

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/25/2025
NAME OF PROVIDER OR SUPPLIER  Haven Health Prescott, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  864 Dougherty Street Prescott, AZ 86305	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/25/2025
NAME OF PROVIDER OR SUPPLIER  Haven Health Prescott, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  864 Dougherty Street Prescott, AZ 86305	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, staff interviews, and policy review, the facility failed to ensure one resident (#89) was offered or provided showers in accordance with his shower schedule. This deficient practice could result in residents not being provided hygiene care and services. Findings include: Resident #89 was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease with exacerbation, pneumonia, and generalized muscle weakness. Review of the Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS also revealed that Resident #89 required substantial/maximal assistance with showering and bathing. Review of the shower schedule revealed that Resident #89 was scheduled to receive showers in the morning on Tuesdays and Fridays. Review of the bathing task documentation for May 2025 through June 2025 revealed three dates (May 20, 2025; May 27, 2025; June 10, 2025) in which there was no evidence of a shower being given on a scheduled shower day. Additionally, there were two dates (May 13, 2025 and June 27, 2025) which were charted as NA. There was no evidence found that showers were offered on these dates, or that any showers were provided on non-shower days to make up for missed showers. Shower sheets were requested for Resident #89 for May 2025 to June 2025 on July 23, 2025 at 10:11AM, but no shower sheets were provided by the facility. Review of the nursing progress notes revealed only one instance, on June 24, 2025, in which staff documented that Resident #89 was offered a shower, which he refused, but had accepted a bed bath instead. There was no evidence found of any other refusals of showers. Interview was conducted on July 25, 2025 at 8:42AM with a Registered Nurse (RN/Staff #6), who stated that residents should be offered twice a week per their shower schedule. The RN stated that the Certified Nursing Assistants (CNAs) complete the shower and chart how much assistance the resident required for the shower. The RN explained that if a resident refused a shower, the nurse would then talk to them. She explained that if the resident still refused, the nurse has to still complete a full skin check, and the resident would have to sign the shower sheet, indicating that they refused, and the nurse would document the refusal. Interview was conducted on July 25, 2025 at 9:34AM with the Director of Nursing (DON/Staff #74), who stated that her expectations for showers would be to follow the shower schedule, which has residents scheduled for showers twice a week. The DON also stated that the residents have the right to refuse showers. When asked about documentation for showers and refusals, the DON explained that she would expect the occurrence to be documented as it occurred - meaning that the shower be documented as given if it was given or refused if it was refused. The DON stated that documentation could be completed in the electronic health record (EHR) or on shower sheets, though these are not required at her facility. When asked about Resident #89, the DON stated that this resident would frequently refuse care, including showers. She also stated that he would at times accept a bed bath as an alternative, which she stated would be charted in the EHR under bathing. The DON also stated that the showers could have been documented on a shower sheet, but the facility only retained shower sheets for a month. The DON could not provide evidence if showers or bed bath were provided as scheduled for Resident #89. Review of the facility policy titled, Personal Care: Activities of Daily Living (ADLS), Supporting, revealed that 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). The policy also indicated that 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. The policy revealed that 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). Review of the facility policy titled, Bathing and Showers, revealed that the following information should be recorded in the resident's record: the date and time shower/bath was performed; skin observations; if the resident refused the tub/shower; how the bath/shower was tolerated. This policy also indicated that the supervisor should be notified if the resident refused the bath/shower.</p>		