

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 12/08/2023
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>47576</p> <p>Based on observations, facility documentation, staff interviews and facility policy, the facility failed to ensure there was sufficient nursing staff on a 24-hour basis based on staffing schedule, postings and in accordance with the facility assessment (completed 8/31/23, Updated 10/12/23).</p> <p>Findings include:</p> <p>On December 5, 2023 a review of the facility assessment was conducted and revealed that there should be two licensed nurses per shift. There should be four CNA's (Certified Nursing Aide) for day shift, three CNA's for second shift and two CNA's on night shift. A review of the staff postings compared to punch details revealed that the facility to follow the facility assessment for staffing.</p> <p>For the sampled dates in November 2023, the facility failed to have two licensed nurses on night shift for; November 15, 16, 17, 22, and 29. Additionally the facility failed to have two CNA's on night shift for; November 2, 2023.</p> <p>For the sampled dates in December 2023, the facility failed to have two licensed nurses on night shift for; December 1, 3, and 4. Additionally the facility failed to have two CNA's on night shift for; December 1 and 2, 2023.</p> <p>Of the 11 sampled days for November and December 2023, there were eight shifts that had only one licensed nurse and 3 shifts with only one CNA.</p> <p>On December 7, 2023 at approximately 9:52 AM, an interview was conducted with staff #152, DON (Director of Nursing), Staff #152 stated that on night shift the expectation is that there should be two CNA's scheduled and the CMA (Certified Medication Assistant) is not considered a to be in the count as a CNA. Staff #152 stated that the CMA works 6:00pm to 6:00am three days a week and that there are times that the schedule will reflect one licensed nurse, one CMA and two CNA's on night shift.</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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>47576</p> <p>Based on review of facility documentation, staff interviews and policy review, the facility failed to ensure that the nurse staffing information was accurately posted on a daily basis, which included the actual hours worked by licensed and unlicensed nursing staff.</p> <p>Findings include:</p> <p>A review of the sampled daily staff postings for November and December of 2023, revealed they did not contain the total actual hours worked by licensed and unlicensed staff.</p> <p>During an interview that was conducted with the Administrator, (staff #555) on December 7, 2023 at approximately 11:21 AM, it was noted that the actual hours worked were not on the daily staff postings. Staff #555 stated that she will be updating the postings sheet to reflect actual hours worked in the future.</p> <p>Review of the facility Staffing Policy effective revealed that the Daily Posted Staffing Schedule must include the total number and the actual number of hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: Registered Nurses, Licensed Practical Nurses and Certified Nurse Aides.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>47576</p> <p>Based on observations, facility documentation, staff interviews and facility policy, the facility failed to submit accurate staffing information base on payroll data in a uniform format to CMS (Centers for Medicare & Medicaid Services).</p> <p>Findings include:</p> <p>A review of the [NAME] PBJ Staffing Data Report that was run on November 30, 2023 revealed that the facility was triggered for excessively low weekend staffing for the following:</p> <p>Fiscal year, quarter four (July 1st-September, 30) 2022</p> <p>Fiscal year, quarter one (October 1st - December 31st) 2023</p> <p>Fiscal year, quarter two (January 1st - March 31st) 2023</p> <p>Fiscal year quarter three (April 1st - June 30th) 2023</p> <p>During the review of the sampled staff postings for November and December 2023 with the Regional Support Nurse, (staff #666) and the Regional [NAME] President (staff #484), it was revealed that the facility was not accurately reporting hours to CMS and staff were missing hours in their pay period related to a possible software issue.</p>