

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Haven of Douglas		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 North San Antonio Avenue Douglas, AZ 85607	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49399</p> <p>Based on clinical record review, facility documentation, interviews, and facility policy, the facility failed to ensure one resident (#23) and/or their representative was informed of the risks and benefits of the flu vaccine, prior to administration. The deficient practice can result in the resident and/or the resident representative not being aware of the benefits and the potential adverse side effects of receiving a vaccination.</p> <p>Findings include:</p> <p>Resident #23 was admitted to the facility on [DATE] with diagnoses that included cerebral infraction due to embolism, dysphagia, type 2 diabetes mellitus and major depressive disorder.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] included a Brief Interview for Mental Status (BIMS) score of 8 indicating the resident's cognition was moderately impaired.</p> <p>Review of records revealed resident #23 had a family member designated as his responsible party, substitute decision maker.</p> <p>Review of records titled, Clinical-Immunizations revealed influenza immunization was administered to resident #23 on November 3, 2023.</p> <p>Review of an immunization record revealed there was no consent for the influenza vaccine for 2023.</p> <p>Review of a progress note dated November 3, 2023 revealed resident received flu shot on L. (left) deltoid.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Haven of Douglas		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 North San Antonio Avenue Douglas, AZ 85607	
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on July 24, 2024 at 9:29 am with registered nurse (RN/staff #82). The RN stated that during admission staff goes over flu, pneumonia, and covid vaccines with the residents and determine whether they have been vaccinated or not and if not, did they want to. The RN stated that if residents wanted to be vaccinated, the consent form was given to the resident and staff would explain the signs and symptoms of receiving vaccines. Further, the RN said that once they received the consent for the vaccines, staff uploads it in the electronic record and an order for the vaccine was placed in the system. The RN stated that once the vaccine becomes available from pharmacy, staff administered the vaccine, document it and a seventy two-hour post vaccine monitoring was completed. In addition, the RN stated that before administering a vaccine, she would verify that a consent was signed, check the order, and then administer the vaccine. She added that the vaccine consent was in the residents electronic health record. The RN stated that the vaccine consents were part of the admission process, and were uploaded in the residents electronic health record. The RN further stated that consent for the flu vaccine was done every year.</p> <p>An interview was conducted on July 24, 2024 at 1:20 pm with the medical records manager (MRM, staff #44). The MRM stated that she scans documents such as laboratory results, imaging documents, progress notes, and all admission hospital paperwork. The MRM stated that consents in paper form were scanned manually every morning. She added, that if they were received later on the day, it would be scanned the following day. The MRM stated that for most part, the scanning of paperwork gets done by the next day.</p> <p>An interview was conducted on July 24, 2024 at 3:35 pm with the director of nursing (DON/staff #34). The DON stated that admission paperwork/packet included the advance directive, vaccine consent, and inventory paperwork for belongings. The DON stated that once the admissions paper work were completed, they were submitted to the medical records to make sure they were scanned into the resident's electronic records. The DON stated that for vaccine consent, if the patient had not had the vaccine such as the flu or pneumonia vaccine, they would get an order from the doctor, send it to pharmacy, and when they receive the vaccine, they will administer the vaccine to the resident. The DON reviewed resident #23's records and stated that resident received immunization on November 3, 2023 and that she was not able to find a consent for the 2023 flu vaccine. The DON stated that she would verify with medical record about the consent for the 2023 flu vaccine.</p> <p>An interview was conducted on July 25, 2024 at 10:55 am with RN (staff #61). The RN stated that before administration of the flu vaccine, she checks for allergies and consents, then she prepares the vaccine and then gives the flu shot. The RN stated that if she did not see a consent, she would ask the resident or their power of attorney (POA). And, the RN stated that if the resident could not sign the consent, she would ask the POA. The RN stated that if the POA signed the consent, then she would administer the vaccine shot. The RN stated that if a verbal consent was received from a POA or residents, then two nurses would sign the consent. The RN also stated that after receiving verbal consent from the POA, she would chart it in the progress note stating that she called the POA and received a verbal consent and witnessed by another nurse.