

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/20/2024
NAME OF PROVIDER OR SUPPLIER Haven of Tucson		STREET ADDRESS, CITY, STATE, ZIP CODE 3705 North Swan Road Tucson, AZ 85718	

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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51006</p> <p>Based on observation, record review, interviews, and facility policy, the facility failed to ensure that monitoring and evaluation of physical restraints are completed for the continued use of physical restraints for one resident (Resident #62). The deficient practice could lead to increased isolation and/or other psychosocial harm.</p> <p>Findings include:</p> <p>Resident #62 was initially admitted into the facility on [DATE], and then readmitted on [DATE] with the diagnosis of metabolic encephalopathy, pneumonitis due to inhalation of food and vomit.</p> <p>A review of a care plan focus initiated on August 13, 2024 revealed that Resident #62 used a form of physical restraints, bilateral soft mitts. The focus also revealed interventions to ensure the resident is positioned correctly with proper body alignment while restrained, and, as well as monitoring and assistance every 2 hours for daily care.</p> <p>An order dated August 13, 2024 revealed that staff will ensure proper placement of bilateral soft mitts are released every two hours for ten to fifteen minutes.</p> <p>An order dated August 19, 2024 revealed that staff will provide frequent checks for safety and positioning of mitts, and to notify the provider for any skin breakdown.</p> <p>A review of a quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed no evidence of a Brief Interview for Mental Status (BIMS) score. The MDS also revealed that the resident is completely dependent on staff assistance. The MDS also revealed that the resident had a limb restraint for daily use in bed.</p> <p>On December 16, 2024 at 12:00 P.M. an observation was done on Resident #62, where Resident #62 was observed in bed with bilateral soft mitts on.</p> <p>In an interview conducted on December 16, 2024 at 12:25 P.M. with the power of attorney (POA) for Resident #62, the POA stated their approval of the restraint and the communication received, regarding the bilateral soft mittens. The POA also stated that they were provided the education and the expectations regarding the restraints and shared that they believe the facility had not provided regulation accordingly, and properly, as it was discussed with them.</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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview conducted on December 16, 2024 at 12:46 P.M. with a Certified Nursing Assistant (CNA/Staff #206), where Staff #206 stated they had been provided training on the usage of restraint devices, including bilateral mitts, and to remove the restraint every two hours. Staff #206 stated that specifically for Resident #62, the were to observe the resident's hands for any skin tares and skin abnormalities, and as well as if the resident states of any itchiness and sweating in the mitts. Staff #206 stated that any CNA and nurse has the capability to assist the resident with the removal of the restraint and that the restraint had been ordered for the resident as Resident #62 had a history of pulling out their tracheostomy tube and their peripherally inserted central catheter (PICC) line. Staff #206 stated that their role in this process is to document their checks on the Resident #62's tasks chart on the facility's electronic health record platform.</p> <p>An interview conducted on December 16, 2024 at roughly 12:50 P.M. with a Care Coordinator (Staff #72), were Staff #72 stated that the expectation with physical restraints is to complete skin observations and provide the resident with supervised time with the restraints off every two hours. Staff #72 also stated that the time spent monitoring the resident with restraints off can be between 10-15 minutes.</p> <p>An interview conducted on December 16, 2024 at 1:05 P.M. with a Licensed Practical Nurse (LPN/Staff #196) where Staff #196 stated they had been provided training on the usage of restraint devices, which included bilateral mitts, and that they were trained to remove the restraint every two hours, providing monitored time of 10 to 15 minutes with the restraints off, and then to ensure that there is at least a two finger gap around the closure of the restraint. Staff #196 also stated that Resident #62 had been ordered the usage of restraints due to their history of behavioral episodes where the resident had tried to remove their tracheostomy tube and their peripherally inserted central catheter (PICC) line. Staff #196 stated that their role is to complete their checks on the Resident #62's treatment administration record and to complete assessments such as a restraint assessment and a skin assessment, on the facility's electronic health record platform. Staff #196 had also stated that there were times where the completion of charting the checks are not completed, and that they are missed.</p> <p>An interview conducted on December 16, 2024 at 1:39 P.M. with the POA for Resident #62, and the POA shared that they had been with Resident #62 since approximately 9:00 A.M. that day, and that the expectations provided to them regarding the restraint, had not been completed.