

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2025
NAME OF PROVIDER OR SUPPLIER Coronado Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 North 19th Ave Phoenix, AZ 85029	

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>Based on observation, interviews, review of records, and review of facility policy and procedure, the facility failed to ensure a resident (#4) was provided treatment and services according to professional standards regarding following a physician order regarding care of an intravenous (IV) site. The deficient practice could lead to infection of an IV site.</p> <p>-Findings Include:</p> <p>Resident #4 was admitted to the facility May 7, 2025, with diagnoses that included staphylococcal arthritis of right hand, methicillin susceptible staphylococcus aureus infection, cellulitis of right upper limb, and cutaneous abscess of right hand.</p> <p>A physician order dated May 7, 2025, indicated for central line and midline care: change all central line, PICC, and midline transparent dressings per sterile technique upon admission, every 7 days, and as needed for wet, loose, or soiled. If site is not visible for assessment, change dressing every 48 hours. Change injection caps to each lumen upon admission, every 7 days and after blood draws only if not able to clear line</p> <p>The Medication Administration Record (MAR) for May 2025 revealed the order to change the central line / PICC / midline transparent dressing was checked off as completed by a Registered Nurse (RN / Staff #29) on May 12, 2025.</p> <p>An observation was conducted on May 16, 2025, at 10:09 AM. Resident #4 was lying in bed with an IV treatment administered through an IV line in the resident's left arm. There was a transparent dressing present on the IV site, secured by tape, with a date marked on the dressing of 5/4 with initials.</p> <p>An interview was conducted at this time with an RN (Staff #29). Staff #29 stated that the date on the dressing was May 4, 2025, and that a nurse would not be able to remove or change the dressing without removing the part of the dressing that was initialed and dated. Staff #29 also stated that the dressing was from the discharging hospital.</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>An interview was conducted with the Assistant Director of Nursing (ADON / Staff #41) on May 16, 2025, at approximately 1:15 PM. The ADON stated that the facility ensures IV sites are kept clean and free from infection by following physician orders, and that the order for central line care indicates to change the transparent dressing every 7 days and as needed. The ADON stated that if the orders were not followed then the risk to a resident could be infection of the IV site. The ADON reviewed Resident #4's MAR for May 2025, and stated that record indicated that the nurse had changed the transparent IV dressing on May 12, 2025.</p> <p>Review of the facility policy titled Nursing Clinical: Physician Orders, revised May 2021, revealed it is the policy of the facility that drugs shall be administered only upon the written order of a person duly licensed and authorized to prescribe such drugs. It is the policy of this facility to accurately implement orders in addition to medication orders (treatment, procedures) only upon the written order of a person duly licensed and authorized to do so in accordance with the resident's plan of care. Medication, treatment or related procedure orders are transcribed in the eMAR (electronic Medication Administration Record) accordingly.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interviews, review of records, and review of facility policy and procedure, the facility failed to ensure infection control policies were followed for one resident (#4) regarding Enhanced Barrier Precautions (EBP). The deficient practice could lead to the spread of infection.</p> <p>-Findings Include:</p> <p>Resident #4 was admitted to the facility May 7, 2025, with diagnoses that included staphylococcal arthritis of right hand, methicillin susceptible staphylococcus aureus infection, cellulitis of right upper limb, and cutaneous abscess of right hand.</p> <p>A physician order dated May 8, 2025, indicated for enhanced barrier precautions: personal protective equipment (PPE) required for high resident contact care activities, with an indication of wounds and a central line.</p> <p>An additional physician order dated May 8, 2025, indicated for ceftriaxone sodium injection solution reconstituted 2 gm (Ceftriaxone Sodium), to use 2 grams intravenously one time a day.</p> <p>An observation was conducted on May 16, 2025, at 10:09 AM. Resident #4 was lying in bed with an IV treatment administered through a central line in the resident's left arm. A Registered Nurse (RN / Staff #29) entered the room, only donned gloves and did not don a gown, disconnected the IV line, wiped the hub with an alcohol wipe, and flushed the IV line.</p> <p>An interview was conducted with the Assistant Director of Nursing (ADON / Staff #41) on May 16, 2025, at approximately 1:15 PM. The ADON stated that EBP are applied when giving direct patient care for residents who have a central line, indwelling urinary catheter, wounds, and other specific care. The ADON stated that EBP require staff to don a gown and gloves to prevent the spread of infection. Additionally, the ADON stated that staff know which residents to apply EBP, because there is a physician order for it.</p> <p>Review of the facility policy titled IPCP Standard and Transmission-Based Precautions: Infection Control, revised October 2023, Enhanced Barrier Protection (EBP): expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for indirect transfer of multi drug resistant organisms (MDROs) to staff hands and clothing then indirectly transferred to residents or from resident-to-resident (e.g., residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROs). Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: i. Dressing ii. Bathing/showering iii. Transferring iv. Providing hygiene v. Changing linens vi. Changing briefs or assisting with toileting vii. Device care or use: central vascular line (including hemodialysis catheters), indwelling urinary catheter, feeding tube, tracheostomy/ventilator viii. Wound care: any skin opening requiring a dressing.</p>		