

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  Desert Peak Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8825 South 7th Street Phoenix, AZ 85042	

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** 47910</b></p> <p>Based on clinical record review, staff interviews, and review of policy and procedures, the facility failed to ensure that liquid diet order for one of two sampled residents (#23) was administered as ordered by the physician. The deficient practice could result in resident's assessed dietary needs not met.</p> <p>Findings include:</p> <p>Resident #23 was readmitted to the facility on [DATE] with diagnoses of dysarthria following other cerebrovascular disease, paralysis of bilateral vocal cords and larynx, dysphagia oropharyngeal phase, dysarthria and anarthria.</p> <p>A physician order dated November 21, 2023 included for regular pureed texture with honey/moderate thick consistency.</p> <p>A physician order dated November 23, 2023 revealed an order for the resident to be upright in chair for all meals, 1:1 assist with all oral intake, giving small bites; alternating bites/sips; and for resident to tolerate liquids via a teaspoon or managed sips by straw only to facilitate single sips and prevent silent aspiration.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief interview for Mental Status (BIMS) score of 11 indicating the resident had moderately impaired cognition. Further, the assessment revealed the resident required a mechanically altered diet.</p> <p>A care plan initiated on August 6, 2024 revealed the resident had a nutritional risk related to a swallowing difficulty as exhibited by mild-moderate oropharyngeal dysphagia with low-moderate risk of aspiration per a study conducted on November 24, 2023; and required for a texture modified diet. The goal was that the resident would be monitored for aspiration. Interventions included 1:1 assist with all meals by mouth; providing and serving diet as ordered; and monitoring, documenting, and reporting as needed signs and symptoms of dysphagia; for the registered dietician to evaluate and make diet change recommendations as needed; and, for speech therapy to evaluate and treatment as ordered.</p> <p>The chest x-ray result dated August 29, 2024 revealed aspiration of fluid as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure. Conclusion included that there no apparent acute cardiopulmonary process.</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>Further review of the clinical record revealed physician orders dated August 30 and August 31, 2024 for antibiotic for pneumonia.</p> <p>The progress note dated September 3, 2024 included that the resident continued with antibiotics treatment for aspiration pneumonia.</p> <p>Further review of the clinical record revealed no evidence of any changes in the diet order for resident #23.</p> <p>A dining observation was conducted on September 12, 2024 at 11:39 a.m. The diet order slip for resident #23 read puree, honey thick liquids with divided plate. Resident #23 was positioned upright in a high back wheelchair and was being assisted with his lunch meal by a restorative nursing assistant (RNA/staff #40). The liquids that were served to resident #23 was prepared by a certified nursing assistant (CNA/staff #77) who stated that the resident should have a honey thick consistency for liquids. The RNA stated that the liquids were prepared for resident #23 had a honey-thick consistency. The resident was given 5 half teaspoons of mash potatoes with gravy and pureed meat with gravy, followed by six teaspoons of thickened grape juice. The resident then began to cough. The RNA then took the resident's drink to the area where the drinks were being prepared and began to add four teaspoons of thickener to the liquid; and stated that he was adding thickener to the resident's grape juice. He stated that when the resident starts to cough it was not safe to keep giving resident #23 honey thick liquid so they always make it into a pudding consistency. The RNA stated the resident had an order for a honey thick liquid consistency. The RNA then went back to the table where the resident was with the thickened liquid and checked the diet order slip for resident #23.</p> <p>An interview with the registered nurse (RN/staff #52) was conducted on September 12, 2024 at approximately 11:57 a.m. The RN stated that resident #23 was at risk for aspiration and was currently prescribed antibiotics for aspiration pneumonia. She further stated the resident had been advised that he should not eat, was aware of the risks associated with eating and had been referred for Hospice. She stated the resident had not decided at that time and had also declined a feeding tube. The RN further stated that altering a resident's diet increase the risk of choking and/or aspiration; and, resident's diet should not be altered without a physician order.</p> <p>An interview was conducted on September 12, 2024 at 12:04 p.m. with the Director of Nursing (DON/staff #68) who stated that resident #23 had a diet order for puree and honey moderate thick consistency liquids; and that, there were no orders for pudding thickened/consistency liquids. She stated that the only staff who were qualified to make those changes was the speech therapist (ST) who will conduct an evaluation; and, changing the resident's diet order without the recommendation/order by the physician/registered dietician and/or ST could result in resident risk for aspiration. Further, the DON stated that CNAs/RNAs should not alter the resident's diets in any way; and, if they had concerns with the resident's current diet they should inform her immediately.</p> <p>In an interview with the administrator (staff #94) conducted on September 12, 2024 at 1:10 pm, the administrator stated she spoke with the RNA (staff #40) who admitted to adding the thickener with the intent of serving to resident #23. She stated she had an immediate in-service with all staff regarding residents' diets, precautions and risks associated with altering without an order or an evaluation.</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>The facility policy on Therapeutic Diets revealed that therapeutic diets are prescribed by the attending physician to support the residents treat and plan of care and in accordance with his or her goals and preferences. Overseeing nurse/physician can downgrade diet based on observation, tolerance and safety. Followed by a referral to speech therapist.</p>		