STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035171	A. Building B. Wing	11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alta Mesa Health and Rehabilitation	5848 East University Drive Mesa, AZ 85205

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51158 Based on resident and staff interviews, clinical record review, policy review and observations, the facility failed to ensure that one of one sampled resident (#510) was administered oxygen as ordered. The deficient practice could result in the resident having low oxygen saturations. Findings include: Resident #510 was admitted on [DATE] with diagnoses that included influenza due to novel influenza A virus with other respiratory manifestations. A physician ' s order dated November 16, 2024 revealed an active order for oxygen at 2 liters per minute (LPM) via nasal cannula (NC) continuous, may titrate to 5 LPM to keep oxygen saturation above 90%. Review of the November 2024 Medication Administration Record (MAR) revealed evidence that oxygen had been administered via NC at 2LPM between November 16, 2024 to November 20, 2024. A care plan dated November 18, 2024 revealed a focus for oxygen therapy related to ineffective gas exchange, and the interventions included giving medications as ordered by the physician, and to monitor/document side effects and effectiveness. An admission Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Mental Interview Assessment (BIMS) score of 15 which indicated no cognitive impairment. The MDS was in progress and there was no evidence of assessments in other areas. During an initial observation conducted on November 18, 2024 at 8:53 a.m. of resident #510 who was sitting up in bed and there was no evidence that the resident was being administered oxygen; nor was there evidence of oxygen related supplies in her room (ex. Nasal cannula, tubing, or oxygen tank and/or concentrator). A second observation of the resident was conducted on November 20, 2024 at 10:50 a.m. and the resident was observed to be sitting up in her bed and there was no evidence that she was being administered oxygen nor had oxygen related supplies in her room. A final observation of the resident was conducted on November 20, 2024 at 1:19 p.m. and there was no evidence that the resident was receiving oxygen. (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

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on November 20, 2024 at 10:50 a.m. with Resident #510, who stated she had not been administered oxygen since admission An interview was conducted on November 20, 2024 at 11:06 a.m. with a Certified Nursing Assistant (CNA/Staff #61). Staff #61 revealed that the facility process for administering oxygen would be to ensure that the resident is being administered the right dosage and ensure that the system is functioning properly. The CNA stated she was familiar with the patient and did not recall ever seeing her on oxygen. The CNA then entered the room and confirmed the resident was not currently being administered oxygen. An interview was conducted on November 20, 2024 at 11:55 a.m. with a Licensed Practical Nurse (LPN/Staff #113), who stated that the process for administering oxygen would be to obtain a physician ' s order and administer as written, as this is the facilities expectation.The LPN stated the risks of not administering oxygen as ordered could result in low oxygen saturation which could lead to harm. Staff #113 reviewed the physician's order and verified an order to administer oxygen at 2LPM via NC continuously and to change the oxygen tubing weekly. She then stated that it was her first time working with Resident #510 and she was unaware if she had been administered oxygen but had not seen the resident on oxygen that morning. An interview was conducted on November 20, 2024 at 1:06 p.m. with the Assistant Director of Nursing (ADON/ Staff #76), who stated that oxygen is administered according to physician ' s orders. The ADON reviewed Resident #510 ' s clinical record and verified that the resident had an order for continuous oxygen, and verified that it was being charted in the November 2024 MAR that the resident had been receiving oxygen. The ADON stated that his expectations would be to administer oxygen as ordered. The ADON identified that the risks of not administering oxygen as ordered could lead to respiratory issues such as hypoxia. Review of facility policy titled, Oxygen Administration, revealed that oxygen therapy is ordered by physician and the resident's clinical record will include: that oxygen is to be administered, and oxygen concentrators will be maintained in room when oxygen ordered. Review of another facility policy titled, Physician Orders, revealed that it is policy of this facility that drugs shall be administered only upon the order of a person duly licensed and authorized to prescribe such drugs. Further review revealed, it is the policy of this facility to accurately implement orders in addition to medication orders (treatment, procedures) only upon the order of a person duly licensed and authorized to do so in accordance with the resident's plan of care.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Post nurse staffing information every day. 51103 Based on facility documents, staff interviews and facility policy, the facility failed to ensure the Daily Staff Postings for nursing staff was accurate and completed for the number of staff hours scheduled and hours worked. This deficient practice could result in an inflation or deflation of facility metrics which can impact actual staffing needs. Findings Include: A review of the 2024 Alta Mesa Health and Rehabilitation Facility Assessment addressed the staffing plan, charts, and assignments for the facility. According to the assessment, the facility utilized information collected in the resident profile to identify the care and services needed for the residents. The assessment included a sample staffing chart which calculated that the services of 1-2 registered nurses were appropriate for Long-Term Care and Short-Term Care (skilled) residents. The assessment further stated that staffing is ultimately is determined by the census, resident acuity and needs. A review of the PBJ Staffing Data Report for Fiscal Year Quarter 3, 2024 (April 1-June 30), identified the facility as having an excessively low weekend staffing finding. Review of the Daily Staff Posting dated July 6, 2024 revealed no evidence of the registered nurse assigned to the unit as a charge nurse. Further review of the posting revealed 3 Licensed Practical Nurses (LPN) worked the 6 am to 6 pm shift, with scheduled hours worked, and actual hours worked of 33.41 hours, after recalculation with the coordinator, it was determined the value was approximately 37.6 hours actually worked. The Daily Staff Postings dated from October 21, 2024 thru November 6, 2024 posting failed to include the actual hours worked by the licensed and unlicensed nursing staff directly responsible for resident care per shift. The hours reflected in the Time Tracking: Daily Punch Details, did not correspond to the postings The Daily Staff Postings dated November 13, 2024 during the 6 am to 6 pm shift revealed 4 RN's were scheduled to work 36 hours, with an actual worked hour of 35.95 hours. Punch details are listed below: -RN #1 total of 7.62 hours -RN #2 total of 12.18 hours -RN #3 total of 11.57 hours Cumulative Hours of 31.37. On this date there was a total of 3 RN's with an actual worked hour of approximately 31.37 ours. There is a 4. 58-hour difference between the posting and punch details. (continued on next page)