</p> <p>Further review of resident #23's medical records revealed no flu vaccine consent for 2023.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Haven of Douglas		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 North San Antonio Avenue Douglas, AZ 85607	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility's policy titled, Resident Rights/Dignity: Requesting, Refusing and/or Discontinuing Care or Treatment, effective date January 1, 2024 revealed (1) Residents/representative are informed (in advance) of: a. the care that will be furnished or made available to the resident based on his or her assessment and plan of care; b. the risk and benefits of the proposed care; (2) Residents/representatives are informed of his or her rights to: a. request, refuse and/or discontinue treatment.</p> <p>Review of facility's policy titled, D023-Infection Control: Vaccination of Residents, effective January 1, 2024 revealed 1. prior to receiving vaccinations, the resident or legal representative will be provided information and education regarding the benefits and potential side effects of the vaccinations. 2. Provision of such education shall be documented in the resident's medical record.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Haven of Douglas		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 North San Antonio Avenue Douglas, AZ 85607	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47341</p> <p>Based on interviews, clinical record review, and facility policy, the facility failed to ensure that one resident (#12) had an order for oxygen prior to administration. The deficient practice could result in resident receiving oxygen without a physician order.</p> <p>Findings include:</p> <p>Resident #12 was admitted to the facility on [DATE] with diagnoses that included dementia and dependence on supplemental oxygen.</p> <p>Review of physician orders revealed an order for 0.5 to 5 liters (L) of oxygen, as needed, dated May 24, 2023 and discontinued on September 1, 2023.</p> <p>Review of a progress note dated September 7 - 9, 2023 revealed resident was on 2 L oxygen via nasal cannula.</p> <p>Review of a progress notes dated December 4 - 5, 2023 revealed resident was on 2 L oxygen via nasal cannula.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed that a Brief Interview for Mental Status (BIMS) could not be completed due to the resident being rarely or never understood. The MDS also showed that the resident was not on oxygen therapy.</p> <p>Review of vitals including oxygen saturation starting June 16, 2024 revealed resident was on a nasal cannula.</p> <p>An observation was conducted on July 22, 2024, resident #12 was observed with 2 L of oxygen via nasal cannula. The registered nurse (RN/staff #83) was observed going into the resident #12's room to replace the resident's nasal cannula. An interview was conducted with the RN (staff #83) and she reviewed the electronic record for resident #12, and confirmed there was no order for oxygen. The RN stated that she recalled family wanted resident on comfort cares only, including no oxygen. The RN said she removed the nasal cannula and put it back on after seeing tha the resident needed the oxygen. The RN said that the resident's family was made aware and they were okay with the change, but the order was not renewed. The RN said the resident was on 2 L oxygen prior to comfort care measures, so that's what theRN had the resident on and it was as needed only.</p> <p>Review of a progress note dated July 22, 2024 revealed physician was contacted and [NAME] order was received to renew as needed oxygen order per resident comfort care needs. It noted that the orders were updated and that staff will continue to monitor every shift to ensure oxygen requirements were met.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Haven of Douglas		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 North San Antonio Avenue Douglas, AZ 85607	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on July 25, 2024 at 8:21 AM with the Director of Nursing (DON) who stated that her expectation was that a an order was required before administering a medication, and that oxygen was considered a medication. The DON stated that it was up to the physician how many liters of oxygen the resident would received. The DON reviewed resident #12's chart and confirmed that there had not been an order for oxygen since September of 2023. The DON said that this did not meet expectations.</p> <p>Review of a policy titled, Orders/Receiving/Transcribing: Medication Orders updated on January 1, 2024, revealed that when recording orders for oxygen, specify the rate of flow, route, and rationale.</p> <p>Review of a policy titled, Respiratory/Pulmonary conditions: oxygen administration, updated January 1, 2024 revealed staff must verify that there is a physician order for oxygen administration. In addition, it noted that before administering oxygen and while the resident is receiving oxygen therapy, assess for the following: signs or symptoms of cyanosis, hypoxia, oxygen toxicity, vital signs, lung sounds, arterial blood gases and oxygen saturation, and other lab results.</p>		