</p> <p>On December 16, 2024 at 1:45 P.M. an observation was done on Resident #62, where Resident #62 was observed in bed with bilateral soft mitts on.</p> <p>An interview was completed with the Director of Nursing (DON/Staff #94) on December 16, 2024 at 2:14 P.M. , where Staff #94 stated that the expectations of restraint usage is that all staff, CNA's, nurses, and as well as respiratory nurses, are to be trained to aid with restraints, including soft bilateral mitts. That CNA's are to complete their hourly checks in any resident's task chart, regardless of what changes or conditions are observed. During this interview, Resident #62's tasks charts were reviewed up to 14 days prior to the investigation, and it revealed that the only date, out of the previous 14 days, where the charting tasks were completed accurately was December 8, 2024. Staff #94 stated that the incompleteness of the expected monitoring of restraints did not meet the facilities expectations and the professional standards of the facility, as the harm to incorrect restraint monitoring for Resident #62 can lead to break down of the skin.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy titled Use of Restraints revealed that the opportunity for motion and exercise were to be provided for a period of not less than ten minutes during each two hours, in which restraints are employed. The policy also revealed that the resident should be repositioned at least every two hours on all shifts.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>50887</p> <p>Based on observations, staff interviews, and facility policy review, the facility failed to ensure professional standards were met during medication administration. The deficient practice could result in the spread of infection and undesirable medication- induced harm. The facility census was 106, and there were 22 sampled residents.</p> <p>Findings include:</p> <p>A medication administration observation was conducted on December 17, 2024 at 7:32 A.M. with a Licensed Practical Nurse (LPN/Staff #242). The LPN was observed to dispense a Mirapex tablet into his ungloved hand, split the tablet in half while his hands continued to be ungloved. The LPN then placed the medication into a clear medication cup, placing the residual half of the tablet into an unlabeled medication cup and stored it in the medication cart, stating to save for the afternoon. The LPN was also observed to reach into a medication cup with ungloved hands to retrieve a medication that the resident refused and disposed of the medication in the resident's room trash, then administered the rest of the medications.</p> <p>An interview was conducted with LPN (staff #242) on December 17, 2024 at 8:07 A.M. who stated that he was not sure what the policy was regarding saving the residual medication after splitting the Mirapex in half, but he said he could waste the residual medication and then do the same thing for the afternoon dose. The LPN stated that he should have used gloves and split the medication with the pill cutter instead of splitting it with his ungloved hands. The LPN also stated that he could have asked the resident to retrieve the medication that she refused and disposed of it in the sharps container rather than retrieving it with his ungloved hands and disposing of the medication in the resident's trash. The LPN further stated that not using gloves, the pill cutter, or disposing of the medications appropriately did not meet facility expectations. The LPN stated that the risk to the resident could result in contamination of the medication.</p> <p>An interview was conducted with the Director of Nursing (DON/Staff #94) on December 17, 2024 at 2:05 P. M. who stated that the process for cutting a medication in half would be to wear gloves and cut it in half with a pill cutter, and dispose of the residual. She stated that it was her expectation that staff would dispose of the residual medication and not save it for later use. The DON also stated that the facility expectation would be to follow the state guidelines and regulations regarding the disposal of medications and not dispose of medications in the trash. She further stated that dispensing medications, splitting medications, retrieving medications from a medication cup with ungloved hands, and not disposing of medications appropriately did not meet facility expectations. The DON stated that the risk to the residents could result in medication contamination by not wearing gloves, receiving an incorrect dose of medication if not split correctly, and another person could take the contaminated medication out of the trash and consume it.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a facility policy titled, Medications: Discarding Medications, version 051123 revealed that non-controlled and Schedule V (non-hazardous) controlled substances are disposed of in accordance with state regulations and federal guidelines regarding the disposition of non-hazardous medications. Review of a facility policy titled, Medications: Administering Oral Medications, version 051123 indicated that for tablets or capsules from a bottle, to not touch the medication with your hands, and to place unit dose tablets or capsules directly into the medication cup.