

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035190	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER Catalina Post Acute and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2611 North Warren Avenue Tucson, AZ 85719	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42319</p> <p>Based on observations, clinical record reviews, resident and staff interviews, and facility documentation, policy and procedures, the facility failed to ensure room temperatures were within the safe temperature range. The deficient practice put the residents at increased risks for harm such as lack of sleep and heat stroke.</p> <p>Findings include:</p> <p>A TELS (Facility maintenance reporting) report for 6/1/2024 through 7/8/2024 did not include any requests for action regarding temperature. However, interviews with 8 residents included that they had been informing staff of the problems with temperatures.</p> <p>A document dated 6/26/2024 an order was placed for a new HVAC (Heating, Ventilation and Air Conditioning) unit on the south hallway, on 6/28/2024, 3 rental air condition units, 3 swamp coolers, and 5 portable fans were placed on the south hallway.</p> <p>A temperature logbook included that temperatures had been taken in 2 rooms in each hallway 2 times since the breakdown of the air conditioning unit, however documentation was requested but not provided for every 2 hour temperature check of the affected rooms.</p> <p>-Resident #5 was admitted [DATE] with diagnoses of unspecified fracture of sacrum and traumatic subdural hemorrhage without loss of consciousness.</p> <p>A discharge assessment Minimum Discharge Set (MDS) dated [DATE] included that her decisions regarding daily life were consistent/reasonable.</p> <p>An interview was conducted on 7/8/2023 at 5:09 P.M. with resident #5. Resident #5 stated she had been there since the previous Friday and that it was hot as hell the whole time. This resident said that she had not been able to sleep at night and had told the staff and called her mother who had told staff.</p> <p>An observation was conducted of temperatures taken by maintenance (staff #158) on 7/8/2023 at 4:10 P.M. included a high of 85 degrees Fahrenheit.</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: 035190	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER Catalina Post Acute and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2611 North Warren Avenue Tucson, AZ 85719	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident #8 was admitted [DATE] with diagnoses of anxiety disorder, morbid obesity and chronic respiratory failure.</p> <p>A Quarterly MDS dated [DATE] included the resident was cognitively intact.</p> <p>An observation was conducted of temperatures taken by maintenance (staff #158) on 7/8/2023 at 4:10 P.M. included a high of 83 degrees Fahrenheit.</p> <p>-Resident #9 was admitted [DATE] with diagnoses of acute combined systolic and diastolic congestive heart failure.</p> <p>An Admission MDS dated [DATE] included that the resident was cognitively intact and required substantial/maximal assistance to move from lying on her back to sitting on the edge of the bed.</p> <p>An interview was conducted on 7/8/2023 at 5:09 P.M. with resident #9 who stated it's hot and it's been over a week, and included that her back has been sweaty. This resident said that she had told staff and informed Adult Protective Services</p> <p>-Resident #10 was admitted [DATE] with diagnoses of paraplegia, pulmonary embolism and hypertension.</p> <p>An admission MDS dated [DATE] included that this resident was cognitively intact and required substantial/maximal assist with chair to bed transfers.</p> <p>An observation was conducted of temperatures taken by maintenance (staff #158) on 7/8/2023 at 4:10 P.M. included a high of 85 degrees Fahrenheit.</p> <p>An interview was conducted on 7/8/2023 at 5:05 P.M. with resident #10 who said that it was hard to sleep because of the heat and that the temperatures have been like that for 2 weeks. This resident said that the staff know about the temperature.</p> <p>-Resident #26 was admitted [DATE] with diagnoses of acute osteomyelitis, cellulitis and dilated cardiomyopathy.</p> <p>An admission MDS dated [DATE] included that this resident was cognitively intact and required supervision or touching assistance with chair to bed transfers.</p> <p>An observation was conducted of temperatures taken by maintenance (staff #158) on 7/8/2023 at 4:10 P.M. included a high of 85 degrees Fahrenheit.</p> <p>-Resident #28 was admitted [DATE] with diagnoses of Chronic Obstructive Pulmonary Disease, asthma, and chronic kidney disease stage 3</p> <p>A quarterly MDS dated [DATE] included that this resident was cognitively intact and was independent with chair to bed transfers.