

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Bella Vita Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5125 North 58th Avenue Glendale, AZ 85301	

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>Note: The nursing home is disputing this citation.</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** 48814</p> <p>Based on observations, staff and resident/resident representative interviews, clinical record and policy review the facility failed to ensure that two resident 's (#214 and #525) were free from abuse. The deficient practice may result in physical and/or psychosocial harm to the residents.</p> <p>Findings include:</p> <p>Resident #214 was admitted on [DATE] and discharged on [DATE] with diagnosis including unilateral primary osteoarthritis of left hip, other intervertebral disc disorders of lumbar region, pain in left hip, and muscle weakness.</p> <p>Review of the incident report dated January 15, 2024 revealed Resident #214 had a Brief Interview for Mental Status (BIMS) summary score of 14 indicating no cognitive impairment.</p> <p>The care-plan initiated on January 18, 2024 revealed that Resident #214 was at risk for impaired thought process related to new environment. The goal was that resident will maintain current level of cognitive function through the review date. Interventions included - monitor/observe resident for changes in mood/behavior patterns, fear of other residents and/or staff.</p> <p>Review of progress note dated January 18, 2024 showed that resident #214 was seated in her wheelchair in front of station 300 drinking her tea. Resident #214 was approached by another resident who yelled in her face. The unit secretary immediately came from behind the desk and removed resident #214 and called for assistance. Further around 4:10 pm, resident #214 informed the unit secretary that prior to her coming that the other resident had walked past her in front of the desk and took his right fist and struck her in the right shoulder and mid-back area as she was passing him in her wheelchair. Resident #214 didn't tell anyone of this alleged incident prior to telling the unit secretary. Resident #214 had a PRN skin evaluation completed and noted no marks or bruising to her right shoulder or mid-back area. Resident #214 denied pain or discomfort and feels safe in the facility. She declined notification to her family and explained that she would call her family. Provider, Ombudsman, Glendale Police, APS, and DHS were notified of the alleged incident.</p> <p>Resident #525 was admitted on [DATE] and discharged on [DATE] with diagnoses which included non-displaced zone II fracture of sacrum, acute pain due to trauma, muscle weakness and other stimulant 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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of the incident report dated January 15, 2024 revealed Resident #214 had a Brief Interview for Mental Status (BIMS) summary score of 15 indicating no cognitive impairment.</p> <p>Review of progress note dated January 18, 2024 showed that resident #525 approached another resident and started yelling in her face. The unit secretary immediately separated both residents. Resident #525 continued to walk towards both the unit secretary and the other resident yelling and showed signs of aggression and then he walked outside to the patio. Around 4:10 pm, the other resident had informed the unit secretary that prior to her coming, resident #525 walked past her and took his right fist and struck her in her right shoulder and mid back area as she was passing him in her wheelchair. Both assistant directors of nursing went to speak with resident #525 and he continued to yell and requested to leave facility against medical advice (AMA). Resident #525 was removed by police and detained due to alleged incident and outstanding warrants.</p> <p>A facility reported incident and 5-day report was made on January 18, 2024. This report included Resident #214 notified unit secretary (staff #321) that resident #525 took his right fist and struck her in her shoulder and mid back area as she was passing him in her wheelchair. Resident #214 did not tell anyone prior to telling staff #321. An interview was conducted with several certified nursing assistants (CNAs) and licensed practical nurse (LPNs) who did not witness any aggressive behaviors between resident #214 and resident #525 in past.</p> <p>An interview was conducted licensed practical nurse (LPN/Staff #314) on October 30, 2024 at 8:54 a.m. who stated that the altercation had happened between resident #214 and #525. Staff #314 recalled that resident #525 had raised his fist and hit resident #214 but not sure how hard. Moreover, Staff #314 stated that assistance director of nursing and director of nursing approached resident #525 and separated him from the other residents. Full skin assessments were done on resident #214 and no injury were found.