STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035095	A. Building B. Wing	09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Cove Nursing Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. (continued on next page)

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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, review of clinical record, and review of facility policy and procedure, the facility failed to ensure a resident (#5) was provided assistance with bathing or showering according to the resident's preference and to meet the resident' needs. The deficient practice could lead to a breakdown in skin integrity and/or psychosocial harm of a resident.Findings include:Resident #5 was admitted to the facility April 27, 2022, with diagnoses that included paraplegia, hypertension, and other chronic pain, and re-admitted to the facility on [DATE], with diagnoses that included sepsis and infection and inflammatory reaction due to indwelling urethral catheter.A quarterly minimum data set (MDS) assessment dated [DATE], revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Section GG revealed the resident was dependent on caregivers for showering and/or bathing.A care plan initiated May 1, 2022, and another care plan initiated September 9, 2025, revealed the resident has an activities of daily living (ADL) self-care performance deficit due to limited mobility due to paraplegia. An intervention revealed that the resident is totally dependent on two staff to provide a bath/shower two times a week and as necessary. Facility shower schedules revealed that Resident #5 was scheduled to receive a shower or bath on the following dates:September 5, 2025 with assistance from a certified nursing assistant (CNA / Staff #14)September 8, 2025, from a CNA (Staff #70)September 12, 2025, from a CNA (Staff #14)September 15, 2025 from a CNA (Staff #2) A formal request was submitted to the facility on September 19, 2025, for shower sheets for Resident #5. The facility provided shower sheets and a task log that revealed the following documentation regarding showers for Resident #5 for the timeframe of August 23, 2025 through September 19, 2025:-August 23, 2025: bathing/showering did not occur on the task log, and no evidence of a shower sheet, and no evidence of a resident refusal in the clinical record-August 26, 2025: bathing/showering did not occur on the task log, and no evidence of a shower sheet, and no evidence of a resident refusal in the clinical record-September 6, 2025: bathing support provided with one person assistance on the task log, and no evidence of a shower sheet.-September 13, 2025: bathing/showering did not occur on the task log, documented by a CNA (Staff #39). Additionally, there was no evidence of a shower sheet, and no evidence of a resident refusal in the clinical record.-September 15, 2025: bathing/showering did not occur on the task log, documented by a CNA (Staff #99). Also, there was no evidence of a shower sheet, and no evidence of a resident refusal in the clinical record Review of a time punch report revealed that Staff #99 was not punched in to the facility anytime between September 13-September 16, 2025.An interview was conducted with Resident #5 on September 19, 2025, at 8:13 A.M. Resident #5 stated that he was not receiving his scheduled showers twice a week like he was supposed to and that at one point approximately a year and a half ago, he had gone without a shower for four weeks. Resident #5 stated that in the past, he had raised this concern with the social services director (Staff #36) and that Staff #36 had told him that he had to choose between getting up in his wheelchair or getting a shower. Resident #5 stated that for his past two scheduled showers, no staff had come and offered to give him a shower.An interview was conducted with a CNA (Staff #22) on September 19, 2025, at 11:18 A.M. Staff #22 stated that for bathing or showering, the staff have an assigned list of which staff are supposed to shower which residents. Staff #22 stated that showers or baths are to be documented on shower sheets, and the CNAs document any skin issues observed and then CNAs give the shower sheet to the nurse to sign off. Staff #22 stated that if a resident refuses a shower or bath then she will check with the resident several times throughout the day, and that if the resident still refuses, then the nurse will attempt to get the resident to shower, and if the resident still refuses then it is documented as a refusal on the shower sheet and also in the electronic medical record.An interview was conducted with a Registered Nurse and Assistant Director of Nursing (ADON / Staff #9) on September 19, 2025, at 11:24 A.M. Staff #9 stated that residents are given showers or baths on their assigned shower day, and that if the resident refuses, the CNA would notify the nurse, and the nurse would try to encourage the resident to shower. If the resident still refused, then the Director of Nursing (DON / Staff #80) would be notified. Staff #9 stated that showers or baths would be documented on a shower sheet that the nurse signs off on, and the shower sheet would also include if the resident refused. Staff #9 stated that the importance of regular showering or bathing would be to prevent the breakdown of skin, but that residents also have a right to refuse.An interview was conducted with the Social Services Director (Staff #36) on September 19, 2025, at 11:35 A.M. who stated that she was aware that Resident #5 had complained about not getting showers