</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51103</p> <p>Based on observations, interviews, review of clinical records, and review of facility policy, the facility failed to ensure one resident (#46) received assistance to maintain hearing ability. This deficient practice can result in in-effective communication.</p> <p>Findings Include,</p> <p>Resident # 46 was admitted to the facility on [DATE], with diagnoses of a right pelvic fracture, atrial fibrillation, anticoagulant therapy, anxiety, depression, and lack of coordination.</p> <p>The resident's inventory dated November 27, 2024 failed to list hearing aids under the resident's personal property.</p> <p>The resident's order dated November 27, 2024 revealed the resident could be seen by an audiologist.</p> <p>The care plan dated November 27, 2024 with the download date of December 16, 2024, revealed no focus, goals, or interventions for resident's hearing.</p> <p>The admission Minimum Data Set (MDS) dated [DATE] revealed the resident scored a 15 on the Brief Interview for Mental Status (BIMS), indicating the resident was cognitively intact. The MDS also revealed the resident had minimal difficulty in the ability to hear. The MDS did not reveal the resident use of hearing aids as an assistive device.</p> <p>A psychological evaluation note dated December 10, 2024 revealed the resident's cognitive functioning and fund of knowledge were intact and age appropriate.</p> <p>A progress note dated December 10, 2024 revealed the resident required multiple verbal cues for redirection, after revealing resident demonstrated compromised cognition.</p> <p>A progress note dated December 13, 2024 revealed the resident was alert and oriented, but needed redirection during the day, and exhibited some signs confusion in the evening.</p> <p>A progress note dated December 16, 2024 revealed resident did not have dementia or any other neurological concerns at the time</p> <p>Review of the clinical record revealed no other information about the resident's hearing aid, such as when the hearing aid should be used, how much assistance the resident needed with the hearing aid, or that the resident had used the hearing aid while in the facility.</p> <p>Review of the clinical record revealed no information regarding the escalation of any concerns regarding resident confusion.</p> <p>A resident observation was conducted on December 15, 2024 at 2:40 p.m. Resident laying in bed. No writing materials, sensory boards, or any other hearing assistive device in resident's area with the exception of the left ear hearing aid.</p> <p>(continued on next page)</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The resident was observed on December 16, 2024 at approximately 9:30 a.m. during breakfast. No writing materials, sensory boards, or any other hearing assistive device in resident's area, with the exception of the left ear hearing aid.</p> <p>The resident was observed speaking with a Certified Nurse Assistant (CNA) and the unit manager regarding her hearing aid. The CNA stated to the resident and unit manager that she charged the resident's hearing aid for her every night. No writing materials, sensory boards, or any other hearing assistive device in resident's area, with the exception of the resident's hearing aid charging by the television set.</p> <p>An interview with the resident was conducted on December 15, 2024 at 2:40 p.m. The resident vocalized anxiety and frustration over the malfunction of her hearing aid. The resident further elaborated that it is very difficult to communicate with the staff, and tells them to slow down and please be patient with her. The resident stated that she has told the nurses about her hearing aid but they have not done anything about it. The resident denied the ability to communicate with sign language.</p> <p>An interview conducted with a CNA (CNA/Staff #28) on December 16, 2024 at 8:50 a.m. The CNA stated that when a resident is hard of hearing they try to accommodate the resident by slowing down and speaking clearer. The also will write things down for the resident for increased understanding.</p> <p>A revisit interview was conducted on December 16, 2024 at 9:30 a.m. with resident #46 whom revealed that the staff does not write messages down for her, but they do their best to speak loud enough and repeat for her. The resident stated that writing messages on a pad would be a great idea. The resident further elaborated that sometimes when she still cannot understand what some staff members say, she will tell them to just be patient with me. On the subject of forgetfulness, the resident stated she is a little forgetful at times, but a lot of times, she does not understand what is being said. The resident further stated sometimes when she does not understand she just goes along with what I think they are saying.</p> <p>An interview was conducted on December 17, 2024 with Social Services Director (SS/Staff #126) at 2:51 p. m. The director stated that the facility works closely with the resident, and refers to the clinical record in order to determine if any communication sensory needs are present. The director further elaborated that the facility provides communication boards, google, and writing pads to assist with resident communication. In regards to scheduling the appointment, the order is received by the primary care provider, and communicated to the staff who will schedule the appointment, and assist with transportation.