</p> <p>An interview was conducted with certified nursing assistant (CNA/Staff #203) on October 30, 2024 at 9:32 a. m. who stated that process after an altercation is reporting it to floor nurse, call for help, and separate residents immediately. If a resident hits another resident then we do skin assessment for any marks, injury, bruise or open areas.</p> <p>An interview was conducted with administration/executive director (Staff # 72) on October 30, 2024 at 9:48 a. m. who stated that any altercation or abuse that happens is reported to adult protected service (APS), state, police, family, power of attorney (POA) and ombudsmen within 2 hours. He further stated that we substantiate if it happens or people witness that it happens then we separate them first, make sure they are safe, not injured. Regarding resident #214 and #525, he stated that he saw in camera recorder that residents were in hall 300, resident #214 said something to resident #525, he gone away and then he came back and pushed resident #214 with palm on right shoulder and both of them were on wheelchair.</p> <p>Review of facility policy regarding Abuse: Prevention of and Prohibition Against revised on August, 2024 revealed that the facility will act to protect and prevent abuse and neglect from occurring within the facility by establishing a safe environment.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51159</p> <p>Based on interview, record review, and facility policy review, the facility failed to notify the Ombudsman of transfer/discharge for one resident (#163). Failure to notify Ombudsman of transfers/discharges may result in residents being discharged against their will.</p> <p>Findings include:</p> <p>Resident # 163 was admitted on [DATE] with a diagnoses including acute kidney failure, Gastro-Esophageal reflux, and multiple fractures of the ribs.</p> <p>A Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 11, which indicated moderately impaired cognition.</p> <p>Admission transfer/discharge reports dated July 2024 revealed no evidence that resident (#163) had been listed as discharged .</p> <p>A Care plan dated July 29, 2024 revealed a focus that the resident is to return or be discharged to an alternative placement.</p> <p>A progress note dated July 30, 2024 revealed that the resident was transferred to a rehabilitation facility via stretcher.</p> <p>A physician's order dated July 30, 204 revealed an order to discharge to a rehabilitation facility.</p> <p>An email sent to the Ombudsman on August 7, 2024 by the Medical Records Supervisor (Staff # 208) revealed no evidence that the resident was discharged in July 2024.</p> <p>Review of the facility Record Hospital Transfer and Admission / Discharge revealed no evidence of Resident (#163) discharge.</p> <p>An interview was conducted on October 30, 2024 at 11:53 AM with Social Services Supervisor (Staff # 230), who stated that the resident had requested to be transferred to another facility. She also stated that the Ombudsman should be notified when residents transfer / discharge from the facility on a monthly basis. She reviewed the email she sent to the Ombudsman with the residents that discharged /transferred during July 2024, and stated that resident #163 was not on the list.</p> <p>An interview was conducted on October 30,2024 at 12:33 PM with the Medical Records Supervisor (Staff #208), who stated that the discharge paperwork would be sent to her, and scanned into the clinical records. She also stated that she would send a list of discharged or transferred residents to the Ombudsman once a month. She reviewed the clinical Record and stated there was no evidence that the Ombudsman had been notified of the resident's discharge. She further stated that Resident (#163) was not on that list of discharged / transferred residents for July 2024 that she sent to the Ombudsman.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>An interview was conducted on October 30, 2024 at 2:26PM with the Assistant Director of Nursing (ADON/ Staff # 34) who reviewed the July Hospital Transfers and Admission Discharge report and stated that Resident (#163) was not included on the list of transfers or discharges.</p> <p>An interview was conducted on October 31, 2024 at 8:56 AM with the Case Manger (Staff #301), who stated that it is mandatory to notify the Ombudsman when residents are discharged from the facility . She further stated the risk could be that the Ombudsman would not be aware that a resident was discharged .</p> <p>An interview was conducted on October 31, 2024 at 11:34 AM with the Director of Nursing (DON/ Staff # 42) who stated that the Ombudsman would be notified of when a resident transfers or discharges from the facility. She also stated that the Ombudsman was not notified of the resident's discharge in July.