

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  Desert Blossom Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  60 South 58th Street Mesa, AZ 85206	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47341</b></p> <p>Based on observations, staff interviews, and review of policies and procedures, the facility failed to ensure staff provided meals according to regulations to one resident (#76). The deficient practice could result in residents not meeting dietary needs.</p> <p>Findings include:</p> <p>Resident #76 was admitted to the facility on [DATE] and discharged on [DATE] with diagnoses that included left tibia fracture, chronic obstructive pulmonary disease, heart failure, and chronic kidney disease.</p> <p>Resident #76 had an order dated 4/15/2023 for regular diet with regular texture and thin liquids. There were also orders for once daily dietary supplements; Glucerna 8 ounces and Prostat 30 milliliters, dated 4/19/202 and 4/22/2023 respectively.</p> <p>Medicare Minimum Data Set (MDS) dated [DATE] shows Brief Interview of Mental Status (BIMS) of 15 which indicated no cognitive impairment.</p> <p>The care plan initiated on 4/16/2023 reflected a goal related to resident being malnourished. The goal for resident #76 was to maintain adequate nutritional status as evidenced by consuming more than 75% of meals and supplements. Interventions included diet as ordered by the physician and monitor and report to the physician any decreased appetite, unexpected weight loss,</p> <p>A nutritional screening dated 4/18/24 revealed the resident was malnourished due to being bed bound and experiencing rapid weight loss. Recommendations were to provide dietary supplement Ensure.</p> <p>A review of the facility grievance log for April 2023 showed resident #76 had brought up meal concerns with the kitchen and the Assistant Director of Nursing on 4/17/2023.</p> <p>Review of the Plan of Care (POC) task documentation shows one shift on 4/18/2023 and 4/20/2023 each, show no documentation of meals being provided to resident #76.</p> <p>In an interview on 05/09/2024 at 1:41pm with a Certified Nursing Assistant (CNA/Staff #40), Staff #40 stated that activity of daily living (ADL) care is always documented in the electronic health record (EHR) and CNAs document under POC tasks. They stated that ADL's like meals, baths, brief changes, and dressing is documented each time it is completed.</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
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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with CNA (Staff #24), she stated ADL care is always documented in the EHR including refusals of care which are also reported to the nurse. Each time they provide the ADL service it is documented in the system. Some of them are required the one time and then it will be as needed. For bowel movements for example, a new entry can be created for each time a brief change is done. Each meal is also a new entry. She reviewed the print out of POC tasks for resident #76 and when asked what the blanks meant, she stated that meant it was not completed.</p> <p>In an interview with the Director of Nursing (DON/ Staff #14) on 05/09/2024 at 2:10pm, she reviewed a print out of the POC tasks for Resident #76 and stated that the blanks are not indicative of the services not being completed. They just mean that it was not documented. There are areas that show that if a service was completed after midnight, then they will roll over to the next day, but it was still completed. Review of Resident #76's chart shows that eating was not documented for 2 days and she indicated this was not due to the midnight rollover glitch. The DON stated that the facility had initiated the following measures after the April 12, 2023 abbreviated survey:</p> <ul style="list-style-type: none"> <li>-staff to be in-serviced on accuracy and completion of daily Point of Care/Activities of Daily (POC/ADL) Living with a completion date of 06/21/2023.</li> <li>-staff to be in-serviced on recognizing and reporting changes in ADL activity/ability. The completion date was 06/21/2023.</li> <li>-DNS or designee will conduct a daily review Monday through Friday of POC/ADL documentation completion x 4 weeks to ensure substantial compliance. 06/21/2023.</li> <li>-DNS or designee will ensure that the nutrition report will be discussed and reviewed at the weekly nutrition meeting for the Interdisciplinary Team (IDT) to recognize declines or changes in eating patterns and respond proactively to the changes as indicated x4 weeks. The completion date was 06/21/2023.</li> <li>-DNS or designee will report findings of reviews to the QAPI committee with additional follow-up and recommendation as needed until substantial compliance is achieved and maintained. The completion date was 06/21/2023.</li> </ul> <p>In a policy titled Documentation and Charting last reviewed 07/2023, it stated that facility will provide a complete account of the resident's care, treatment, response to the care, signs, symptoms, etc. as well as the progress of the resident's care.</p>		