</p> <p>An interview was conducted with the MDS Coordinator (MDS/Staff #72) on December 18, 2024 at approximately 11:00 a.m. The coordinator was unable to locate in the MDS, the need for assistive devices for hearing. The coordinator stated the MDS is based on admission assessments, resident observations, and any other credible/approved clinical source. The coordinator explained that the MDS does assist in resident care planning. In addition, there is a likelihood that if the need for a hearing assistive device is missed on the MDS, it may also not immediately reflect in the care plan.</p> <p>A written interview/correspondence conducted with the MDS Coordinator (Staff # 72) on December 18, 2024 at 1:21 p.m., revealed the coordinator submitted a correction for the MDS. In addition, the coordinator noted hearing difficulty was already care planned in the clinical record.</p> <p>(continued on next page)</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the Director of Nursing (DON/Staff #94) on December 18, 2024 at approximately 11:43 a.m. stated the process for residents with hearing impairments are identified and care planned for. The DON voiced that the hearing aid should have been included on the inventory sheet, the MDS, and the care plan of resident # 46. The director also further explained that staff are expected to communicate with all residents in a way that gives the greatest clarity and understanding. Staff # 94 agreed that the resident will benefit greatly from hearing assistance follow-up.</p> <p>The facility's Accommodation of Needs policy revealed the resident's need for adaptive devices and modifications to the physical environment are evaluated upon admission, and reviewed on an ongoing basis.</p> <p>The facility's Care of the Hearing-Impaired Resident policy revealed that the staff will assist hearing impaired residents to maintain effective communication with clinicians, caregivers, other residents and visitors.</p> <p>The facility's Resident Examination and Assessment policy revealed the assessment process shall be systematic, comprehensive and multidisciplinary based on the individual's needs, acuity, and priorities in accordance with physician orders.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42319</p> <p>Based on staff interviews, clinical record review, and facility policy, the facility failed to ensure that one resident (#149) was not discharged with an unnecessary device. this deficient practice could result in infection and increased risks of death.</p> <p>Resident #149 was admitted on [DATE] with diagnoses of urinary tract infection, Klebsiella pneumoniae and type 2 diabetes. This resident was discharged to an assisted living facility on February 6, 2024.</p> <p>A care plan initiated on January 16, 2024 included that the resident was on Antibiotic Therapy including Meropenem for a urinary tract infection. Interventions included to observe for possible infection every shift.</p> <p>A physician's order dated January 16, 2024 included Meropenem (antibiotic) Intravenous Solution Reconstituted 1 gram Use 1 gram intravenously every 8 hours for urinary tract infection for 3 Days was discontinued on January 19, 2024. A review of the clinical record did not find any medications administered intravenously after January 19, 2024.</p> <p>A physician's order dated January 16, 2024 included to flush PICC Line with 10ml of NS</p> <p>Q Shift, PRN and Pre and Post Medication every shift for PICC Line Usage. This order was discontinued on January 30, 2024. Review of the clinical record included that the last notation of this cap being changed was on January 30, 2024. However, review of the record indicated that this resident had the PICC line until February 7, 2024.</p> <p>A physician's order dated January 16, 2024 included monitor PICC Line insertion site every shift for signs/symptoms of infection including redness, warmth, swelling, drainage every shift for PICC line usage. This order was discontinued on January 30, 2024. Review of the clinical record included that the last notation of this cap being changed was on January 30, 2024. However, review of the record indicated that this resident had the PICC line until February 7, 2024.</p> <p>A physician's order dated January 16, 2024 included to change PICC line dressing every 7 days and as needed using sterile technique every day shift every Thursday for PICC Line Usage. This order was discontinued on January 30, 2024. Review of the clinical record included that the last notation of this cap being changed was on January 25, 2024. However, review of the record indicated that this resident had the PICC line until February 7, 2024.</p> <p>A physician's order dated January 16, 2024 included discontinue intravenous (IV)/PICC line after completion of IV antibiotics, however review of the clinical record did not reveal documentation that the IV/PICC line had been removed.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A medication administration note dated January 25, 2024 included that the resident was no longer on IV antibiotics and that a message was sent to the MD to remove the PICC line and that the writer was awaiting a response. However, no further record of the PICC line was included until February 7, 2024.