

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 08/19/2024
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49199</p> <p>Based on clinical record review and staff interviews, the facility failed to ensure care and services related to wound was provided one resident (#57). The deficient practice resulted in the wound becoming necrotic and resident's transfer to the hospitalization .</p> <p>Findings include:</p> <p>Resident #57 was admitted to the facility on [DATE] with a diagnoses of Atrial Fibrillation, acute kidney failure, type II diabetes mellitus, systemic inflammatory response syndrome and bilateral lower extremity amputations.</p> <p>The admission note dated June 21, 2024 included the resident was admitted from a short-term general hospital, was confused as to situation and place and had bilateral lower extremity amputations. Per the documentation, the resident had pain of 10/10 from foley catheter; and, interventions to alleviate pain was to secure catheter and good peri/catheter care.</p> <p>An encounter note dated June 23, 2024 included a history of present illness that at the hospital, the resident's urinalysis was negative but a Foley catheter was placed for unknown reasons. Assessment included benign prostatic hyperplasia (BPH) with lower urinary tract symptoms. Per the documentation, the resident was noted to have a Foley catheter; and that, the provider will order bladder training and then removal of Foley catheter.</p> <p>The daily skilled evaluation dated June 23, 2024 revealed that the resident was oriented x 3 and had catheter use.</p> <p>The progress note dated June 24, 2024 at 4:59 p.m. included that the resident had a Foley catheter in place and was complaining of discomfort to his penis. Per the documentation, the nurse removed the Foley catheter and the Nurse Practitioner (NP) was notified. Further, the documentation included that resident will be monitored for spontaneous urination.</p> <p>The physician order dated June 24, 2024 included may replace Foley if not urinating every shift for 3 days.</p> <p>The daily skilled evaluation dated June 24, 2024 7:59 p.m. revealed the resident had catheter. However, there was documentation of the reason for the continued use and reinsertion of the Foley catheter.</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 08/19/2024
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>An encounter note dated June 25, 2024 included the resident did not have suprapubic tenderness; and that, the resident had Foley catheter.</p> <p>An admission Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had a Brief Interview for Mental Status (BIMS) score of 99 indicating the resident was unable to complete the interview. The assessment included that the resident had short-term and long-term memory problem and had severely impaired cognitive skills for daily decision making. Further, the MDS coded that the resident had an indwelling catheter. The CAA (Care Area Assessment) summary revealed that indwelling catheter was triggered for care planning.</p> <p>However, the clinical record revealed no evidence that a care plan related to the use of a Foley catheter and implemented interventions.</p> <p>The weekly skin check note dated June 28, 2024 included that the penis had slough noted at the meatus. Per the documentation, the resident was uncircumcised; and, the foreskin needed to be pulled back to note area of inflammation from previous catheter insertion. It also included that treatment was applied.</p> <p>The shower sheets dated June 28, 2024 revealed no documentation of any issues identified on the resident's penis</p> <p>The care plan dated July 2, 2024 included the resident had bladder incontinence related to dementia, history of CVA (cerebrovascular accident) and impaired mobility. Goal was that the resident's risk for septicemia will be minimized/prevented via prompt recognition and treatment of symptoms of UTI (urinary tract infection). Interventions included to use disposable briefs and to check and change as needed.</p> <p>The physician order dated July 3, 2024 included for Santyl ointment (topical wound treatment) 250 unit/gram, apply to penis meatus topically at bedtime for wound care for small amount of slough area of the meatus.</p> <p>The weekly skin check notes dated July 4, and 12, 2024 included that the penis had slough noted at the meatus. Per the documentation, the resident was uncircumcised; and, the foreskin needed to be pulled back to note area of inflammation from previous catheter insertion. It also included that treatment was applied.</p> <p>The shower sheet dated July 8, 2024 revealed no documentation of any issues identified on the resident's penis.</p> <p>The clinical record revealed no evidence that Foley catheter care was administered or provided to the resident. It also did not include a reason why Foley catheter care was not provided; and that, the physician was notified.</p> <p>The encounter note dated July 11, 2024 revealed the resident was seen for penile abscess; and that, there was significant amount of smegma noted. Per the documentation, it inflamed but did not appear to be infected. It also included that the resident had Foley catheter; and, smegma was noted on the tip of the penis. Further, the documentaton included that the resident will be referred to the wound clinic as he might need debridement.</p> <p>(continued on next page)</p>		

