

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035093	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Haven of Cottonwood		STREET ADDRESS, CITY, STATE, ZIP CODE  197 South Willard Street Cottonwood, AZ 86326	

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 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** 40581</b></p> <p>Based on observations, resident and staff interviews, and policy and procedures, the facility failed to ensure that one resident (#41) received nail care as needed and showers, and one resident (#12) received assistance with showers as needed. The deficient practice could result in poor hygiene and infection.</p> <p>Findings include:</p> <p>Resident #41 was admitted on [DATE] with diagnoses that included chronic kidney disease, Type II diabetes, and acquired absence of the left leg below the knee.</p> <p>The minimum data set (MDS) dated [DATE] included a brief interview for mental status (BIMS) score of 8 indicating the resident had a moderate impairment. The assessment also included that the resident needed substantial/maximal assistance with bathing.</p> <p>Review of the care plan dated March 12, 2024 revealed that the resident was at risk for functional self-care deficits. Interventions included the resident required substantial/max-total assist to bathe.</p> <p>Review of the shower task sheet for the month of March 2024 revealed that the resident received a shower on March 1, 8, 12, 19, 22, 26, and 29, 2024. The resident only received one shower the week of March 8 and March 12, 2024.</p> <p>The shower task sheet for the month of April 2024 revealed that the resident received a shower on April 2 and 9, 2024. The resident only received one shower per week.</p> <p>The shower sheets for March and April 2024 also revealed that fingernail care was a part of the bathing process.</p> <p>Further review of the shower sheet forms revealed no documentation that the resident received or refused showers/bathing or was offered nail care for the month of March and April 2024.</p> <p>During an observation conducted on April 9, 2024 at 2:34 p.m., the resident's fingernails were observed to be too long, stained, and had dirt under the nails.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on April 11, 2024 9:22 a.m. with a Direct Care Coordinator/certified nursing assistant (CNA/staff #43) who stated that showers were scheduled twice a week; and, showers included washing hair, shaving, and clipping/cleaning fingernails. She stated that staff were supposed to complete a shower sheet form and document services provided including resident refusals. The CNA also stated that the staff were to document that the resident received assistance with showers on the shower task sheet. Further, The CNA said that the DON (Director of Nursing) was responsible for monitoring the shower sheet forms and the task sheets. During the interview, an observation of resident #41 was conducted with the CNA (staff #43) who stated that the resident's the fingernails on the left hand were too long, past the fingers, and had black debris was under the nails. The right hand was under the blanket, so it could not be observed.</p> <p>In an interview with the Medical Records Manager (staff #37) conducted on April 11, 2024 at 9:37 a.m., staff #37 said that she did not have any shower sheet forms for resident #41 for the last two weeks. During the interview, staff #37 checked in the DON's office and the nurse stations to see if there were any shower sheet forms; and, staff #37 stated that she could not find any shower sheets for the last two weeks resident #41.</p> <p>An interview was conducted on April 11, 2024 at 9:53 a.m. with the DON who stated the residents were scheduled for two showers a week; and that, the resident can ask for more. The DON said that showers/bathing were documented on the task sheet and on the shower sheet form; and, both forms of documentation were currently being used because staff were forgetting to document on the task sheet. The DON said that the facility was working on ensuring that the shower sheet forms were collected. She stated that nail cutting and cleaning was a part of nail care and if the resident refuses nail care, it should be documented on the shower sheet form and the resident had to sign it. She stated that Direct Care Coordinator (CNA/staff #43) was responsible for reviewing the task sheets and shower sheet forms; however, staff #43 had been working on the floor because she was needed to assist with the residents.</p> <p>The facility's policy, Bathing and Showers dated 2022 stated a purpose to promote cleanliness, provide comfort to the resident and to observe the condition of the skin. Do not trim the resident's toenails or fingernails unless otherwise instructed by the supervisor. The following information should be documented in the resident's record: date and time of shower, skin observations, refusals, and how the bath/shower was tolerated by the resident.