STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035101	A. Building B. Wing	04/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chandler Post Acute and Rehabilitation	2121 West Elgin Street 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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40581 Based on review of documentation, photographs, staff interviews, and the facility policy and procedure, the facility failed to provide services in accordance with professional standards of practice for one resident (#1). The deficient practice could result in appropriate services not being identified and provided to residents. Findings include: Resident #1 was admitted to the facility on [DATE] with diagnoses that included hemiplegia and hemiparesis following cerebral infarction affecting the left dominant side, unspecified fracture of thoracic vertebrae 5 and 6, subsequent encounter for fracture with routine healing , hypertension, and hypotension. The order summary revealed an order for aspirin tablet chewable 81 milligram (mg) one tablet by mouth one time a day for clotting prevention dated January 16, 2024; ticagrelor oral tablet 90 mg one tablet by mouth for clotting prevention dated January 16, 2024, the order discontinued and request for stop date not provided; and ticagrelor oral tablet 90 mg give one tablet by mouth every 12 hours for coronary artery disease (CAD) dated January 19, 2024, the order was discontinued and request for stop date not provided. Review of the care plan did not reveal a plan for hypertension, coronary artery disease, or the use of anticoagulants. The minimum data set (MDS) assessnebt dated January 22, 2024 included a brief interview for mental status score of 12 indicating moderate cognitive impairment. Review of a weekly skin evaluation dated January 30, 2024 did not reveal any new skin issues. Documentation dated February 3, 2024 at 12:27 p.m. revealed that a licensed practical nurse (LPN/staff #244) sent pictures of the resident's left foot/lower leg and the left knee/thigh to the physician stating that everyone said this was new bruising; the resident was on an acetylsalicylic acid (aspirin) and ticagelor. Documentation revealed at 12:30 p.m., the physician stated to get an X-ray of the knee and foot; to hold the aspirin (acetylsalicylic acid) for two days; and, check for blood clotting factors to include PT (prothrombin time), PTT (partial thromboplastin time), INR (international normalized ration) with CBC (complete blood count) in the morning. There was no mention that the left leg was cool to the touch. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Documentation dated February 3, 2024 at 1:23 p.m. revealed that (LPN/staff #244) sent a second message to the physician stating that a registered nurse (RN/staff #92) stated that the resident was not really eating or drinking, and resident had a peripheral (IV), and asked if the physician would like to start fluids. The documentation revealed at that at 1:24 p.m. the physician responded stating to give the resident a liter of .9 normal saline at 60 milliliter (mL)/hour. There was no mention that the left leg was cool to the touch. A progress note dated February 3, 2024 at 2:02 p.m. revealed that resident #1's left leg from the upper thigh area to the toes was cool to the touch and red blotchy in appearance; pulses were present; flushed foley with red tinged urine flowing; physician notified and orders received for IV fluids at 60 mL/hr and X-ray ordered for knee and ankle. The order summary revealed an order dated February 3, 2024, x-ray left knee and foot one time only for bruising and swelling for one day and completed February 4, 2024. The order summary revealed an order dated February 4, 2024, PT/INR, PTT, CBC in the morning for bruising for one day and discontinued February 5, 2024. A progress note dated February 4, 2024 at 6:46 a.m. revealed that the resident was admitted to the hospital intensive care unit for a myocardial infarction, stroke, and blood clots in the bottom left extremity. A progress note dated February 5, 2024 at 10:50 a.m. revealed that the resident passed away in the morning at the hospital. The medication administration record (MAR) dated February 2024 revealed: -January 16, 2024, Aspirin tablet chewable 81 mg give one tablet by mouth one time a day for clotting prevention was administered February 1, 2, and 3, 2024. -January 19, 2024, Ticagrelor oral tablet 90 mg give one tablet by mouth every 12 hours for coronary artery disease (CAD) was administered February 1, 2, and 3, 2024. -February 3, 2024, x-ray left knee and foot one time only for bruising an swelling for one day was completed on February 3, 2024. -February 4, 2024, PT/INR, PTT, CBC in the morning for bruising for one day and was not completed due to the resident being transferred to the hospital. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on April 2, 2024 at 9:34 a.m. with a registered nurse (RN/staff #92), who stated that when she is assessing a resident for pedal pulses and femoral pulses in the lower extremities, she compares the color, temperature, and pulse in both extremities to identify differences between the two. She asks the resident if he or she is experiencing tingling or numb sensations. She stated that a white color in the skin indicates hypoxia, a lack of oxygen, and a red, blue, purplish color indicates perfusion. She stated that when she assessed resident #1's left and right lower extremities on February 3, 2024, there was a difference in temperature and color. The left extremity was cooler to the touch and a purple blotchy color. She observed that the higher up the thigh, the more purplish the blotchiness. She stated that it is best practice to use a scale from 1 to 4 when assessing the intensity of the pulse, 1 being faint and 4 indicating a bounding pulse. She stated that using a scale to assess intensity allows her to determine if there was a difference or a change in pulse intensity, which may indicate a problem, but she did not use the scale to assess the resident and therefore, did not did not determine a baseline for pedal pushes, so she could not really assess a change in condition. She stated that she checked that a pedal pulse was present and continued to check every hour until the X-ray technician arrived, but she did not document the assessments in the progress notes. Staff #92 reported to the charge nurse (LPN/staff #244) and staff #244 contacted the physician. An interview was conducted on April 2, 2024 at 11:06 a.m. with (LPN/staff #244), who stated that she was notified by a certified nursing assistant (CNA) that the resident had new bruises on the left leg. She stated that she assessed the resident's left leg and observed there was new bruising around the knee and on the dorsal side of the foot, but the red/purplish discoloration could have been mottling, which would have indicated a lack of blood flow. Then she stated that she thought the blotchy discoloration and not mottling. She stated that if mottling was present, pedal pulses would need to be checked and the facility doesn't use the intensity scale to assess pedal pulses, they only check that a pedal pulse is present. Then she stated that she did not remember if the left leg was cool to the touch, blotchy in color, or if staff #92 was present during the assessment. Then she stated that the left leg was warm to the touch. She stated that she did not document her assessment and told staff #92 to complete the documentation. She stated that she contacted the physician to report new bruising around the knee and dorsal side of the left foot and the physician ordered an X-ray and to hold the blood thinners for three days. She stated that staff #92 should have told her that the resident's left leg was cool to the touch because she thought that the resident had bruising from an unknown injury, but did not report the injury of unknown origin to the Director of Nursing or the state agency. She stated that she was later told that the resident had blood clots in the lower extremities. An interview was conducted on April 2, 2024 at 12:42 p.m. with the Director of Nursing (DON/staff #7), who stated that if a resident's leg was cool from the thigh to the toe, it was an expectation that the pedal pulse is checked. She stated that the facility does not use an intensity scale when checking the pedal pulse, the staff just check that the pulse is present. She stated that a lack of a pulse or a weak pulse can indicate a lack of blood flow to the area. She stated that the physician should have been notified if the the left leg was cool to the touch and a cooler extremity could indicate a decrease in blood flow. The facility policy, Change of Condition dated July 2023 states that it is the policy of this facility that all changes in resident condition will be communicated to the physician and documented. Nursing actions, physician contacts and resident assessment information will be documented in the nursing progress notes.