

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  09/27/2024
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 - Some</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**</b> 40581</p> <p>Based on documentation, staff interviews, and the facility policy and procedures, the facility failed to ensure one resident (#56) received medical care treatments ordered by the physician. The deficient practice could result in residents not improving.</p> <p>Findings include:</p> <p>Resident #56 was admitted to the facility on [DATE] with diagnoses that included enterocolitis due to Clostridium Difficile (Cdiff), urinary tract infection (UTI), neuromuscular dysfunction of the bladder, and Parkinson's Disease.</p> <p>The minimum data set (MDS) dated [DATE] included a brief interview for mental status score of 11 indicated the resident was moderately cognitively impaired. It also included that the resident did not reject care during the look-back period.</p> <p>The care plan dated August 29, 2024 revealed that the resident had infections, Clostridium difficile and urinary tract infection. Interventions included contact/droplet precautions, and educating the resident and staff regarding preventative measures to contain infections. Use as much disposal equipment and dedicated equipment as possible. Non-disposable resident care equipment to be appropriately cleaned and disinfected per facility protocol.</p> <p>The care plan dated August 30, 2024 revealed that the resident had enhanced barrier precautions related to a central line/PICC, indwelling catheter. Interventions included to don and doff gown and gloves and to perform hand hygiene as per facility protocol.</p> <p>A care plan dated August 30, 2024 revealed that the resident is at risk for skin impairment due to decreased mobility and included the interventions to administer treatments as ordered and monitor for effectiveness.</p> <p>An oxygen therapy care plan dated August 30, 2024 revealed oxygen therapy related to ineffective gas exchange included an intervention to provide oxygen per physician order and to monitor for signs and symptoms of respiratory distress and report to the medical doctor.</p> <p>Review of the Order Summary revealed:</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 035139
		If continuation sheet Page 1 of 3

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  09/27/2024
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 - Some</p>	<p>-August 29, 2024, Vancomycin HCl oral capsule 125 mg give one capsule by mouth every 6 hours related to enterocolitis due to Clostridium Difficile for eight days.</p> <p>-August 29, 2024, Amoxicillin oral capsule 500 mg give one capsule by mouth every 8 hours related to UTI. Discontinued on September 10, 2024.</p> <p>-August 29, 2024, Foley catheter size 16 french, 10 cc balloon. Different size may be inserted if size ordered cannot be reinserted. Change Foley catheter as needed for leaking, soiling, blockage or as ordered by provider. Discontinued September 2, 2024.</p> <p>-August 29, 2024, Nystatin External Powder 100000 unit/gram (topical). Apply to affected areas topically every shift for skin care. Discontinued September 21, 2024.</p> <p>-August 29, 2024, Catheter care with soap and water or wipes every shift for other. Discontinued on September 21, 2024.</p> <p>-August 29, 2024, oxygen at 0-5 liters per minute as needed to keep saturation above 89% every shift for oxygen therapy. Discontinued September 21, 2024.</p> <p>-September 2, 2024, Change suprapubic catheter every month. Discontinued September 21, 2024.</p> <p>Review of the Treatment Administration Record (TAR) dated September 2024 revealed:</p> <p>-August 29, 2024, Catheter care with soap and water or wipes every shift for other. Discontinued on September 21, 2024. Treatment was not provided on September 2, 5, 6, 7, 8, 9, 11, and 12, 2024.</p> <p>-August 29, 2024, Nystatin External Powder 100000 unit/gram (topical). Apply to affected areas topically every shift for skin care. Discontinued September 21, 2024. Treatment was not provided on 2, 5, 6, 7, 8, 9, 11, and 12, 2024.</p> <p>-August 29, 2024, oxygen at 0-5 liters per minute as needed to keep saturation above 89% every shift for oxygen therapy. Discontinued September 21, 2024. Oxygen saturation was not checked on September 2, 6, 7, 8, 9, 11, 2024.</p> <p>An interview was conducted on September 27, 2024 at approximately 11:45 a.m. with a licensed practical nurse (LPN/staff #57), who stated that she had received training on medication and treatment administration. She stated that a physician's order is needed for treatments and when a treatment is done, it should be documented in the Treatment Administration Record (TAR). Staff #57 stated if there is no documentation the treatment was not done, and she would contact the Director of Nursing (DON) and the physician, and document the physician's instructions. She stated that she thinks it is the responsibility of the Director of Nursing to review the TAR to ensure that treatments were provided as ordered. She stated that missed documentation indicated that the resident's catheter was not cleaned and there is a risk of getting a skin infection and a UTI. She stated that she was not sure where the Nystatin powder was supposed to be administered and would need to contact the staff who did the order with the physician to verify, but thought that it was most likely applied to the lower abdominal and inner thigh area. She stated that there is a risk of spreading and can lead to cellulitis if the powder is not applied as ordered.</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  09/27/2024
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 - Some</p>	<p>An interview was conducted on September 27, 2024 at 12:14 p.m. with the (DON/staff #2), who stated that staff had received training on administering medications and treatments and a physician's order is required for both. She stated that an order to administer a medication or treatment requires the medication, dosage, frequency, and route and once done -- should be documented on the MAR/TAR. She stated that she is responsible for reviewing the MAR/TAR to ensure medication and treatments are administered. During the interview, she reviewed the MAR/TAR dated September 2024 and stated that the catheter was not cleaned multiple times, which created a risk of infection like a UTI. She also stated that the nurse is responsible for completing skin assessments before applying the Nystatin, but it is usually applied to the abdominal folds and under the breast area. She stated that the Nystatin was not applied multiple times and would expect the staff to document on a progress note if the area was worsening. She stated that the affected area spreading doesn't indicate the problem is worsening, however stated that if the treatment was not documented it was not done.</p> <p>The facility policy, Medications: Administering Medications states that medications are administered in a safe and timely manner, and as prescribed. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones, or documents in the electronic medical administration record. Topical medications used in treatments are recorded on the resident's treatment record (TAR).</p>		