</p> <p>A facility Policy titled, Admission, Transfer and Discharge, revealed that when the facility transfers/discharges a resident, the facility will ensure that the transfer / discharge is documented in the Resident medical record and appropriate information is communicated to the receiving health care institution is provided.</p> <p>Review of facility policy titled, Change of Condition Reporting, reviewed on June, 2023 indicated, for acute medical change that the resident representative will be notified that there has been a change in the resident's condition and what steps are being taken.</p> <p>Review of State Operations Manual (Rev. 211; Issued: 02-03-23; Effective: 10-21-22; Implementation: 10-24-22) revealed, S483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50553</p> <p>Based on observation, clinical record review, staff and resident interviews, and policy review, the facility failed to ensure one resident (#320) was provided assistance with showering and dressing. This deficient practice could result in residents not being provided appropriate hygiene care and services.</p> <p>Findings include:</p> <p>Resident #320 was admitted to the facility on [DATE] with diagnoses that included muscle weakness (generalized), hemiplegia and hemiparesis, and type 2 diabetes mellitus.</p> <p>Review of the care plan dated October 24, 2024 revealed the resident had activities of daily living (ADL) performance deficit related to general weakness, impaired mobility, history of multiple strokes, hypertension, and atrial fibrillation with pacemaker.</p> <p>Review of the Certified Nursing Assistant (CNA) bathing task log revealed no evidence that the resident had received a shower from admission on October 23, 2024 to October 30, 2024. The task log revealed one entry of a refusal of a shower on October 28, 2024.</p> <p>Review of the shower sheets for resident #320 revealed the refusal on October 28, 2024 and signed by the CNA and charge nurse assigned on that date. The resident did not sign this sheet. No other shower sheets were provided or available.</p> <p>Interview was conducted with resident #320 on October 28, 2024 at 12:09 PM, who stated that no one has offered him a shower since admitting to the facility; and that, he would be interested in having one. At the time of the interview, the resident was laying in bed. He was dressed in a black t-shirt with yellow print, and there were dried skin flakes covering the shirt.</p> <p>Review of the admissions Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS also revealed that the resident required partial/moderate assistance with activities such as bathing and dressing.</p> <p>Further interview was conducted with resident #320 on October 30, 2024 at 10:22AM. The resident is observed in bed, wearing the same shirt from previous interview 2 days prior. Dried skin is still noted over the shirt. In this interview, the resident reports that he still has not been given a shower. He reports that a few days prior, a female staff member stated they would come back to give him a shower, but she never returned. The resident could not recall exactly when this happened or who the staff was. He reports no one has offered a shower since. The resident also reports he has not refused any showers and would love to receive one.</p> <p>Interview was conducted on October 30, 2024 at 1:19PM with a Licensed Practical Nurse (LPN/Staff #83) who stated that residents get showers at least twice a week, and any refusals should be documented by both the CNAs and nurses.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview was conducted on October 30, 2024 at 01:33PM with the CNA (staff #203) who signed the refusal shower sheet on October 28, 2024. The CNA reports that residents receive showers twice a week or as requested. The CNA reports that she offered resident #320 a shower on October 28, 2024, but he reported feeling sick and did not want one. She states she returned later and offered again. She could not recall what times she offered, but reports that is was before and after breakfast. When asked if she assisted the resident to get dressed, the CNA reports that therapy often helps with that. The CNA was also informed at this time by the surveyor that resident #320 reported he would like a shower.</p> <p>Additional interview was conducted with Resident #320 on October 31, 2024 at 08:40AM, who reports that he still was not offered a shower. He further explains that he does not know what dates he is supposed to receive a shower, and thinks the staff may be too busy to assist him. The resident was observed to still be in the same clothing, a black t-shirt with yellow print. The resident reports that no one has offered to assist him to change clothing. He reports that he can sometimes manage on his own, but has a hard time due to a history of multiple strokes. The resident also explains that he has new shirts in his drawer, but no one had come to change him into a new shirt. He could not recall how long he had the same shirt on, but confirms his shirt had not been changed this week.