

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Haven of Show Low		STREET ADDRESS, CITY, STATE, ZIP CODE  2401 East Hunt Street Show Low, AZ 85901	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47576</b></p> <p>Based on staff interviews and observations, the facility failed to ensure that services provided meet professional standards. During the time of an inoperable call light system the facility staff falsely documented that a visual check was conducted for 5 residents.</p> <p>Findings include:</p> <p>While on a complaint survey, a family member disclosed that the call light system does not work. Observations and interviews of staff and residents confirmed that the call light system was not working properly. On 2/1/24 at 4:14 PM, the call light for room [ROOM NUMBER] bed B was pressed and did not work. An interview was conducted with resident #28 on 2/1/24 at 4:16 PM. Resident #28 confirmed that the call light system has been down for almost 2 weeks and that the residents are provided with bells.</p> <p>An interview with a CNA (Certified Nursing Assistant), Staff #401 was conducted on 2/1/2024 at 4:30 PM. Staff #401 confirmed that the call lights have not worked for about two weeks. Staff #401 stated that the residents were provided with hand held bells. Staff #401 was not aware of when the call light system will be fixed.</p> <p>An interview was conducted with the Administrator, Staff #422 on 2/1/2024 at 4:45 PM. Staff #422 stated that on the night of the 1/15/2024 the facility recognized that the call light system was not working in a few rooms and more rooms had become affected by the outage. Staff #422 stated that the facility then immediately implemented the bell system and 15-minute Fire Watch resident checks. Staff #422 further stated that the call light system is to be repaired on 2/2/2024.</p> <p>An interview was conducted with a Registered Nurse (RN), Staff #498 on 2/2/2024 at 9:36 AM. Staff #498 stated that the Fire Watch 15-minute checks consisted of staff seeing if resident's need anything and confirmed that with each 15-minute check, staff are to put eyes on every resident. Staff #498 was not aware of staff making complaints about the hand-held bell system in use but did state that it is frustrating in general. Staff #498 stated that the fire watch forms are at the nurse's station and not carried while conducting the 15-minute checks and that it is a team effort. Staff #498 stated that a potential negative outcome from the current call light system would be Not knowing who needs help if we are busy in a room and not aware of what room the resident is ringing the bell from. A failure to check on someone else.</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:  035139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Haven of Show Low		STREET ADDRESS, CITY, STATE, ZIP CODE  2401 East Hunt Street Show Low, AZ 85901	
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 0658</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 [NAME] President (VP) of Clinical Operations, Staff #409 on 2/2/2024 at 11:54 AM. Staff #409 confirmed that the 15-minute Fire Watch checks should include staff having a visual on each resident.</p> <p>An observation of the 15-minute Fire Watch checks on the Back Hall was conducted on 2/2/2024 from 9:06 AM to 9:24 AM. During that time staff did not enter resident rooms 218, 219 and 225. room [ROOM NUMBER] consisted of two residents, room [ROOM NUMBER] had one resident and room [ROOM NUMBER] had two residents. The observation revealed that the residents did not have eyes on them for the 9:15 AM Fire Watch check. A review of the 15-minute Fire Watch check list revealed inaccurate documentation. Staff #498 had initials for the 9:15 AM check indicating that eyes on all resident's took place on the back hall.</p> <p>A second observation was conducted on 2/2/2024 at 10:45 AM, the Fire Watch check list revealed initials indicating that all the residents had eyes on them by staff #498 however observation during that time did not reveal that staff #498 entered all of the rooms on the Back Hall.</p> <p>A review of the facilities Emergency Procedures for Specific Events, Section E from September 2017 revealed that if nursing call system is inoperable, provide tap or hand bells to residents and increase monitoring of residents.</p>		