of the kitchen on January 21, 2025. Dietary Director ( Staff # 227) was unable to identify the open and expiration date for the pork breast.</p> <p>An interview was conducted on January 21, 2025 at approximately 11:17 AM with Dietary Director ( Staff # 277) who stated that the pork breast was this month's special , and that frozen meals would base it off of the expiration date.</p> <p>An interview was conducted on January 24, 2025 at 10:45 AM with a Kitchen [NAME] (Staff #65 ), who stated that leftover food items would need labeling. Kitchen [NAME] ( Staff #65) stated food labeling would include the date the item was opened and the expiration date. Kitchen [NAME] (Staff #65) stated that the pork breast was from the December 2024 kitchen menu, and that he forgot to discard. Kitchen [NAME] ( Staff #65), who stated that food items that are not labeled with the open and expiration dates would be discarded. The Kitchen [NAME] (Staff #65) stated that items are inspected for expiration dates in the pantry, walk-in refrigerator and freezer. The Kitchen [NAME] (Staff #65) stated that they discard items that are expired immediately.</p> <p>An interview was conducted on January 24, 2025 at 10:38 AM with the Kitchen manager ( Staff # 277) who stated that they would not use anything in the kitchen that is past the expiration date. The Kitchen manager (Staff#277) stated that she would not serve residents food items with no proper labeling. The Kitchen (staff # 277) stated that they would follow their facilities guidelines in regards to labeling.</p> <p>A policy titled Food Storage revealed that frozen meat/ poultry and foods need to be labeled and dated.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, staff interviews, and facility policies, the facility failed to ensure that infection prevention and control standards were maintained regarding catheter bags for two of four sampled residents (#637, 636). The deficient practice could result in the spread of infection to residents.</p> <p>Findings include:</p> <p>-Regarding Resident #636:</p> <p>Resident #636 was admitted to the facility on [DATE] with diagnoses that included hemiplegia and traumatic brain injury.</p> <p>A care plan initiated on January 16, 2025, revealed the following focus:</p> <p>-Risk for infection related in invasive devices.</p> <p>-History of BPH (benign prostatic hyperplasia) and potential for urinary retention.</p> <p>During an observation conducted on January 23,2024 at 1:12 PM, Resident #636's urinary catheter bag was observed to be lying on the floor.</p> <p>An interview was conducted on January 23, 2025 at 1:35 PM with a Certified Nursing Assistant (CNA/staff #25), who stated that catheter bag should never touch the floor due.</p> <p>Further interview was conducted on January 23, 2025 with CNA (staff #25) who stated that catheter bags should not touch the floor due to infection control issues. She further stated that the risk could result in the spread of infection.</p> <p>An interview was conducted on January 23, 2025 at 2:59 PM with the Chief Clinical Officer (CCO/Staff #218), who stated that urinary catheter bags should be placed in a privacy bag for the dignity of the resident, and should never be lying on the floor. She further stated that the risk of a urinary catheter bag lying on the floor could result in the spread of infection and possible urinary tract infection, even with the privacy bag cover.</p> <p>An additional observation was conducted on January 24, 2025, and the resident's catheter was observed to have been placed in a plastic basin, and the plastic basin was on the floor. This was after the Chief Clinical Officer interview on January 23, 2025.</p> <p>-Regarding resident #637:</p> <p>Resident #637 was admitted on [DATE] with diagnoses that included Acute Kidney Failure, Dependence on renal dialysis, Sepsis, and Urinary Tract Infection (UTI).</p> <p>Review of Resident #637's order summary dated January 16, 2025 indicated an order for a suprapubic catheter to gravity drainage, 16 French, 10 cubic centimeter balloon.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of Resident #637's order summary revealed an order dated January 16, 2025, which indicated catheter care per facility protocol as needed and every shift.</p> <p>Further review of the comprehensive care plan dated January 17, 2025, included Resident #637 has use of a suprapubic catheter and is at risk for infection related to neurogenic bladder. Tasks included catheter care every shift and as needed, change drainage bag as needed for leaking, and check catheter securing device every shift and replace as needed.</p> <p>An observation was conducted January 21,2025 at 1:58pm of resident #637. The resident's catheter bag was observed to be lying on the floor next to the bed while the resident was asleep.</p> <p>During observations conducted on January 22, 2025 at 8:05am and 2:06pm, and January 23, 2025 at 8:30am, the catheter bag was observed touching the floor.</p> <p>Another observation conducted on January 24, 2025 at 8:58am, of the catheter bag had been placed in a privacy cover and a plastic bucket was under the bag to avoid touching the floor.</p> <p>An interview was conducted on January 23, 2025 at 8:53am with a Licensed Practical Nurse (LPN/Staff #269), who stated that catheter care is performed by Certified Nursing Assistants (CNA), and that catheters are replaced at least once a month or as needed, and CNAs should be cleaning the insertion site daily.</p> <p>An interview was conducted on January 23, 2025 at 10:18am with a CNA (Staff #138) who stated that catheter care is routinely performed twice a day or as needed. He also stated that catheter bags are emptied once a day and as needed.</p> <p>An interview was conducted on January 23, 2025 at 2:59pm with an LPN (Staff #300), who stated that catheter bags should not be on the floor or touching the floor. She also stated that the bag should be placed so it can hook on bedside rail, and not touching the floor. The LPN stated the risk of the catheter bag laying on the floor could result in an infection.</p> <p>A policy and procedure titled catheter care, includes a Nursing Reference Policy dated January 2021 stating, Plaza Healthcare recognizes authors [NAME] and/or [NAME] as examples of professional references for education for clinical staff.</p> <p>Review of [NAME] on Indwelling Urinary Catheter Care and Removal (pg. 433) states, don't place the drainage bag on the floor, to reduce the risk of contamination and subsequent catheter-associated urinary tract infection.</p>		