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 08/19/2024
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The shower sheet dated July 11, 2024 revealed no documentation of any issues identified on the resident's penis.</p> <p>The encounter note dated July 16, 2024 revealed that the skin was warm and dry; and smegma was noted on the tip of the penis.</p> <p>The encounter note dated July 18, 2024 included that Foley catheter was noted.</p> <p>Despite documentation that the provider recommended referral to wound clinic, the clinical record revealed no evidence that the resident was referred to the wound clinic from July 11 through July 21, 2024.</p> <p>The progress note dated July 22, 2024 revealed that the resident had an appointment set at the wound clinic for July 31, 2024.</p> <p>The weekly skin check notes dated July 19 and 28, 2024 included that the penis had slough noted at the meatus. The documentation did not include whether or not treatment was administered.</p> <p>The shower sheet dated July 29, 2024 revealed no documentation of any issues identified on the resident's penis.</p> <p>The Santyl order was transcribed onto the medication administration record (MAR) for July 2024 and was documented as administered.</p> <p>The discharge and transfer assessment dated [DATE] included that the resident was transferred to the hospital. Per the documentation, the resident went to the wound clinic for his appointment for his penile wound; and , the wound clinic sent the resident to the ER (emergency room) straight from the clinic.</p> <p>The report of consultation note dated July 31, 2024 revealed that the resident had a penile ulcer at the tip of the penis; and that, there was need to retract the foreskin. Per the documentation, wound clinic performed wound culture and biopsy of the penile lesion. Further, the documentation included that the resident was sent to the ER for STAT urology consultation and possible I&D (incision & drainage)</p> <p>A phone interview with the wound clinic registered nurse (RN/staff #8) conducted on August 19, 2024 at 2:03 p.m., the RN stated that resident #57 was sent to the wound clinic for consultation of the penile wound. The RN said that on examination, the resident had quite a bit of necrosis at the tip of his penis which was usually seen in residents who were actively dying. The RN said that the wound clinic sent the resident out to the ER; and, if we are sending a resident out, then it was pretty bad. She stated that in the case of resident #57, the wound clinic biopsied the wound beneath the necrotic tissue at the tip of the penis. The RN said that the resident should have been seen and evaluated much sooner; and that, the facility could have done a culture and sensitivity test on resident #57. Further, the RN stated that the wound care provider documented that resident #57 may need removal of the penis and it was bad; but, she was not sure that happened.</p> <p>(continued on next page)</p>

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 08/19/2024
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on August 19, 2024 at 2:00 p.m. with the director of nursing (DON/staff #26) who stated that the facility did not have a wound care nurse for the past year. The DON said that a head to toe skin assessment was completed and reviewed by staff when a resident is admitted at the facility. The DON said the resident was then placed on weekly skin assessment schedule for issues. Regarding resident #57, the DON said that there was a definite problem here. The DON said that staff cannot have the same exact note every time staff were looking at a wound; and, she would have followed up with the resident after it was identified by staff. Further, the DON stated that it was problem that the provider recommended for the resident to see the wound clinic on July 11; but this was not even made until July 22, 2024.</p> <p>In a later interview with the DON conducted on August 19, 2024 at 3:05 p.m., the DON said that based on the clinical record, staff did everything they could. She also stated that review of the clinical record revealed the resident had slough in his penis and this was the same as necrosis.</p> <p>An interview on August 19, 2024 at 4:20 p.m. with a certified nursing assistant (CNA/staff #35) who stated he noticed that resident #57 had a penile issue; and he notified the administrator and charge nurse each time. He said that they told him that they knew about the issue and things were being done to correct it. He stated that the penile issue continued to look worse; and, when staff were cleaning the penis staff had to pull back the foreskin which did not come back easily. Further, he stated that some of the female nurses/staff were not comfortable pulling foreskin back and cleaning it like they should.</p>		