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	According to the Center for Medicare Services (CMS website) as of November 20, 2024, the facility has a below average (two star) rating for staffing. The Registered Nurse hours per resident per day on the week average for the weekend was recorded at 23 minutes. The national average was 28 minutes. The Arizona average was 30 minutes. Observed with the staffing coordinator the miscalculations transcribed on the Daily Staff Posting dated July 6, 2024. Observed with the coordinator the Daily Staff Postings dated from October 21, 2024 - November 6, 2024, where the actual hours worked column were left blank. On November 18, 2024 during the initial pool screening, multiple alert and oriented residents complained of long wait times for care and voiced the following concerns: -One resident stated being at for facility for a total of 4 months, and feels short staffing is definitely a problem. The resident feels the facility should have a better backup plan in place because things are not getting done like they are supposed to on the weekends. Resident stated they were so short staffed this weekend, his vital signs were only taken once, instead of the usual three times a day. -One resident stated it took 3 hours to get to the commode and is frustrated because they are always short staffed. -One resident stated that he prefers to go to the bathroom to have a bowel movement, but because of his decreased mobility, he has to consistently defecate in his adult brief. -One resident feels they are extremely slow in answering call bells. -One resident's spouse stated frustration with the facility staffing and stated You cannot expect one CNA to take care of everyone! One CNA for 28 residents is ridiculous! - One resident admits to having to call the front desk to get assistance because the staff takes to long to answer call lights. An interview was conducted with CNA (Staff #39) on November 19, 2024 at 9:23 a.m. The CNA stated that she is usually takes care of about 15-17 residents depending on needs. She states some responsibilities of her day includes grooming, and dressing, giving showers, assisting residents with whatever is needed. The CNA feels she has enough time to complete her required assignments during her shift. In regards to the weekend shift, she stated she doesn't work on the weekend. She also feels 4 CNA's and a shower aid optimal staffing for the CNA's. A joint interview with the staffing coordinator (Staff #31) and the administrator (Staff # 83) was conducted on November 20, 2024 at approximately 1 pm, to address the actual hours worked discrepancies, and to discuss concerns about staffing. (continued on next page)

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The staffing coordinator stated that staffing is done according to acuity and census. She included that resident's that require 2-person care are also considered in staffing decisions. The staffing coordinator stated the average census for the last 3 months is between 55-63. As far as direct care resident staff, there are typically 4 CNA's, and 3 licensed nurses for the building. The administrator voiced his appreciation for the hospitality aides that assist the residents and provides support to the staff. The administrator and coordinator admit sometimes the staffing coordinator has a tendency towards not catching mathematical errors and any mathematical errors are unintentionally transferred to the Daily Staff Posting. The administrator explained that in case of direct care staff call outs they always have someone to fill in. The administrator admitted to feeling fortunate that registry staff were not utilized at the facility. He states that some of the staff live within a 10-minute vicinity to aid if needed. The administrator stated they do sometimes receive complaints about staffing and long call light wait times. He explained they conduct call light audits and they take an in-depth look into each complaint. After the investigation concludes, often times the actual wait times were not as long as initially perceived. The administrator stated they are definitely not understaffed, and to ensure that, they always have recruitment efforts going on. In regards to the Center for Medicare Services (CMS) 2-star staffing rating, the administrator believes the rating is actually higher, but they unfortunately did not submit some employee data correctly. A follow up interview was conducted with the staffing coordinator on November 20, 2024 at approximately 14:00. The coordinator acknowledged on the day of July 6, 2024 the facility census was 68. During the interview, the surveyor and coordinator used daily punch details, staff sign in-sheet, and the daily staff posting for July 6, 2024 to verify discrepancies in the posting. The coordinator identified missing time punches as a barrier in tabulating the final actual hours worked column correctly She states staff are always encouraged to properly clock in and out. The facility policy titled ADL's calls for the facility to provide residents with the appropriate treatment and services to attain or maintain the highest level of resident well-being. The facility policy titled Sufficient Staffing ensures the facility is to have sufficient nursing staff with the appropriate competencies and skillsets, in accordance with the facility assessment.