</p> <p>An observation was conducted of temperatures taken by maintenance (staff #158) on 7/8/2023 at 4:10 P.M. included a high of 85 degrees Fahrenheit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035190	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER Catalina Post Acute and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2611 North Warren Avenue Tucson, AZ 85719	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on 7/8/2023 at 5:19 P.M. with resident #28 who stated the air conditioning has been out since the beginning of June and that she was not able to sleep at night. She said that sometimes it was awful and she would get headaches. This resident said that she did not take Tylenol unless she really needed it but that Saturday evening she asked for Tylenol because of the heat. She said that the facility had brought in a portable swamp cooler but then they took it out and brought in 2 fans. This resident said that her roommate (resident #79) is heat intolerant and has difficulty communicating so she had 1 fan on her and that there was 1 fan oscillating she shared with resident #5. She said it was not adequate and that she had informed the staff.</p> <p>-Resident #52 was admitted [DATE] with diagnoses of open wound of abdominal wall, morbid obesity, and Major Depressive Disorder.</p> <p>A quarterly MDS dated [DATE] included that this resident was cognitively intact and chair to bed transfers were not attempted due to medical conditions or safety concerns.</p> <p>An observation was conducted of temperatures taken by maintenance (staff #158) on 7/8/2023 at 4:10 P.M. included a high of 83 degrees Fahrenheit.</p> <p>An interview was conducted on 7/8/2023 at 4:00 P.M. with resident #52 who said it's been hot for weeks, that she had been buying fans with her own money and that she had had trouble sleeping. She said that she was always telling the staff but they did not bring in fans, that she had to buy her own.</p> <p>-Resident #53 was admitted on [DATE] with diagnoses of acute respiratory failure with hypoxia, pressure induced deep tissue injury of right and left heels, and morbid obesity.</p> <p>A 5-day MDS dated [DATE] included that this resident was moderately cognitively impaired and required partial to moderate assistance for chair to bed transfers.</p> <p>An observation was conducted of temperatures taken by maintenance (staff #158) on 7/8/2023 at 4:10 P.M. included a high of 83 degrees Fahrenheit.</p> <p>-Resident #58 was admitted to 7/12/2023 with diagnoses of pressure ulcer of sacral region stage 4, obesity and borderline personality disorder.</p> <p>A quarterly MDS dated [DATE] included that this resident was not cognitively impaired and chair to bed transfers were not attempted due to medical conditions or safety concerns.</p> <p>An observation was conducted of temperatures taken by maintenance (staff #158) on 7/8/2023 at 4:10 P.M. included a high of 85 degrees Fahrenheit.</p> <p>-Resident #61 was admitted [DATE] with diagnoses of cellulitis, acute kidney failure and cardiomegaly.</p> <p>A 5-day MDS dated [DATE] included that this resident was moderately cognitively impaired and chair to bed transfers were not attempted due to medical conditions or safety concerns.</p> <p>An observation was conducted of temperatures taken by maintenance (staff #158) on 7/8/2023 at 4:10 P.M. included a high of 85 degrees Fahrenheit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035190	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER Catalina Post Acute and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2611 North Warren Avenue Tucson, AZ 85719	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on 7/9/2023 at 12:25 P.M. with resident #61 included that this resident said that the temperature had been too warm to sleep.</p> <p>-Resident #77 was admitted [DATE] with diagnoses of dementia, and difficulty in walking.</p> <p>A quarterly MDS dated [DATE] included that this resident was cognitively intact and the resident requires substantial/maximal assistance with chair to bed transfers.</p> <p>An observation was conducted of temperatures taken by maintenance (staff #158) on 7/8/2023 at 4:10 P.M. included a high of 85 degrees Fahrenheit.</p> <p>-Resident #78 was admitted [DATE] with diagnoses of end stage renal disease, acute respiratory failure, and acute embolism and thrombosis of unspecified vein.</p> <p>A quarterly MDS dated [DATE] included that this resident was cognitively intact and the resident was independent with chair to bed transfers.</p> <p>An observation was conducted of temperatures taken by maintenance (staff #158) on 7/8/2023 at 4:10 P.M. included a high of 85 degrees Fahrenheit.</p> <p>-Resident #79 was admitted [DATE] with diagnoses of multiple sclerosis and multiple unstageable pressure ulcers.</p> <p>A quarterly MDS dated [DATE] included that this resident's short and long term memory were ok, the resident was independent for making decisions of daily life, and the resident was dependent with chair to bed transfers.</p> <p>An observation was conducted of temperatures taken by maintenance (staff #158) on 7/8/2023 at 4:10 P.M. included a high of 85 degrees Fahrenheit.</p> <p>-Resident #41 was admitted [DATE] with diagnoses of Chronic Obstructive Pulmonary Disorder, and Schizophrenia.</p> <p>A quarterly MDS dated [DATE] included that this resident was cognitively intact, and chair to bed transfers were not attempted due to medical conditions or safety concerns.</p> <p>An interview was conducted on 7/8/2023 at 5:06 P.M. with resident #41 who stated it's so hot and that the temperature never gets fixed. She said she complained many times.