</p> <p>A progress note dated February 6, 2024 included Patient was discharged today at 1800 hours. patient unable to sign paperwork. Personal belongings and leftover meds were taken with. Picked up by transportation company</p> <p>A progress note dated February 7, 2024 included Went to patients care home and removed midline no bleeding noted tip intact patient tolerated well pressure dressing applied</p> <p>An interview was conducted on December 17, 2024 at 1:08 P.M. with a Licensed Practical Nurse (LPN/staff #242) who said that they perform multiple discharges and that usually when a resident is finished with antibiotics, there is an order to remove the PICC line. This nurse said that the only reason the resident would keep a PICC line is if they are going to continue the IV meds. This nurse reviewed the medical records and said that they saw that the resident was on Meropenem and said that they saw were the medication was discontinued and that the PICC line should have been discontinued at that time. This Nurse checked the medical record and was unable to find where the PICC had been discontinued and said that they would not have been able to discontinue it as only a Registered Nurse (RN) could do so. This nurse said that there were multiple RN's to ask including the admissions, wound or managers.</p> <p>An interview was conducted on December 17, 2024 at 2:02 P.M. with the owner of the assisted living facility that resident #149 discharged to. This person stated that the assisted living does not provide infusion and that he believed that the Skilled nursing facility sent a nurse out to remove the PICC line.</p> <p>An interview was conducted on December 17, 2024 at 2:40 P.M. with the Manager of the assisted living facility that this resident discharged to from the skilled nursing facility. This person said that resident #149 arrived at her facility around 7pm, and in the morning when the staff were getting her dressed they informed her that the resident had an IV. This staff said that she sent a picture of the IV site to the assisted living facility's Medical Director who stated that the IV was a PICC line and that the assisted living staff should not remove it. This staff then reached out to the DON (staff #352) who asked if they could remove the PICC. This staff informed staff #352 that the Medical Director was not comfortable removing the PICC and that staff #352 would need to send someone to remove it. This staff said that a person from the skilled nursing facility came and took it out.</p> <p>An interview was conducted on December 18, 2024 at 10:47 A.M. with a Registered Nurse (RN/staff #57) who said that a PICC line should be pulled by an RN after getting an order from a provider. They said that the PICC line should be flushed and the dressing on it maintained until it can be removed. This staff said that a patient should absolutely not be discharged with a PICC. This staff reviewed the clinical record and said that the last time the dressing was changed was on January 25, 2024 and that this PICC line was not discontinued prior to the resident's discharge. This staff said that the dangers of a resident discharged with a PICC line would be the use of illegal drugs and sepsis.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on December 18, 2024 at 11:09 A.M. with the Director of Nursing (DON/staff #94) who said that the staff should flush PICC's every shift and change the dressing once a week. This staff said that residents are not discharged with a PICC line unless they are going home with IV antibiotics and going to an infusion clinic. This DON reviewed the clinical record and said that this resident did not receive IV antibiotics in February and that the order to discontinue the PICC line was on January 31. This DON stated that the last time the dressing was changed was on January 25 and the last time the PICC line was monitored was on January 30 on the day shift. This DON stated that the PICC should have been monitored and flushed, and the dressing changed. This DON said that this resident should not have been discharged with a PICC and that the resident could have gotten a hell of an infection, could have bled, she could have been shooting up from the PICC line left in. This DON stated that she would check if there was a policy for not discharging a resident with a PICC line and provide it if there was, however such a policy was not provided.</p> <p>A policy titled Intravenous Therapy: Central Venous Catheter Care and Dressing Changes noted to be in effect January 1, 2024, included that the purpose of this procedure is to prevent complications associated with intravenous therapy, including catheter- related infections that are associated with contaminated, loosened, soiled, or wet dressings. This document included that staff should change the dressing if it becomes damp, loosened or visibly soiled and at least every 7 days for a transparent semi-permeable membrane (TSM) dressing, at least every 2 days for sterile gauze dressing (including gauze under a TSM unless the site is not obscured) or immediately if the dressing or site appear compromised. This document included that staff should assess central venous access devices with each infusion and at least daily they should visually inspect the entire infusion system (solution, administration set and dressing), check expiration dates of the infusion, dressing and administration set, assess the patency of the vascular access device, and palpate and inspect the skin, dressing and securement device for signs of complications, including dislodgement, redness, tenderness, swelling, infiltration, induration, elevated body temperature; or drainage. This document included that date and time dressing was changed should be recorded in the resident's medical record.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/20/2024
