

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035099	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2024
NAME OF PROVIDER OR SUPPLIER  Sandstone of Tucson Rehab Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 2900 East Milber Street Tucson, AZ 85714	

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> 48932</p> <p>Based on clinical record review, interviews, and review of facility policies the facility failed to ensure an avoidable elopement was prevented. The deficient practice could result in residents finding themselves in unsafe situations in the community, unsupervised.</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses of mild cognitive impairment, nontraumatic intracerebral hemorrhage, schizoaffective disorder and aphasia.</p> <p>A review of the facility's assessment called Wander Risk Scale, completed on July 10, 2024, indicated resident #1 was a low risk for wandering/elopement. A review of the resident's electronic health record (EHR) revealed no other Wander Risk Scale assessment being completed during resident #1's stay.</p> <p>A review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed resident #1 was unable to complete a Brief Interview for Mental Status (BIMS) assessment. As a result, staff assessed his cognitive skills for daily decision making as modified independence.</p> <p>A review of resident #1's care plan, revised on July 17, 2024, to include a focus around resident #1's elopement risk and attempts to exit seek. Interventions included providing encouragement with socialization, reminding the resident why he was placed in the unit, and allowing the resident to share his feelings and frustrations each shift.</p> <p>A review of resident #1's progress notes revealed that a care conference was held on July 26, 2024 and the resident's cousin was in attendance. The note indicates the interdisciplinary team agreed the resident going to be discouraged from smoking and having leave of absences due to the resident talking about escaping the facility.</p> <p>Progress notes from July 26, 2024 through September 20, 2024 revealed multiple occasions where resident #1 have attempted or talked about leaving the facility, however, during each attempt resident #1 was able to be redirected by staff.</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>A progress note from September 19, 2024 indicated resident #1 was exit seeking and a high elopement risk. The note also indicated resident #1 was able to exit the secured unit by following staff out the unit. The note also stated staff was educated on the importance of closing exit doors and ensuring no residents go beyond the exit doors.</p> <p>A progress note from September 20, 2024 indicated that at 6:55 PM resident #1 left the secured unit with his belongings. The note continued to indicate that staff attempted to redirect resident #1 to return to the facility but was unsuccessful. Police and the resident's cousin were contacted and arrived to assist with the resident. The resident agreed to go to a crisis facility instead of returning back to the facility.</p> <p>An interview was conducted on September 25, 2024 at 10:18 AM with staff #3 (Certified Nursing Assistant). She confirmed that she was working on the Behavioral Health Unit (BHU) on Friday, September 20, 2024. She indicated that she observed a kitchen staff member let resident #1 out of the secured BHU unit as he was bringing meal trays in. Staff #3 indicated they then followed resident #3 out of the unit and caught up with him outside. She indicated that her and several staff members attempted to convince resident #1 back into the building onto the BHU but the resident refused.</p> <p>An interview was conducted on September 25, 2024 at 11:10 AM with staff #9 (Licensed Practical Nurse). She confirmed that she was working on the BHU on Friday, September 20, 2024 and she was familiar with resident #1. Staff #9 explained the process of entering and exiting the BHU as follows: staff have a badge they use to leave and exit the unit and must make sure the doors are closed. Staff will open the door for family members. When asked what happened on September 20, 2024, staff #9 indicated that an employee was delivering the evening meals and let the resident walk out. Staff #9 indicated that she was alerted to the situation by another resident and then immediately met with the other Certified Nursing Assistants to locate resident #1.</p> <p>An interview was conducted with staff #5 (Cook) on September 26, 2024 at 9:33 AM. Staff #5 confirmed that he worked on September 20, 2024 and sometimes he goes to the BHU to deliver meals or to replace a plate if something is wrong with the order. Staff #5 indicated that residents that live in the BHU are not permitted to leave their unit and individuals with badges or visitor stickers are permitted in and out of the unit. Staff #5 explained that he went onto the BHU on September 20, 2024 and at the time he thought resident #1 was a visitor because he had a backpack on. Staff #5 indicated that resident #1 told him he was visiting and staff #5 proceeded to let him out of the unit via the three security doors. When asked if resident #1 had a badge or a visitor's sticker, staff #5 indicated that he did not look. When asked what the risks would be when residents in the BHU elope from the facility, staff #5 indicated that they could relapse in the community, get lost and not know where to go.</p> <p>(continued on next page)</p>		

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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 with staff #8 (Director of Nursing) on September 26, 2024 at 9:06 AM. Staff #8 indicated that upon admission, resident #1 was considered a low risk of elopement. She explained that resident #1 tended to pace the hallways in the BHU with his belongings but was easily redirected by staff. When asked what her expectation was for staff when entering and exiting the BHU, staff #8 indicated that she expected them to use their badge to get in and out and to always look around them to see if there is anyone around. She also indicated that she expected staff to make sure the door closes before they walk away. Staff #8 also indicated that visitors get a badge at the front desk and are escorted to and from the BHU with a staff member. Staff #8 indicated the risks associated with letting a resident out of the BHU were all kinds of stuff. She went on to explain that residents might not be willing to come back onto the unit, they might be exposed to unsafe weather conditions, and might not be able to be safe in the community due to the cognitive functioning.</p> <p>A request for the facility's policy and procedures for security doors was made on September 25, 2024 however, the facility did not have this document.</p>		