</p> <p>Interview was conducted on October 31, 2024 at 8:46AM with an LPN (staff #314), who confirmed that resident #320's scheduled shower dates are Mondays and Thursdays. Upon looking at the electronic health record (EHR) and the resident's admitted , the LPN states that the resident should have been offered at least two showers by this point. The LPN instructs to check the EHR for charting of showers.</p> <p>Interview was conducted on October 31, 2024 at 10:53AM with the Director of Nursing (DON/Staff #42) and the Assistant Director of Nursing (ADON/Staff #34). In this interview, the DON confirms that residents should be offered a shower twice a week, according to their shower schedule and preferences. The DON and ADON both explain that these showers are expected to be charted in the EHR. The DON further explains that each refusal or offering of a shower is not necessarily expected to be charted. When asked about dressing residents, the DON states that the staff encourage residents to get dressed, but it is their right to refuse. When asked if this should be documented, the DON and ADON both report that it does not have to be documented that a staff offers to dress the resident or if the resident refuses. When asked how they can ensure their staff are offering to assist residents with dressing, the DON reports that you can tell through the staff rounding.</p> <p>Review of the facility policy titled, ADLs- hygiene, grooming, toileting, bathing, oral care, dressing, grooming, mobility, transfers, ambulation, etc. indicates that if a resident is unable to carry out ADLS independently, including dressing and grooming, the services will be provided by staff. This policy also indicates that bathing will be offered twice a week and as requested by the resident. The policy states that ADL care, including dressing, personal hygiene and grooming, will be documented in the medical record.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51103</p> <p>Based on observation, clinical record review, interviews, and policy review, the facility failed to ensure that a blood pressure medication was administered within ordered parameters for one resident (# 60).</p> <p>Findings Include:</p> <p>Resident # 60 was readmitted to the facility on [DATE] with diagnoses that included dependence on hemodialysis, hypotension, hypothyroidism, muscle weakness, and unspecified issues of the musculoskeletal system.</p> <p>Review of the admissions Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition.</p> <p>The care plan for hypotension-initiated January 3, 2024, revealed for staff to monitor, and record vital signs, and to report any significant abnormalities to the physician (MD).</p> <p>A medication order for Midodrine HCL 5 mg was initiated on January 30, 2024 for three tablets to be administered with meals for hypotension (low blood pressure), but to hold the dose if the systolic blood pressure was greater than 130.</p> <p>The MAR revealed that the Midodrine 5mg tablet was administered outside of parameters with systolic blood pressures (BP) greater (>) than 130, 4 times in June 2024, 5 times in July 2024, 1 time in August 2024 and 2 times in October 2024.</p> <p>The clinical record failed to reflect any documentation supporting the reason for administration of Midodrine 5 mg to be given outside of parameter.</p> <p>The clinical record failed to reflect documentation that the provider was notified when Midodrine 5mg was given outside of parameter.</p> <p>In an interview with the Assistant Director of Nursing (ADON/Staff # 34) on 10/31/24 at 8:43 a.m. the ADON was able to identify occurrences of when the Midodrine administered above a systolic of 130, but was unable to locate any order to support this medication to be given out of parameter. The ADON was also unable to produce any documentation that the physician was contacted. The ADON stated that blood pressure medications should be given within parameter, especially this one because high blood pressure can also cause the resident issues, and any concerns about the blood pressure or parameters should be directed to the DON and provider.</p> <p>In an interview with the Director of Nursing (DON/Staff # 42) on October 31, 2024 at approximately 1:30, the DON was also unable to produce documentation to support the blood pressure medication was to be given out of parameter. She voiced that this practice was not per facility protocol and further reinforced the importance of the administering nurse's duty of ensuring medications are given correctly.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A policy titled Documentation and Charting advises the facility is to provide a complete account of the resident's care, treatment, response to care, and progress of the resident's care.