STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035146	A. Building B. Wing	08/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Paradise Valley	4065 East Bell Road Phoenix, AZ 85032

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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47910 Based on clinical record review, staff interviews, observation of current practice, and review of the facility's policies, the facility failed to ensure one resident #77, was free from verbal and/or physical abuse from a family member. The deficient practice could result in residents experiencing emotional and mental trauma from the abuse. Findings include: Resident #77 was admitted to the facility on [DATE] with diagnoses that included unspecified fracture of lower end of left femur, subsequent encounter for closed fracture with routine healing, chronic kidney disease, stage 2 (mild) and rheumatoid arthritis, unspecified. A review of a quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed resident #77 BIMS (Brief Interview of Mental Status) score was 14 which indicated intact cognition. The care plan revised on January 13, 2024 included resident #77 had limited mobility and pain from severe rheumatoid arthritis, contractures and deformity of the back, neck, bilateral hands, feet and ankles. The Care Plan revealed that resident required extensive assist by 1-2 staff for toileting and personal hygiene. A review of resident's progress notes revealed an entry dated August 17, 2024 at 6:34 PM. The note revealed assigned Certified Nursing Assistant (CNA/Staff #202) reported that patients' family was yelling at her and left the building immediately after. Furthermore, progress notes revealed resident reporting to staff that the family member had slapped her. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035146	A. Building B. Wing	08/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Paradise Valley	4065 East Bell Road Phoenix, AZ 85032

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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on August 26, 2024 at 3:11p.m. with the CNA (Staff #202). Staff #202 stated she was working in the unit where resident #77 resides and heard yelling and screaming. She stated it was coming from resident #77's room. She stated as she approached the room she observed that the door was opened and heard, you're an OCD Bitch. I also heard resident #77 yelling Help, Help!. Staff stated as she was entering the room, resident's #77 family member (Resident #77's sister) was exiting the room. She stated when she entered the resident's room, the resident had head down and was crying- and stated she hit me, she hit me very hard on my mouth. Staff #202 stated she immediately told the assigned licensed practical nurse, (LPN/Staff#180). Staff #202 stated she went back to the resident's room and she was visibly shaking and asked to call her mother. She further stated she did not observe any redness or bruising. Staff #202 stated she has observed that the family member does not have patience with the resident and will often make faces and raise her voice when talking to the resident, but, stated she had not heard them like this before. She stated the family member help with the residents laundry and brings her snacks and always appeared happy to see her family member and is excited for her visit. An interview as conducted August 26, 2024 at 3:02p.m. with the LPN (Staff #180). He stated the family member visited 1-2 times per week and brought supplies. He stated Staff#202 had reported to him that she had heard arguing in resident #77's room and then had observed the family member leaving. He stated he went to check on the resident and was told by the resident, regarding her family member, she beat me up and called me an OCD bitch and slapped me on the face. Staff #180 stated he completed an assessment and did not observe any bruising or redness. Staff #180 stated that he was aware of prior arguments between the resident and the family member that included elevated voices and yelling. He stated he did not report this to anyone or document the prior incidents, nor could he recall when the incidents happened. Staff #180 stated he has received abuse training and that there is now a picture of the family member at the front lobby desk and that family member is not allowed to enter or visit at this time. An interview was conducted on August 26, 2024 at 3:37p.m. with resident #77 at 3:37p.m. the resident reported that family member gets all riled up and had become upset when the resident had stated she wanted to keep an empty tissue box that her family member wanted to toss away. The resident stated a disagreement ensued, and that family member went ballistic. Resident #77 stated the family member hit her in the face with the tissue box, hitting her in the mouth. The resident stated the family member always gets mad at her and raises her voice at her. She stated that the family member complained about having to come to the facility to see her. She stated the family member cursed at her all the time calling her a selfish bitch OCD bitch- and other names. The resident stated she has told her nurse, staff#180 about the name calling and how her sister made her feel. The resident stated she became depressed following the incident and did not get up or go out. An interview was conducted on August 26, 2024 at 4:17p.m. with Social Services Director (SSD/Staff#205). Staff # 205 stated the incident happened during the weekend and was informed to follow-up with the resident to address and discuss how to move forward with the situation. Staff #205 stated the family member is not allowed to interact with the resident at this time. Staff #205 stated the resident is stressed out due to the situation between her and her family member and concern was now going to provide the additional support. She stated that the follow-up visit was for socio-emotional assessment and did not discuss the relationship between the resident and the family member. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035146	A. Building B. Wing	08/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Paradise Valley	4065 East Bell Road Phoenix, AZ 85032

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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on August 26, 2024 at 4:28 p.m. with Administrator (Staff#15) who stated her expectations are that staff report what they see or hear, stop it and report it to their supervisor on duty or if unavailable to any supervisor. Staff #15 stated verbal abuse are any derogatory remarks or mocking, mean statements directed toward a resident and the expectations are that staff would report any abuse and staff are not to decide what is reportable, that they are to report any incidents. Review of the facility policy titled Abuse-Prevention states it is the policy of this facility to prevent and prohibit all types of abuse, neglect, misappropriation of resident property, and exploitation.