

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility failed to ensure that PASARR Level II is completed. Number of residents sampled: 1 Number of residents cited: 1 Based on facility documentation, staff interviews, and policy review, the facility failed to ensure one resident's (#2) Preadmission Screening and Resident Review (PASARR) level II was completed in a timely manner. The deficient practice could result in the resident not receiving the specialized services needed. Findings include: Resident #2 was admitted to the facility on [DATE], with diagnoses that included bipolar disorder, current episode depressed, mild or moderate severity, unspecified. Review of the Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognitive function. The MDS also revealed that Resident #2 was diagnosed with bipolar disorder. Review of the physician's order revealed the following order: Duloxetine HCl Oral Capsule Delayed Release Particles 60 Milligram (Duloxetine HCl). Give 60 milligram by mouth in the morning, related to depression, unspecified. Additionally, an antidepressant was ordered to monitor the side effects of the medication, such as dry eyes, dry mouth, constipation, urinary retention, and suicidal ideation. Review of the care plan revealed a problem focus initiated on April 10, 2025, which indicated that Resident #2 was receiving antidepressant medication related to his diagnosis of depression. An interview was conducted on July 24, 2025, at 2:15 PM with the Social Service (staff #98), who stated that eligibility for Pre-admission Screening and Resident Review (PASARR) level II depends on the severity of the diagnosis. The social service added that the PASARR evaluation should be done during the pre-admission process. The facility has 30 days to complete the PASARR II assessment. If the assessment for PASARR Level II is not completed on time, there is a risk that the resident will not receive the necessary mental health services. Additionally, the social service (staff #98) mentioned that the resident's PASARR level I screening was completed during pre-admission, but PASARR level II was not done at that time. On July 24, 2025, at 3:24 PM, the Regional Clinical Operations (staff #24) confirmed that the PASARR Level II assessment was not completed for resident #2. An interview was conducted on July 25, 2025, at 10:00 AM with the Regional clinical operations (staff #24), and the Director of nursing (staff #74), who stated that a preliminary assessment is conducted to identify potential conditions related to PASRR (Pre-admission Screening and Resident Review). If the Level I screening suggests that an individual may have a mental illness, intellectual disability, or developmental disability, a Level II evaluation will be initiated. The Level II evaluation is a comprehensive assessment for individuals flagged by the Level I screening as having, or potentially having, these diagnoses. This evaluation determines the need for nursing facility services and whether specialized services for these conditions are necessary. Review of the facility policy titled Pre-admission screening and resident review (PASRR) stated our facility will strive to verify that a Level I PASRR Screening has been conducted, in order to identify Serious Mental Illness (MI) and/or an Intellectual Disability (ID) prior to initial admission of individuals to the facility. A new PASRR Level I Screening is not required for readmission to the facility.</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews and policy review, the facility failed to ensure that medications were not left at the bedside for one resident (#92). The deficient practice could result in harm to the residents, and/or visitors who have access to medications. Findings Include: Resident #92 was admitted on [DATE] with diagnoses that included, unspecified fracture of left patella, hypertension, chronic obstructive pulmonary disease, muscle spasm, gastro-esophageal reflux disease, depression, atherosclerotic heart disease, and (osteo)arthritis. The Admissions Minimum Data Set (MDS) assessment dated [DATE] is in progress. Resident #92 care plan did not address that resident was able to self-administer medication. Review of the physician's orders revealed no orders to self-administer medications. Review of the assessments revealed not assessed to self-administer medications. Review of progress note revealed no interdisciplinary meeting for self-administer medication. Further review of the Physicians orders revealed an order for Calcium Carbonate Tablet Chewable 500mg with start day July 22, 2025. An observation was conducted on July 22, 2025 at 10:44 AM in Resident #92's room which revealed that the resident was lying in his bed, table beside her bed which had a water and small white clear cup with small round pink tablet in the cup. Resident #92 stated that this was his calcium tablet that he takes, but it is too hard to swallow because it was, so big. He stated that if, I swallow this tablet he could chock to death. Resident #92 also stated that he had to, fight staff for it to be crushed or put into the apple sauce so he can take it. He said that they usually leave it on table. An interview was conducted on July 22, 2025 at 10:47 AM with Certified Nurse Assistance (CNA/staff #23), who stated that he did not know what was in the cup and was unable to identify what it was because it is not in his job description. Staff #23 called the nurse. An interview was conducted on July 22, 2025 at 10:50 AM with the Licensed Practical Nurse (LPN/staff #9), who identified it as a calcium pill and stated that it should not have been left at bedside. She stated that Dementia residents could come into room and take it. She stated that it would not hurt the resident because it is vitamin, but if it was different medication it would hurt them. An interview was conducted on June 24, 2025 at 03:04PM with Director of Nursing (DON/ Staff #74), who stated that no one is allowed to have any medication or prescribed vitamins left on bedside unless resident has self-administration orders. She also stated currently no residents have self-administration orders to take medication by themselves. She stated the risk of having medication or vitamins left on beside could cause anyone to have access or it might not be taken during the time frame prescribed. Having medication left on beside would not meet expectation of facility's policy. Reviewed the policy titled F003: Medication: Self-Administration of Medication Revised date January 1, 2024 revealed residents may self-administer their own medications only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined that they have the decision-making capacity to do so safely.</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>(continued on next page)</p>