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49399</p> <p>Based on clinical record review, staff interviews and facility policy review, the facility failed to ensure there was a physician order for the use of an indwelling catheter for one resident (#172). The deficient practice could result in inappropriate use of an indwelling catheter for residents who do not need them.</p> <p>Findings included:</p> <p>Resident #172 was admitted on [DATE], with diagnoses of acute cystitis without hematuria and acute kidney failure.</p> <p>The Minimum Data Set (MDS) assessment included that indwelling catheter was not coded for resident #172.</p> <p>The nursing admission evaluation on April 2, 2024 revealed the resident was oriented to person, place, and situation and had bowel and bladder incontinence.</p> <p>The care plan dated April 3, 2024 included that the resident had an indwelling catheter for bladder outlet obstruction. Interventions included to change catheter as ordered and catheter care every shift.</p> <p>Review of the catheter evaluation dated April 3, 2024 revealed the justification for use of indwelling catheter was bladder outlet obstruction; and that, the catheter order included to change Foley catheter as needed and catheter care every shift and as needed.</p> <p>The history and physical progress note dated April 3, 2024 included that the resident had complicated cystitis. The documentation did not include the resident had indwelling catheter on.</p> <p>The psychiatry progress note on April 5, 2024 included that Foley catheter was in place.</p> <p>Despite documentation that the resident had indwelling catheter, the clinical record revealed no physician order for the indwelling catheter from April 2 through April 10, 2024.</p> <p>The physician order dated April 11, 2024 included for Foley catheter size 16Fr (French)/30 cc (cubic centimeter) balloon and to change Foley catheter as needed for leaking, soiling, blockage or as ordered.</p> <p>An observation was conducted on April 10, 2024 at 1:44 p.m. with a certified nursing assistant (CNA)/staff #67) who completed indwelling Foley catheter care for resident #172. The resident had an indwelling catheter with a privacy bag that covered the Foley catheter bag.</p> <p>(continued on next page)</p>		

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<p>F 0690</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 licensed practical nurse (LPN)/staff #9) on April 11, 2024 at 1:22 p.m. The LPN stated obstruction would be one of the reasons for a Foley indwelling catheter placement. The LPN said that when a resident had indwelling catheter, she would ensure to get an order from the provider and there was a reason for the indwelling catheter use. During the interview, a review of the electronic record was conducted with the LPN who stated there was no order for the catheter use and she needed to get an order for the resident's Foley catheter.</p> <p>In an interview conducted with the Director of Nursing (DON) on April 11, 2024 at 2:54 p.m., the DON said that a physician order was needed if the resident was using and indwelling catheter. The DON said that there should be specific diagnosis for the use of indwelling catheter such as neurogenic bladder, or urine outlet obstruction. The DON also said that it was her expectation that staff would check the admission orders if a resident had a Foley catheter; and that, to call the physician if there was admitting order for the use of an indwelling catheter. Further, the DON stated that if the Foley catheter care did not appear in the MAR/TAR (medication administration record/treatment administration record) the staff should find out the reason and then contact the physician.</p> <p>The facility policy on Urinary/Renal Conditions: Catheter Care, Urinary dated on January 1, 2024, revealed that to review and document the clinical indications for catheter use prior to inserting, nursing and the interdisciplinary team should assess and document the ongoing need for a catheter that is in place.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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> 49399</p> <p>Based on observations, staff and resident interviews, facility policy and procedures, and CMS (Centers for Medicare and Medicaid Certification) guidance, the facility failed to ensure that staff used appropriate enhanced barrier precautions (EBP) for two residents (#23 and #172). The deficient practice could result in the transmission of infections to residents and staff.</p> <p>Findings include:</p> <p>-Resident #172 was admitted on [DATE], with diagnoses of acute cystitis without hematuria and acute kidney failure.</p> <p>The Minimum Data Set (MDS) assessment included that indwelling catheter was not coded for resident #172.