

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2025
NAME OF PROVIDER OR SUPPLIER  Desert Cove Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1750 West Frye Road Chandler, AZ 85224	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, interviews, and facility documentation and policy, the facility failed to ensure that one resident (# 23) received wound care in accordance with physician orders. This deficient practice can result in diminished quality of life, and suboptimal clinical outcomes.</p> <p>Findings include:</p> <p>Resident # 23 was admitted to the facility April 3, 2023 with diagnoses that included heart failure, cellulitis of left lower limb, Diabetes Type 2 with ulcers, obesity, and muscle weakness.</p> <p>Review of the resident's Break in Skin Integrity care plan, initiated on February 20, 2023 revealed the resident was to have treatment as ordered and weekly skin checks.</p> <p>Review of the Nursing Home Comprehensive Minimum Data Set (MDS), dated [DATE], revealed the resident had a Brief Interview for Mental Status score of 15, indicating cognition was intact. The MDS also identified the resident as having an infection of the foot, and a diabetic foot ulcer(s).</p> <p>Review of the residents wound care order, initiated on April 5, 2023, instructed the licensed staff to address the left lower extremity ulcers in the following steps twice daily:</p> <ol style="list-style-type: none"> <li>1. Clean the area with normal saline.</li> <li>2. Paint Purulent areas with medi-honey</li> <li>3. Cover the open-non-purulent areas with xeroform</li> <li>4. Paint the diabetic ulcer to the heel with betadine and cover with a non-adherent pad.</li> <li>5. Wrap with a bulky gauze bandage daily every shift.</li> </ol> <p>Review of the resident's wound care order, initiated on April 5, 2023, instructed the licensed staff to address the right inner calf in the following steps daily:</p> <ol style="list-style-type: none"> <li>1. Wash the area with normal saline.</li> <li>2. Paint with Betadine.</li> </ol> <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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Cover with bordered gauze.</p> <p>Review of the clinical record, failed to support wound care for the left lower extremity ulcer was performed or refused on: April 6, 2023, April 10-11, 2023, April 17, 2023, April 23, 2023, April 25-26, 2023, and March 1, 2023.</p> <p>Review of the clinical record, failed to support wound care for the right inner calf was performed or refused on: April 6, 2023, April 10-11, 2023, April 13, 2023, April 17, 2023, April 25-26, and March 1, 2023.</p> <p>An interview was attempted with the complainant on April 24, 2025 at approximately 9:00 AM, however the number was no longer in service.</p> <p>During an interview with a Certified Nurse Assistant (CNA/Staff # 71) on April 24, 2025 at approximately 2:00 PM, the CNA revealed that during resident care, if a dressing is missing or falling off, or if any new abnormal skin changes are observed, it is the responsibility of the CNA to report it to the nurse.</p> <p>In an interview with a Registered Nurse (RN/Staff # 2) on April 24, 2025 at approximately 2:10 PM, the RN revealed the facility does not have a dedicated wound care nurse, but rather the licensed nurses incorporate wound care into their shift. In addition, the RN stated that provider orders for wound care are to be followed, or else the resident will have set backs in their healing. The RN stated that setbacks can include the wound becoming worse, larger, and even infected. The RN stated that refusal of dressing changes are documented and reported to management for further follow-up.</p> <p>During an interview with the Director of Nursing (DON/Staff # 21) on April 24, 2025 at 3:25 PM, the DON reviewed the resident's Treatment Administration Record (TAR), and identified shifts where wound care was not performed. The DON stated being unable to find evidence supporting whether or not wound care was conducted or refused on the identified shifts. The DON revealed that facility expectation was not met in ensuring wound care was provided to the resident as ordered.</p> <p>The facility's Nursing Documentation policy, issued August 20, 2019, revealed the resident's medical record must reflect the residents' condition and the care and services provided across all disciplines. In addition, the medical record must contain an accurate representation of the actual experience of the resident and include enough information to provide a picture of the resident's progress.</p> <p>The facility's Resident Rights policy, issued June 8, 2020, revealed the resident has the right to participate in establishing goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness.</p>		