

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Haven of Camp Verde		STREET ADDRESS, CITY, STATE, ZIP CODE 86 West Salt Mine Road Camp Verde, AZ 86322	

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 - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51124</p> <p>Based on clinical record review, facility documentation, interviews, and review of facility policies and procedures, the facility failed to ensure one resident (#3) received showering assistance per facility policy and resident preference. The deficient practice could have a potential to cause a negative outcome to a resident's physical, mental, or psychosocial health or well-being.</p> <p>Findings Include:</p> <p>Resident #3 was readmitted into the facility on [DATE], with diagnoses of pulmonary hypertension, chronic obstructive pulmonary disease, acute on chronic congestive heart failure, and unspecified dementia.</p> <p>A quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed that the resident's Brief Interview for Mental Status (BIMS) assessment score was 12, indicating the resident had moderately impaired cognition.</p> <p>A Social Service Progress Note dated November 4, 2024, revealed Resident #3 was upset that she had gone 3 weeks without a shower; and that, the resident was unhappy with the current care plan for bed bath. According to the documentation, the resident relations manager spoke with the hospice nurse who will change the resident's care plan; and, the certified nursing assistants (CNAs) were to assist the hospice nurse to shower the resident moving forward.</p> <p>Review of the facility's care plan dated May 16, 2024, revealed the resident was at risk for functional self-care deficits and/or functional mobility limitations. The interventions included to encourage the resident to use the call light, to encourage to discuss feelings about self-care deficits, to encourage the resident to participate to the fullest extent possible, and to praise all efforts at self-care. The care plan revealed no evidence of specifically addressing the resident's showering preference.</p> <p>A facility CNA bathing task logs for August through December 2024 revealed that bathing was documented as provided on the following dates:</p> <p>-September 4;</p> <p>-September 18;</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-February 13; and,</p> <p>-February 27.</p> <p>There were no shower sheets documented as completed from March 1 through 5, 2025.</p> <p>Further review of the clinical record revealed no evidence that the resident received showers other than the dates that were documented in the CNA bathing task log and shower sheets from August 2024 through March 5, 2025.</p> <p>An interview was conducted on March 5, 2025, at 3:14 p.m. with Resident #3 who stated that she does not get showers as often as she would like; and that, she was supposed to get showers twice a week.</p> <p>In an interview with the Director of Nursing (DON/staff #5) conducted on March 6, 2025 at 9:00 a.m., the DON stated that residents bathing and showering was very important because it relates to the quality of care provided; and, to ensure the skin integrity and cleanliness were maintained and for the comfort of a resident. The DON stated that it was the facility's policy to offer bathing or showers twice weekly; and that, the residents have a right to refuse the bathing. The DON stated that if the showers were refused by the resident, refusal is documented on the shower sheets. The DON also stated that the hospice company were obligated to provide care to the resident at least twice a week and this included providing showers. The DON said that the facility has some responsibility for ensuring those showers are provided to the residents. Regarding resident #3, the DON stated that December 2024, the facility CNAs reported that Resident #3 was not receiving showers and there were no hospice aides coming to care for the resident. The DON further stated that she informed the hospice company and the DON was told that it was taken care of, so no further investigation occurred.</p> <p>An interview was conducted on March 6, 2025, at 9:47 a.m. with the vice president of clinical operations (VP/Staff #17) who stated that it was her understanding that the facility CNAs brought a concern to the DON (staff #5) sometime around November or December 2024. She stated that the hospice company was not coming to the facility to provide care, including showers, for Resident #3. Further, the VP stated that it was ultimately the facility's responsibility to ensure that care was being provided to the resident.</p> <p>In an interview with a certified medication assistant (CMA/staff #51) conducted on March 6, 2025, at 9:59 a. m., the CMA stated that resident #3 reported that hospice staff were not coming to the facility to provide care. The CMA stated that he could not remember when this occurred.</p> <p>An interview was conducted on March 6, 2025, at 10:55 a.m. with a hospice aide (staff #25) who stated that Resident #3 was scheduled for once a week visits by the hospice company; and that, if a shower was given, the hospice aide would complete the shower sheet.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A telephonic interview was conducted with hospice patient care manager (staff #33) on March 6, 2025, at 11:14 a.m. The hospice patient care manager stated that Resident #3 was scheduled for once a week hospice visit. The hospice patient care manager reviewed the actual visits completed by hospice staff including aides and nurses and stated that the resident was seen by hospice staff on October 4, 7, 22, November 2, 16, 17, 22, December 4, 10, 20 and 27, 2024; and, January 3, 10, and 30, 2025. Further, the hospice patient care manager stated that in January, the facility called with concern that Resident #3's showers not being provided. The hospice patient care manager stated that the hospice staff who was providing care to Resident #3 no longer works for the hospice company.</p> <p>A telephonic interview was conducted on March 6, 2025, at 11:30 a.m. with the hospice executive director (hospice ED/staff #49) who stated that Resident #3 preferred to be showered instead of receiving bed baths; and that, because of safety concerns, Resident #3 required two staff members to safely assist her out of bed into the shower. The hospice ED stated that the hospice company often can only send one staff member, and required the facility to provide a staff member to help assist the resident out of bed to the shower. However, the hospice ED said that at times the facility had not been able to provide another person to assist the hospice aide to bring Resident #3 to the shower; and, this issue had been communicated to the facility in the past. Further, the hospice ED stated that Resident #3 was scheduled for once a week hospice visits since September 2024; and, it was her expectation that hospice aides document if a shower or bath did or did not occur.</p> <p>In another interview with the DON (staff #5) conducted on March 6, 2025 at 11:56 a.m., the DON stated that she was not sure how many times a week hospice was scheduled to provide care for Resident #3. A review of the clinical record was conducted with the DON who stated that she could not locate in the record any indication of how many times a week hospice was to visit Resident #3. The DON stated that it was the hospice company's responsibility for providing Resident #3's personal daily care. Further, the DON stated that she was not sure whether it was hospice or the facility's responsibility to ensure Resident #3 received personal care.</p> <p>The facility policy on Bathing and Showers, dated 2022, revealed a purpose to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. Upon admit, shower schedule will be decided upon with resident. The following information should be recorded in the resident's record: the date and time shower/bath were performed, skin observations, if the resident refused the tub/shower, and how the bath/shower were tolerated. Notify supervisor if the resident refuses bath/shower.</p> <p>Review of the facility policy titled Personal Care: Activities of Daily Living (ADL), Supporting, dated January 1, 2024, revealed residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: hygiene (bathing, dressing, grooming, and oral care).</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy titled, End of Life Care; Hospice Program, dated January 1, 2024, revealed the facility has an agreement in place with at least one Medicare-certified hospice to ensure that residents who wish to participate in a hospice program may do so. In general, it is the responsibility of the facility to meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs.</p>		