</p> <p>The nursing admission evaluation on April 2, 2024 revealed the resident was oriented to person, place, and situation and had bowel and bladder incontinence.</p> <p>The care plan dated April 3, 2024 included that the resident had an indwelling catheter for bladder outlet obstruction. Interventions included to change catheter as ordered and catheter care every shift.</p> <p>An observation was conducted on April 10, 2024 at 1:44 p.m. with a certified nursing assistant (CNA)/staff #67) who completed indwelling catheter care for resident #172. The CNA washed her hands by the nurses' station before entering the resident's room. She brought with her a clean urinal, donned clean gloves, emptied the foley catheter bag and emptied the urinal in the bathroom. She then disposed of the urinal into a trash bag, washed her hands with soap and water and donned new gloves. She carried the trash can with plastic lining cover with her gloves on then proceeded to lowering the head of the bed. She uncovered the resident, unstrapped her brief, wiped down the resident's abdominal folds, groin area and labia using a clean wipe each time. The CNA wiped the area where the catheter was exiting the urethra, grabbed the catheter from the exit from urethra and wipe 3-4 inches down; and after the catheter care, she re-strapped the resident's brief, doffed the gloves and washed her hands with soap and water. For the duration of the observation, the CNA was not wearing a gown.</p> <p>40581</p> <p>-Resident #23 was admitted on [DATE] with diagnoses of generalized muscle weakness, unspecified urinary incontinence, and obesity.</p> <p>The Foley catheter care plan dated July 27, 2023 included interventions to check tubing for kinks each shift and to provide catheter care each shift.</p> <p>The minimum data set (MDS) dated [DATE] included a brief interview for mental status score of 15 indicating the resident was cognitively intact.</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 - Some</p>	<p>An observation was conducted on April 9, 2024 at 12:17 p.m. There were no signs posted outside or in the resident's (#23) room to indicate what personal protective equipment (PPE) was needed during catheter care. An interview with resident #23 was conducted during the observation. The resident stated that staff wear gloves during catheter care and wash hands at sink, but they do not wear gowns.</p> <p>During an interview conducted with a certified nursing assistant (CNA/staff #62) on April 10, 2024 at 10:00 a. m., the CNA stated that she checks the resident's catheters every two hours and empties the bags as needed. She also said that when she empties the bags, she wears gloves, doff them when she was done, and wash her hands.</p> <p>A catheter care observation for resident #23 was conducted with (CNA/staff #62) on April 10, 2024 at 1:15 p. m. The CNA washed her hands, doffed gloves, placed a paper towel on the floor, and placed a urinal on the paper towel. The CNA then disconnected the tip/tubing from the urinal bag and wiped the tip with an alcohol wipe before emptying the catheter bag into the urinal. Once the bag was empty, she cleaned the tip/tubing with a clean alcohol wipe and reconnected it to the bag, and placed the bag in a privacy bag. The CNA then threw the paper towel away, emptied the urinal, doffed her gloves and washed her hands with soap and water. For the duration of the observation, the CNA was not wearing a gown. In an interview conducted with the CNA immediately following the observation, the CNA stated that she never wears a gown unless the resident was on isolation.</p> <p>An interview was conducted on April 10, 2024 at 2:30 p.m. with the Director of Nursing (DON) and the [NAME] President of Clinical Operations (staff #105). The DON stated that she was also the Infection Control Preventionist and she has not provided staff with PPE training requirements on high-contact care activities for residents with chronic wounds or indwelling medical devices, regardless of their multidrug-resistant organism (MDRO) status, such as central/IV lines, trach's, catheters and wounds. Staff #105 stated that they were not aware of the new enhanced barrier precautions and will begin training immediately and ensuring that PPE is available.</p> <p>The facility policy, Infection Control Program dated 2013 states that all facility staff will be educated on hand hygiene, infection control, and isolation precautions on hire and annually. This education may also be required on an ad hoc basis as deemed appropriate by the ICC.</p> <p>The CMS guidance on Enhanced Barrier Precautions (QSO-24-08-NH) dated March 20, 2024 included that EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their MDRO status. EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gowns and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use e.g. urinary catheter and wound care: any skin opening requiring a dressing.</p>		