

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Tucson		STREET ADDRESS, CITY, STATE, ZIP CODE 6211 North LA Cholla Boulevard Tucson, AZ 85741	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40581</p> <p>Based on documentation, staff interviews, and the facility policy and procedures, the facility failed to ensure that one resident (#6) received assistance with bathing. The deficient practice could result in poor hygiene and skin infections.</p> <p>Findings include:</p> <p>Resident #6 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included a anxiety, depression, unspecified protein-calorie malnutrition, and a personal history of venous thrombosis and embolism.</p> <p>The care plan for activities of daily living (ADLs) dated March 25, 2024 revealed that the resident has an ADL self-care performance deficit related to weakness and decreased mobility due to acute kidney failure (AKF), pressure ulcer (PU), seizures (s/z) and depressive disorder (d/o). Interventions included that the resident requires assistance by staff with bathing/showering as necessary.</p> <p>The minimum data set (MDS) dated [DATE] included a brief interview for mental status score of 12 indicating the resident was cognitively intact. It also revealed that the resident was dependent on assistance with showers/bathing.</p> <p>Review of the shower/bathing task sheet revealed that the resident was schedule to bath on Monday and Thursday evenings.</p> <p>Review of the shower/bathing task sheet dated April 2024 revealed:</p> <ul style="list-style-type: none"> -Thursday, April 4, 2024, bathing was completed. -Thursday, April 11, 2024, bathing was refused. -Thursday, April 25, 2024, activity did not occur. <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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the skin care alert form revealed the following directions: Complete this form [NAME]. While assisting the resident with self-care (bathing, toileting, dressing, Etc.), document the presence of any areas of concern or changes in skin, including: redness, bruising, surgical wounds, drainage, rashes, blisters, etc. Use side two to document detail and indicate current strategies to prevent pressure ulcer/injuries. Review of the skin care alert forms from April 2024 through June 2024 revealed one form dated April 15, 2024 with the documentation of a bed bath being completed.</p> <p>Review of the shower/bathing task sheet dated May 2024 revealed:</p> <ul style="list-style-type: none"> -Friday, May 3, 2024, activity did not occur. -Monday, May 6, 2024, bathing was completed. -Thursday, May 9, 2024, activity did not occur. -Monday, May 13, 2024, activity did not occur. -Monday, May 20, 2024, activity did not occur. -Thursday, May 23, 2024, activity did not occur. <p>Review of the shower/bathing task sheet dated June 2024 revealed:</p> <ul style="list-style-type: none"> -Friday, June 14, 2024, activity did not occur. -Monday, June 17, 2024, bathing was completed. -Thursday, June 20, 2024, bathing was completed. -Monday, June 24, 2024, bathing was completed. -Thursday, June 27, 2024, bathing was completed. <p>Review of the shower task sheet dated July 2024 revealed bathing only one time during the week of July 4, 2024. No bathing was documented on the task sheet from July 5, 2024 through July 15, 2024 and no refusals were documented.</p> <p>During an interview conducted on July 16, 2024 at 12:23 p.m. with the Director of Nursing (DON/staff #59), she stated that skin care alert form is being used for the paper shower form and acknowledged that there is nothing on the form to indicate a shower, hair washing, or nail care was done. The form states that it can be used for shower, toileting, dressing, etc. She acknowledged that staff are not identifying which task is being done.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a second interview conducted on July 17, 2024 at 11:12 a.m. with the (DON/staff #59), she stated that there is a shower schedule for the residents and each resident is scheduled for showers twice a week. It is her expectation that if a resident is not showering, the certified nursing assistant (CNA) should offer a couple of times and report the refusal to the nurse. The nurse should talk to the resident. The nurse could document the refusal on the skin care alert form ask the resident to sign it. She stated that there is a risk of poor hygiene and skin breakdown if a resident is not bathing.</p> <p>The facility policy, Activities of Daily Living (ADLs) revised February 12, 2024 states that the resident will receive assistance as needed to complete activities of daily living (ADLs). Any change in the ability to perform ADLs will be reported to the nurse.</p>