</p> <p>-Resident #86 was admitted [DATE] with diagnoses of Chronic Obstructive Pulmonary Disorder and hemiplegia and hemiparesis.</p> <p>A quarterly MDS dated [DATE] included that this resident was cognitively intact, and this resident required partial/moderate chair to bed transfers.</p> <p>An interview was conducted on 7/8/2023 at 5:05 P.M. with resident #86 who stated it's so hot and that it feels like it's been a month. This resident included that the facility took away the fan that she had and replaced it with one that did not work as well and she told them that.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035190	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER Catalina Post Acute and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2611 North Warren Avenue Tucson, AZ 85719	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident #60 was admitted [DATE] with diagnoses of osteomyelitis, pneumonia, and psychosis.</p> <p>A 5-day MDS dated [DATE] included that this resident was cognitively intact, and chair to bed transfers were not attempted due to medical conditions or safety concerns.</p> <p>An interview was conducted on 7/8/2023 at 5:19 P.M. with resident #60 who said it's been hot and had been uncomfortable for the 4 days the resident has been in the facility and that they have not been able to sleep. This resident included that they have had a fan for a couple days but that it was only helping a little. This resident said staff know.</p> <p>An interview was conducted on 7/8/2023 at 4:12P.M. with a maintenance staff (#158) who said that the air conditioning failed on June 27, 2024 and that the next day temporary units were placed in the hall. He said that he usually took the temperatures from the wall with the head of the bed, however this time he temperature checked all the walls. He said that the new air conditioning had been ordered and that they were awaiting delivery and installation, and that they had ordered temporary air conditioners, which were in the hallway.</p> <p>An interview conducted on 7/8/2024 at 5 P.M. with the Director of Nursing (DON/staff #34) said that the facility did have an emergency plan and asked what was meant by emergency measures. This DON did not answer if the emergency plan had been enacted, and when questioned about the measure taken to combat the heat, she stated that ice water was passed around when asked for and that rooms were not outside of an acceptable temperature range before this surveyor discovered them on 7/8/24 at 4 P.M.</p> <p>An interview was conducted on 7/9/2024 at 3:43 P.M. with a Certified Nursing Assistant (CNA/staff #117) who said that it had been hot in the hall and that she felt that it had been that way a few weeks. She said that the air condition was not working and that the holiday week did not help with getting a new one. She said that the residents had been complaining to her about the heat.</p> <p>An interview was conducted 7/9/2024 at 3:16 P.M. with a Maintenance supervisor (staff #3) who said they had an air conditioning contractor come out who found that one of the compressors was not working and that the contractor had performed a temporary fix and that the fix had failed as well. This staff said that he checks the temperatures every morning checks the temperature and does some adjustments and if it's warm in some areas that he will move the temporary air conditioners. He said that he does not perform the temperatures on a schedule, but will check the temperatures if he is in an area. He states that he picks random rooms to temperature check. However, he had not routinely checked the hottest rooms or at the hottest part of the day.</p> <p>An interview conducted on 7/9/2024 at 5 P.M. with the administrator (staff #89) included that the temperature in the resident's rooms should be under 80 degrees Fahrenheit.</p> <p>A follow up interview was conducted on 7/9/24 at 5:28 with the administrator who said that the emergency plan would be used for summer if the temperature eclipses a certain threshold and that prior to this surveyor's arrival, the temperatures had been within the threshold. He said that for the emergency plan, the temperatures should be taken every 2 hours. He said that the only temperatures that were elevated were on the wall with the window but that they used the temperatures on the wall with the head of the bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035190	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER Catalina Post Acute and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2611 North Warren Avenue Tucson, AZ 85719	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A procedure titled Extreme Heat Procedures revised 1/2024 included to continue on-going facility rounds a minimum of every two (2) hours.</p> <p>A policy titled Temperature, Rise in Environment and in the Facility included revised 5/2024 revealed that It is the policy of this facility to initiate appropriate action, to ensure the safety and well being of its residents in the event of an extreme rise in facility temperature. (Acceptable environmental temperature ranges from 71 - 81 degrees)</p>