

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/10/2024
NAME OF PROVIDER OR SUPPLIER  Archstone Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1980 West Pecos Road 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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47911</p> <p>Based on documentation, staff and resident interviews, and policy and procedures the facility failed to ensure that one resident (#1) received adequate supervision and care, during perineal care, to prevent accidents. The deficient practice could result in resident injuries.</p> <p>Findings include:</p> <p>Resident #1 was most recently admitted on [DATE] with diagnosis including: encephalopathy, extended spectrum beta lactamase resistance, unspecified fracture of the right ilium, subsequent encounter for fracture with routine healing, acute kidney failure, anemia in chronic kidney disease, acute embolism and thrombosis of unspecified deep veins of right lower extremity, type 2 diabetes, non-pressure chronic ulcer of other part of right lower leg with unspecified severity, muscle weakness, need for assistance with personal care, polyneuropathy, pressure ulcers of left heel-unstageable, chronic pain syndrome, retention of urine, chronic kidney disease stage 2, poly-osteoarthritis, essential hypertension, diastolic congestive heart failure, and morbid obesity. It was noted that the resident was discharged to the hospital on January 04, 2024.</p> <p>A review of the admission MDS (minimum data set) dated December 20, 2023 revealed a BIMS (brief interview of mental status) score of 10, indicating moderate cognitive impairment. The MDS further revealed that the resident had no noted behaviors, was totally dependent for toileting needs and personal hygiene. It was further noted that the resident had falls in the last 2-6 months prior to admission.</p> <p>A review of the care plan revealed a focus area for falls initiated on September 27, 2023, noting that the resident was at risk for falls. Interventions included to anticipate and meet the resident's needs, placing the call light within reach and educating on use thereof and safety, encouraging good footwear usage, following facility fall protocol and reviewing past falls to determine root cause. The care plan noted to assist with ADL's (activities of daily living) as needed but did not specify a 2-person assist.</p> <p>A review of the facility's fall assessment dated [DATE]. 2024 revealed that the resident was a moderate fall risk. It further noted that the bed was placed in the lowest position, that call light and water were in place and within reach.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the progress notes revealed that the resident had a witnessed fall on January 4, 2024. A, post fall, nursing assessment revealed no outwardly noted injuries and that the appropriate notifications transpired. The incident note in the progress notes further stated that that the CNA (certified nursing assistant) was performing peri care on the resident and proceeded to turn the resident to the left when the resident rolled out of bed and landed on her knees. It was noted that the resident did not hit her head and had been assessed for injuries. Notes stated that the resident was alert and oriented. It was documented that the physician and POA (power of attorney) were notified and that x-rays had been ordered. However, x-rays not able to be completed at the facility; therefore, the resident was sent to the hospital, per the progress notes.</p> <p>A review of the fall and fall prevention training documentation, revealed that a training was conducted on April 16, 2023; however, there was no evidence that staff #87 had participated in the training.</p> <p>Hospital records were requested, but had not been received.</p> <p>An interview was conducted on October 9, 2024 at 11:50 A.M. with staff #64 RN (registered nurse). Staff #64 stated that she recalled the incident of when resident #1 had rolled off the bed, but had not observed it. She stated that a post-fall incident assessment had been conducted and that notifications had transpired. She stated that she had later assisted with calling the hospital as the resident had been yelling out in pain. Staff #64 stated that she recalled having had peri care training and fall prevention training when she had initially started as a CNA in November of 2017 and a few thereafter but was unable to recall if she had either training last year.</p> <p>An interview was conducted on October 9, 2024 at 12:15 A.M with staff #106, DON (director of nursing), who provided fall and fall prevention in-service documentation. When asked about missing signatures on the sign-off, she stated that either staff did not attend or forgot to sign-off. She stated that oversight of the training documentation, at the time, was conducted by another staff member who is no longer at the facility. She stated that the risk would include staff not having received the necessary training. She further stated that she is now tracking all training and verify for completeness as well as conducting audits to ensure and verify understanding of the required trainings.</p> <p>Another interview was conducted with staff #106 DON regarding skills training for staff #87. Staff #106 stated that no skills training or annual performance review was conducted for staff #87 in 2023. A further review of the staff file revealed that although there was no evidence of an annual performance review a skills checklist was evident with a completion date of December 5, 2023; however individual topics did not denote a completion date-only the overall date was indicated.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A subsequent interview was conducted on January 4, 2024 at 1:48 P.M. with staff #106 DON (director of nursing). Staff #106 stated that peri-care for a resident with a diagnosis of morbid obesity should always be a 2-person assist; however resident #1 was noted to have only been assisted by 1 CNA on January 4, 2024. She further stated that resident #1 was designated as a Hoyer lift transfer and therefore should have been a 2-person assist for peri care. She stated that the risk for not utilizing 2-staff members for peri care could include potential injuries or falls. Staff #106 further stated that fall management training is conducted annually. However, in reviewing the documentation of training, was unable to initially find documentation for fall management training in 2023. When the sign-off documentation was found it did not contain signatures or sign-off documentation for staff #87. Staff #106 stated that the risk for incomplete training could include not knowing about a change of condition and when to refer forward to therapy when that does happen. She stated that a change of condition might also be the cause a fall and without fall management training might not be recognized by staff. She further stated that her expectation was that policy was followed at all times when providing resident care and the risk for not doing so could result in resident injury.</p> <p>A telephonic interview was conducted on October 9, 2024 at 2:33 P.M. with staff #87 CNA. Staff #87 stated that on January 4, 2024 she had been performing peri care on resident #1. She stated that the resident was in bed on her left side and she was standing behind her on the other side of the bed. She stated that she made sure that the resident was secure. She stated that the resident's legs were stacked above each other, when the right leg slipped and dropped. She stated that the resident had her enabler bars in place and she was still behind her, when the resident's lower half of the body slipped from the bed, but upper half of the body remained on the bed. She stated that the resident landed on her knees and that she called out for help. Staff #87 stated that that the criteria for assisting residents with a diagnosis of morbid obesity includes having 2 -staff present if you can, but thought it was okay to do it by herself. She stated that in hind-sight having had another person there to assist would have been helpful, but stated that she couldn't find anyone. When asked if there were staffing concerns that day, she stated that she thought they were fully staffed that day with 3 CNA on that unit and a ratio of 10-13 residents. Staff # 87 stated that she did not recall having received fall management or peri care training when she started, but did recall having received a fall risk training in 2023; however, review of the training sign-off revealed no evidence of her presence in the training. Staff # 87 further stated that she had not had a skills assessment since starting at the facility in March of 2023; however, the personnel file did indicate the evidence of skills training dated December 5, 2023.</p> <p>A review of the facility policy entitled Peri care with a review date of February 2018 revealed that the resident should have their knees bent and feet flat on the mattress; however, when peri-care was provided to resident #1, the resident was reported to have been positioned on her left side and not with feet flat on the mattress, the resident fell and was subsequently transferred to the hospital.</p> <p>The policy entitled In-service Training, All Staff, revised August 2022 revealed that all staff must participate in initial orientation and annual in-service training.</p>		