NAME OF PROVIDER OR SUPPLIER Haven of Tucson		STREET ADDRESS, CITY, STATE, ZIP CODE 3705 North Swan Road Tucson, AZ 85718	
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(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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51103</p> <p>Based on clinical record review, interviews, facility documentation and policy, the facility failed to ensure that one resident (#74) was weighed on admission. This deficient practice can impact the nutritional and hydration needs of the residents.</p> <p>Findings include:</p> <p>Resident was admitted to the facility on [DATE], with diagnoses that included quadriplegia, protein-calorie malnutrition, feeding tube, and difficulty swallowing.</p> <p>A care plan with the initiate date of November 27, 2024 had a noted goal of experience no significant weight changes (i.e. 5% x 1 month, 7.5% x 3 months, and 10% x 6 months).</p> <p>An order dated November 27, 2024, with a start date of December 1, 2024, revealed the resident was to be weighed on admission, and then to follow facility protocol. In addition, the resident was to be weighed every day shift on Sundays.</p> <p>A care plan with the initiate date of December 1, 2024 had a noted goal of to maintain the resident's weight without significant weight variance.</p> <p>The admission Minimum Data Set (MDS) dated [DATE] revealed the resident scored a 15 on the Brief Interview for Mental Status (BIMS), indicating the resident was cognitively intact. The MDS in addition revealed the resident weighed 117 pounds, and experienced a weight loss (either 5% or more over the last month, or a 10% loss over the last 6 months). It clarifies that at the time of weight change the resident was not on a physician-prescribed weight-loss regimen.</p> <p>A progress note for December 12, 2024 revealed the resident weight on December 3, 2024 was used to help determine the resident need for nutritional adequacy and weight management. The note in addition recorded the Ideal Body Weight Range (IBWR) as 126-154 pounds.</p> <p>A Treatment Administration Record (TAR) for December 2024, with the download date of December 16, 2024, revealed a resident weight of 117 pounds on both December 8, 2024, and December 15, 2024.</p> <p>Further review of the clinical record revealed no evidence the resident was weighed on date of admission.</p> <p>An interview was conducted with a Certified Nursing Assistant (CNA/Staff #28) on December 16, 2024 at 8:50 a.m. Staff #28 revealed a job responsibility is to obtain new residents' weights upon admission. The type of scale and frequency of weights depends on the ability of the resident, and the physician order. The CNA further explained that the resident weights are recorded in the clinical record. Staff #28 stated that if the CNA's have any concerns about the weight and resident, they immediately report to the nurse.</p> <p>(continued on next page)</p>		

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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>An interview was conducted with the Dietary Manager (Staff #168) on December 17, 2024 at approximately 1:33 p.m. The dietary manager verified all residents are to be weighed on admission and then weekly for four weeks. The manager reviewed the resident's clinical record and verified the initial weight was not recorded until December 3, 2024. The manager stated that not obtaining the weight upon admission is not facility policy or following physician order. The manager further stated that resident weights, especially the initial weights, are of great importance in determining weight variance and improving clinical outcomes.</p> <p>A written interview/correspondence from the Executive Director (ED/Staff #421) on December 17, 2024 at 12:30, verified that the resident was not weighed on admission, but rather the initial weight was obtained on December 3, 2024.</p> <p>An interview was conducted on December 18, with the Director of Nursing (DON/Staff # 94) revealed that all residents are to be weighed upon admission, and as ordered. The DON stated she was only able to locate the resident weight on December 3, 2024 in the clinical record. The DON voiced this did not meet facility standards, or physician orders. The director recognized the resident has a low Body Mass Index (BMI) and weight monitoring is vital for the resident's well-being.</p> <p>The facility's Nutrition Management Program revealed that all residents are weighed within 24 hours of admission and then for the following four weeks or until stable. Residents that demonstrate a significant weight loss will be placed on weekly weights until weight is stabilized. All other residents will be weight monthly.