</p> <p>A policy titled Medication Administration-Oral revealed that if there is any question in regard to dosage, the person in doubt should not give the drug until clarification has been obtained.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50553</p> <p>Based on observations, staff and resident interviews, clinical record and policy review the facility failed to ensure enhanced barrier precaution orders were implemented for two residents (#157 and #60); proper infection control practices were implemented during the laundry process; and that, infection prevention and personal protective equipment were utilized as ordered for one resident during medication administration. The deficient practice could result in a spread of preventable illness to residents and staff.</p> <p>Findings Include:</p> <p>-Regarding Resident #157</p> <p>Resident #157 was admitted to the facility on [DATE] with diagnoses that included hemiplegia and hemiparesis following cerebral infarction affecting left side, morbid obesity, and dysphagia.</p> <p>Review of the Nurse Practitioner (NP) progress noted dated October 11, 2024 revealed that the NP was aware that the resident had a gastrojejunostomy (GJ tube), and therefore instructed the staff to provide GJ tube site care.</p> <p>Review of the physician order dated October 11, 2024 revealed instructions for staff to monitor the resident's percutaneous endoscopic gastromy (PEG) tube site, including cleansing and covering the site with a dressing every shift.</p> <p>Review of the Treatment Administration Record (TAR) for October 2024 revealed that staff were instructed to monitor the PEG tube site, including cleansing and covering the site with a dressing every shift. This was charted as completed twice a day since admission.</p> <p>Further review of physician orders revealed no evidence of an order for Enhanced Barrier Precautions (EBP).</p> <p>Review of the care plan revealed no evidence of enhanced barrier precautions being utilized, and no mention of the resident having a feeding tube in place.</p> <p>Review of the Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition.</p> <p>Observation of Resident #157's room on October 28, 2024 at 8:32AM revealed no evidence of EBP signage in or outside of the resident's room. Observation revealed the resident was laying in bed at this time with shirt slightly exposing their stomach, and a feeding tube was noted in place.</p> <p>Observation of resident #157's room on October 30, 2024 at 11:52AM revealed two staff members in the resident's room at this time. Both staff members did not wear gowns. The two staff were assisting the resident to re-position in bed, as they were touching the resident's bedding under the resident.</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>Interview was conducted on October 30, 2024 at 11:58 AM with Resident #157 and their mother. At this time, still no EBP signage in or outside of the resident's room. Resident #157 lifted their shirt, exposing the feeding tube and explained that the staff assist with cleaning the feeding tube by wiping it with gauze and applying a dressing onto it.</p> <p>An interview was conducted on October 31, 2024 at 07:12 AM with the Infection Preventionist/ Licensed Practical Nurse (IP/LPN/Staff #89) who stated that she expects staff to follow CDC guidelines regarding EBP usage. She further explained that EBP should be implemented if a resident has anything coming out of their body such as devices, foley catheters, or PICCs (peripherally inserted central catheter). When asked if resident #157 should be on EBP, she stated that she was not sure since his feeding tube has not been accessed at the facility.</p> <p>-Regarding Laundry Practice</p> <p>An interview was conducted on October 30, 2024 at 11:20 AM with the Director of House Keeping and Laundry (Staff #60), who stated that during washing process in the laundry, everything is treated as infected, so a gown should be worn every time. She also stated that the certified nursing assistants should strip the beds and place the dirty linens in a sealed bag, which is collected for cleaning.</p> <p>Observation of the laundry process was conducted on October 30, 2024 at 11:26 AM with Staff #60. During this observation, the staff member washed their hands and then wore gloves but no gown. The staff member opened the cart with the soiled linens revealing some items in the soiled cart were bagged and others were not. Some of the bags were sealed and others were not. Staff #60 then moved each item from the soiled linen cart into the washing machine. Sealed bag was placed into the washing machine and then opened inside the machine to remove the items. Staff #60 completed this process wearing gloves but no gown was worn.