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, review of clinical record, and review of facility policy and procedure, the facility failed to ensure a resident (#5) was provided care and services for a urinary catheter according to physician orders. The deficient practice could lead to infection.Findings include:Resident #5 was admitted to the facility April 27, 2022, with diagnoses that included paraplegia, hypertension, and other chronic pain, and re-admitted to the facility on [DATE], with diagnoses that included sepsis and infection and inflammatory reaction due to indwelling urethral catheter.A quarterly minimum data set (MDS) assessment dated [DATE], revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Section H revealed the resident had an indwelling catheter, and Section I revealed the resident had the active diagnoses of neurogenic bladder.A care plan for a catheter related to obstructive uropathy initiated October 20, 2022, revealed interventions to provide catheter care every shift and to observe for and report to the physician for signs and symptoms of urinary tract infection (UT)I: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, and change in eating patterns.An additional care plan initiated September 9, 2025, for a suprapubic catheter related to neurogenic bladder revealed interventions to provide catheter care every shift and to observe for and report to the physician for signs and symptoms of urinary tract infection (UT)I: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, and change in eating patterns.Another care plan for behavior dated September 9, 2025, revealed that the resident emptied urine from his catheter bag into an unmarked water pitcher. An intervention indicated to anticipate and meet the resident's needs.A physician order dated January 23, 2024, indicated to empty catheter and record amount in the electronic clinical record three times a day for output monitoring.Review of the Medication and Treatment Administration Record (MAR/TAR) for July 2025 revealed a record log for emptying the catheter and recording urine output in milliliters (mL) at 5:00 A.M., 1:00 P.M., and 9:00 P.M. The record revealed the log was blank on the following:-July 25 at 5:00 A.M.-July 28 at 5:00 A.M.The MAR/TAR for August 2025 revealed that the log for emptying the catheter and monitoring output was blank on the following:-August 9, 14, 15, 16, 21, 22, 23, 27, 28, 29, and 30 at 5:00 A.M.-August 21 and August 28 at 9:00 P.M.The MAR/TAR for September 2025 revealed that the log for emptying the catheter and monitoring output was blank on the following:-September 5, 6, 13, and 14 at 5:00 A.M.The clinical record was reviewed and revealed no evidence that the catheter was emptied or that urine output was recorded on the dates/times that the MAR/TAR was blank. Additionally, there was no evidence that the resident refused.An interview was conducted with Resident #5 on September 19, at 8:21 A.M. Resident #5 stated that his catheter was not being emptied as it should. He stated that there have been times where the catheter bag was not emptied for 12-14 hours at a time. He also stated that there have been times where the catheter was not emptied by staff as it should, and that he had to empty the catheter bag himself.An interview was conducted with a certified nursing assistant (CNA / Staff #22) on September 19, 2025, at 11:18 A.M. Staff #22 stated that CNAs are involved with residents' daily catheter care by emptying the catheter bag, and that for some residents, the nurse requests the CNAs to measure the urine output when emptying the catheter bag and notify the nurse of the output.An interview was conducted with a Registered Nurse and Assistant Director of Nursing (ADON / Staff #9) on September 19, 2025, at 11:24 A.M. Staff #9 stated that daily urinary catheter care involves cleaning and flushing the catheter, and to empty the catheter every shift and that some require more frequent emptying. Staff #9 stated that if a resident had a physician order to empty the catheter and monitor the output, then the nurse or the CNA would record the amount of urine that was emptied. Staff #9 stated that if the catheter bag was not emptied regularly or only emptied once a day, then that could cause an infection.An interview was conducted with the Social Services Director (Staff #36) on September 19, 2025, at 11:35 A.M. Staff #36 stated that if a resident raises a concern or complains about something then Staff #36 speaks to the resident and fill out a comment and concern card, and that Staff #36 takes it to the management team to have the issue addressed. Staff #36 stated that Resident #5 will say care items have not been completed by staff, and that Resident #5 had raised a concern about his catheter bag not being emptied.An interview was conducted with the Director of Nursing (DON / Staff #80) on September 19, 2025, at 11:51 A.M. Staff #80 stated that daily catheter care