</p> <p>The facility's Weight Assessment and Intervention policy revealed residents are to be weighed upon admission and at intervals established by the interdisciplinary team.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>50887</p> <p>Based on observations, staff interviews, and policy review, the facility failed to ensure medications were disposed of according to accepted professional standards. The deficient practice of erroneous medication disposal may result in undesirable medication- induced harm. The facility census was 106, and there were 22 sampled residents.</p> <p>Findings include:</p> <p>During a medication administration observation conducted on December 17, 2024 at 7:32 A.M. the Licensed Practical Nurse (LPN/Staff #242) was observed to split a medication tablet (Mirapex) in half and proceed to place one half of the medication tablet into a clear unlabeled medication cup and place it back into the medication cart stating to save for the afternoon. The LPN also disposed of a medication (Geri-Kot) in the resident's room trashcan after the resident refused the medication.</p> <p>An interview was conducted on December 17, 2024 at 8:07 A.M. with the LPN (staff #242) who stated that he was not sure what the facility policy was regarding saving half of the Mirapex medication. He further stated that he could waste the other half of the medication and then in the afternoon do the same thing. The LPN stated that he would dispose of the medication by throwing it in the sharps container. The LPN also stated that he should have asked the resident to retrieve the medication the resident refused from the medication container and then disposed of it in the sharps container. The LPN stated that placing the unused half of the Mirapex into an unlabeled container for later use and disposing of a medication in the resident's room trash did not meet facility expectations.</p> <p>An interview was conducted on December 17, 2024 at 2:05 P.M. with the Director of Nursing (DON/Staff #94) who stated that the facility expectation would be to follow the state guidelines and regulations regarding the disposal of medications. The DON stated that the process for cutting a medication in half would include to dispose of the unused half of the medication and not save it for later use. The DON also stated that if it was a single pill then it should go into either the sharps container or the drug buster, and to not dispose of medications in the trash. She further stated that not disposing of the unused half of the Mirapex and disposing of the Geri-Kot in the resident's room trash did not meet facility expectations.</p> <p>Review of the facility policy titled, Medications: Discarding Medications, version 051123 revealed that non-controlled and Schedule V (non-hazardous) controlled substances are disposed of in accordance with state regulations and federal guidelines regarding the disposition of non-hazardous medications.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50887</p> <p>Based on observations, staff interviews, and facility policy review, the facility failed to ensure appropriate infection control practices were followed during medication administration. The deficient practice could result in spread of infection. The facility census was 106, and there were 22 sampled residents.</p> <p>Findings include:</p> <p>A medication administration observation was conducted on December 17, 2024 at 7:32 A.M. with Licensed Practical Nurse (LPN/Staff #242). The LPN was observed to dispense a Mirapex tablet into his ungloved hand, split the medication with ungloved hands, and then place the medication into a clear medication cup. The LPN was also observed to reach into a medication cup with ungloved hands and retrieve a medication that the resident refused and then give the medication cup back to the resident with other medications for administration.</p> <p>An interview was conducted on December 17, 2024 at 8:07 A.M. with LPN (staff #242) who stated that he should have asked the resident to retrieve the medication she refused from the medication cup and then dispose of it in the sharps container. He also stated that it did not follow facility expectations to dispense and split the medication with his ungloved hands. The LPN further stated that the risk to the resident could result in contamination of the medications.</p> <p>An interview was conducted on December 17, 2024 at 2:05 P.M. with the Director of Nursing (DON/Staff #94) who stated the process for cutting a medication in half would include making sure to wear gloves and to use a pill cutter. She also stated that dispensing medications, splitting medications, and retrieving medications from a medication cup using ungloved hands did not meet facility expectations. She further stated that the risk to the residents could include the medications becoming contaminated by the nurse not wearing gloves.</p> <p>Review of the facility policy titled, Medications: Administering Oral Medications, version 051123, revealed that tablets or capsules from a bottle, to not touch the medication with your hands. The policy also indicated that for unit dose tablets or capsules to place packaged medications directly into the medication cup.</p>