</p> <p>Interview was conducted on October 31, 2024 at 07:12AM with the Infection Preventionist (IP/Staff #89), who stated that housekeeping is instructed to treat every room as infectious. She elaborated that soiled linens should be bagged in the room, and PPE should be properly donned and doffed when handling dirty linen.</p> <p>Further observation of the laundry process was conducted on October 31, 2024 beginning at 7:26 AM with staff #60 and staff #126. During this observation, the two staff were observed holding linen against their body when transferring the items from the clean linen bin onto the folding table as well as during the folding process -- without use of gloves or gowns. At 7:27AM, Staff #126 was observed folding a blanket over the clean linen bin, holding the blanket against her chest, and then placed it on the folding table. At 7:29 AM, Staff #126 was observed folding a fitted sheet from the clean linen bin, then holding the sheet against her chest as they folded the sheet and placed it onto the folding table. At 7:31AM, Staff #126 again was observed to pull a fitted sheet from the clean linen bin, held the sheet against her waist when folding, and then placed it on the folding table. At 7:33AM, Staff #60 was observed pulling dry linen from the dryer, and held some of the clean linen against her chest as they placed it into the clean bin. This process was conducted without the use of a gown or gloves.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Bella Vita Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5125 North 58th Avenue Glendale, AZ 85301	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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>An interview was conducted on October 31, 2024 at approximately 07:50AM with the Director of Housekeeping and Laundry (Staff #60), who stated that staff are not supposed to touch clean linen to their clothing during folding. Instead, the folding table should be used to fold items. Staff #60 also identified that touching clean laundry to staff clothing could result in contamination to the clean laundry.</p> <p>At 08:07AM on October 31, 2024, again staff were observed transferring dirty linen from the soiled linen cart to the washing machine. Prior to handling the dirty linen, staff #126 donned a gown and tied it at the waist, but did not tie the gown at her neck. The soiled linen cart was observed at this time to have un-bagged dirty linen sitting on top of bagged laundry within the cart. The staff proceeded to don gloves and removed the laundry from the top of the linen cart. While removing the dirty linen from the cart, the staff member's gown fell down from her shoulder to the top of her chest, with the inside of the gown turned out. The staff then pulled up the gown, touching the inside of the gown while readjusting gown. The gown continued to fall down again 2 more times, once at 08:10 AM and again at 08:11AM. Both times, the staff member touched the inside of the gown with her gloved hand to pull the gown up to their shoulders.</p> <p>An interview was conducted on October 31, 2024 at 08:11AM with Staff #126, who stated that when handling the laundry, staff are supposed to tie the gown at the neck and waist. She stated there was not any risk associated with her gown falling down from her shoulders, because the dirty linen would not touch her clothing. She further stated that gowns were used to protect their clothing from touching the dirty linen.</p> <p>51006</p> <p>-Regarding medication administration</p> <p>A medication administration observation was conducted on October 30, 2024 at 7:19 AM of a Licensed Practical Nurse (LPN/Staff #83). The following medications were administered:</p> <p>-Acetaminophen Tablet 650 MG</p> <p>-Lidocaine External Patch 4 % (Lidocaine)</p> <p>-Enoxaparin Sodium Injection Solution Prefilled Syringe 40 MG/0.4ML (Enoxaparin Sodium)</p> <p>The medications were administered to one resident with Enhanced Barrier Precautions (EBP) signage in front of the resident's door. Staff #83 was observed without utilizing EBP prior to administering Lidocaine External Patch 4 % (Lidocaine) onto the resident's right chest and Enoxaparin Sodium Injection Solution Prefilled Syringe 40 MG/0.4ML (Enoxaparin Sodium) into the resident's lower left quadrant</p> <p>In an interview conducted with Staff #83 on October 30, 2024 at 7:23 AM, staff #83 stated that the facilities' expectations regarding EBP signage in regards to medication administration is that any direct contact requires full personal protection equipment (PPE), including a gown, gloves, and hand sanitizer before and after touching the resident. Staff #83 stated that EBP was not utilized while the medication administration was observed.