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, representative and staff interviews, and policy review, the facility failed to assess and monitor one resident's (#77) nutritional needs. The deficient practice could result in residents' nutritional needs not being met. Findings include: Resident #77 was admitted to the facility on [DATE] with diagnoses that included pulmonary embolism without acute cor pulmonale, diverticulitis of intestine, and dementia. Review of the Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 05, indicating severe cognitive impairment. The MDS also indicated that the resident had no swallowing impairments, but was noted to have had a weight loss of 5% or more in the last month or a loss of 10% or more in the last 6 months, while not on a physician-prescribed weight-loss regimen. Review of Resident #77's care plan revealed a problem focus, initiated on November 6, 2023, which indicated that Resident #77 had a nutritional problem, related to a hip fracture and advanced age of 94 with a history of dementia. The goals in place were that the resident would comply with the recommended diet through the review date, and that the resident will have no significant weight change. Interventions in place included for a Registered Dietician to evaluate and make diet change recommendations as needed, and to provide and serve the diet as ordered. Review of Resident #77's Plan of Treatment for Rehabilitation, signed November 14, 2023, revealed that Resident #77's prior level of function indicated no swallowing impairments, and the resident previously tolerated a regular diet with thin liquids. The treatment plan did not indicate that the current level of function for swallowing or meals was evaluated. There was no evidence found that Resident #77 received any additional swallow evaluations during her stay. Review of Resident #77's documented weights revealed a severe weight loss during her stay from November 6, 2023 to February 4, 2024. Based on the recorded weights, the resident experienced a severe weight loss, from 133.0 pounds to 90.0 pounds, indicating a 32.33% weight loss in three months while at the facility. The review of the documented weights revealed inconsistencies in the weights recorded on the day of admission to the facility and the day after. Despite inconsistent documentation, the resident still experienced a notably severe weight loss during her stay. Review of the physician orders revealed the following diet orders:- Regular diet Regular texture, Thin Liquids consistency- 11/06/2023- Regular diet Mechanical Soft with ground meat texture, Thin Liquids consistency- 12/29/2023- Regular diet Pureed texture, Thin Liquids consistency, for no dentures in place at this time, unable to masticate. related to UNSPECIFIED PROTEIN CALORIE MALNUTRITION (E46) - 02/06/2024 Review of the progress notes revealed evidence that Resident #77 was having difficulties swallowing food and medications. Daily skilled notes on December 26, 27, and 28, of 2023 indicated that the resident was having swallowing difficulties and was noted to be holding food in the mouth/cheeks or having residual food in the mouth after meals. There was no evidence found that the resident's swallowing was assessed or that the provider was notified of these difficulties. Daily skilled evaluations on January 28, 2024 and February 3, 2024 again noted that the resident had swallowing difficulties, requiring medications to be crushed in applesauce. A review of grievances revealed a grievance form, dated December 28, 2023, filed by family on behalf of Resident #77, indicating that Resident #77 was missing her dentures. The grievance form indicated that the family was given a pair of dentures, but they were unsure if they belonged to Resident #77 or not. The form indicated that Resident #77 was satisfied, as she believed these were her dentures. Review of the progress notes revealed a Social Services note, back-dated to January 5, 2024, which indicated that Resident #77 was missing her bottom denture, so the family and staff agreed to place the resident onto a mechanical soft diet. The note indicated that a puree diet was decided against, as it would not be appetizing to the resident. Further review of the progress notes revealed no evidence that the resident's weight loss was addressed or documented by staff or a dietician prior to February 5, 2024, which was the day prior to the resident being sent out to the hospital per family request for potential aspiration. There was also no evidence found that Resident #77's swallowing difficulties had been reported to or addressed by the physician. Review of the Speech Therapy (ST) Discharge summary, dated [DATE]-18, 2024, revealed that Resident #77 was being discharged from ST services, as she was unwilling to participate in therapy, and only wanted to receive physical and occupational therapy. Additionally, this document revealed a daily note, dated January 17, 2024, which indicated that Resident #77 reported pain in her oral cavity where her bottom dentures are. However, the Speech Language Pathologist (SLP) noted that Resident #77 did not have bottom dentures. Review of Resident #77's personal property inventory sheet revealed that Resident #77 admitted with upper</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, staff interviews, facility documentation, policies and procedures assessment, the facility failed to ensure that food items in the dry storage room and the freezer were properly labeled and dated. The deficient practice could result in food contamination which could cause sickness and potential food poisoning among the residents. Findings Include: On July 22, 2025 at 9:40 a.m during an initial walk-through visit with [NAME] #106 on behalf of the kitchen manager, staff #77 who was on leave that day at the storage room, one half-full bag of macaroni noodles was observed sitting on the shelf with no label or date. Also, two other opened bags- one of chicken tenders and one of French fries-in the freezer that were not labeled or dated. Furthermore, these bags were not stored in sealed containers or zipper bags, as required. The [NAME] stated that opened bags of food items should be dated to the date it was opened and stored in a closed container or a zipper bag. An interview was immediately conducted on July 22, 2025 at 10:00 a.m with the [NAME] #106 confirmed what was found. The [NAME] acknowledged that any opened food should be labeled with the date it was opened and stored in a sealed container or a zipper bag. The [NAME] also understood that using food without proper labeling could put residents at risk for food poisoning and other food-borne diseases. An interview with the kitchen manager, staff #77 on July 24, 2025 at 1:30 p.m who stated that all opened food items must be labeled with the date it was opened and must be stored in a sealed container or zip bag. The kitchen manager also confirmed that the kitchen staff are required to check the storage area at the end of every shift to ensure that all food items are labeled and properly stored. The kitchen manager also agreed that not following these steps can lead to serious health risks for the residents and goes against the facility's standards. The facility's policy titled Food Storage stated that any opened products should be placed in seamless plastic or glass containers with tight-fitting lids, labeled and dated. A label may not be needed if in original packaging and product is identified on the package. However, the policy indicated that all containers must be legible and accurately labeled, if the product is not easily identifiable. The policy also specified that food items must be dated as it is placed on the shelves in the food storage room.</p>		