</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>In an interview conducted with an Licensed Practical Nurse (LPN/ Staff #101) on October 30, 2024 at 8:13 AM, staff #101 stated that the facilities' expectations, regarding EBP signage, during medication administration is that any direct contact requires full personal protection equipment (PPE), including a gown, gloves, and hand sanitizer before and after touching the resident. Staff #101 also stated that medications that require full PPE are patches, injections and topicals; and that, oral medications do not require full PPE.</p> <p>In an interview conducted with an LPN (Staff #29) on October 30, 2024 at 8:38 AM, staff #29 stated that the facilities' expectations regarding EBP signage in regards to medication administration is that any direct contact requires full personal protection equipment (PPE).</p> <p>During an interview conducted with the Director of Nursing (DON/Staff #42) on October 30, 2024 at 1:02PM, Staff #42 stated that the facilities' expectations regarding EBP signage, during medication administration is that any direct contact requires full personal protection equipment (PPE), including a gown, gloves, and hand sanitizer before and after touching the resident. Staff #42 also stated that the medications that require full PPE are for patches, injections and topicals; and that, oral medications do not require full PPE. Staff #42 also stated that not utilizing PPE during administration of patches, injections, and topicals when a resident has an EBP signage in front of their door is not the facilities best practice.</p> <p>51103</p> <p>Regarding Resident # 60</p> <p>Resident # 60 was admitted to the facility on [DATE], with diagnoses that include; end-stage renal disease (ESRD), dependence on renal dialysis, anxiety, tobacco use, and anemia.</p> <p>Review of the admissions Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS also identified the resident as hemodialysis dependent.</p> <p>Review of the care plan for hemodialysis initiated on January 11, 2024 included the intervention for the use of enhanced barrier precautions (EBP) with the resident.</p> <p>An order dated May 17, 2024 provides instruction for the care of the resident's fistula (left upper arm hemodialysis access).</p> <p>An order dated October 28, 2024 was written to begin Enhanced Barrier Precautions (EBP) due to the resident's fistula.</p> <p>Review of resident's record did not indicate resident had order for EBP prior to October 28, 2024 and after resident's admission.</p> <p>An interview was conducted on October 30, 2024 at 8:15 am with the resident. Resident stated everything is going good at dialysis, and that she handles her fistula herself at the nursing home. She states four hours after treatment she knows it's safe to remove her bandages. She further elaborated that if she has any issues with the access, she is to notify staff for assistance.</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>An interview was conducted on October 30, 2024 at approximately 1:30 p.m. with the Director of Nursing (DON/Staff # 42). The surveyor reviewed with DON the order entry for EBP that was activated on October 28, 2024 at 6:30 p.m. The DON stated that whenever a resident is indicated to be on EBP, orders and implementation of those orders are expected to begin immediately.</p> <p>A policy titled Dialysis (Renal), Pre and Post Care indicates the dialysis access should be assessed upon return to the facility for patency, and any unusual redness or swelling.</p> <p>Review of facility policy titled, Infection Prevention and Control Program (revised 06/23) revealed that policies, procedures and aseptic practices are following by personnel in performing procedures, linen handling, and disinfection of equipment. This policy also revealed that the spread of infections is accomplished by use of Standard Precautions and/or other transmission-based precautions. However, review of this policy revealed no descriptive CDC guidance or application of CDC recommendations.</p> <p>Review of the EBP signage provided by the facility revealed that providers and staff must wear gloves and gown for high-contact resident care activities including: dressing, bathing, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use (central line, urinary catheter, feeding tube, tracheostomy), and wound care.</p> <p>Review of the guidelines published June 2021 from the Centers for Disease Control and Prevention (CDC) revealed that EBP may be applied to residents with wounds or indwelling devices, regardless of MDRO (multidrug-resistant organism) colonization status.</p> <p>Review of facility policy titled, Linen Handling, states that all soiled linen shall be treated as possibly infectious and handled as such. The policy states that clean linens should be carried and held away from the body, and gowns and gloves should be worn when sorting or washing linen.</p> <p>Review of facility policy titled, Infection Prevention and Control Program, revealed that policies, procedures and aseptic practices are following by personnel in performing procedures, linen handling, and disinfection of equipment.</p>		