

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2025
NAME OF PROVIDER OR SUPPLIER Haven of Yuma		STREET ADDRESS, CITY, STATE, ZIP CODE 2470 South Arizona Avenue Yuma, AZ 85364	
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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the clinical record, staff interviews, and the facility's policy and procedures, the facility failed to ensure that pain medications prescribed as needed (PRN) were administered within the pain scale. The deficient practice could result in residents being overmedicated or undermedicated, affecting overall pain management. Findings included: The resident (#118) was admitted to the facility on [DATE], with diagnoses that included morbid obesity, Type II diabetes, and end-stage renal failure. The minimum data set (MDS) dated [DATE], included a brief interview for a mental status score of 15, indicating the resident was cognitively intact. The care plan dated April 28, 2021, revealed that the resident had acute pain and takes (Tylenol: non-opioid and Oxycodone: opioid) analgesics for right hip pain. Interventions included to administer analgesia medication as per orders. Review of the order summary revealed:-dated May 30, 2021, Oxycodone HCl tablet 5 mg, give one tablet by mouth every 6 hours as needed for PRN pain 6-10 related to displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routing healing. End date was June 13, 2021.-dated June 14, 2021, Oxycodone HCl tablet 5 mg, give one tablet by mouth every 6 hours as needed for PRN pain 6-10 related to displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routing healing.-dated May 28, 2021, Tylenol tablet 325 mg, give two tablets by mouth every 4 hours as needed for a pain scale 1 to 10. Not to exceed 3g/day. Review of the Medication Administration Record (MAR) dated June 2021 revealed:Oxycodone HCl tablet 5 mg, give one tablet by mouth every 6 hours as needed for PRN pain 6-10 related to displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing was administered nineteen times without assessing the pain scale of the resident. An interview was conducted on July 21, 2021, at 11:04 a.m. with a licensed practical nurse (LPN/staff #101), who stated that a physician's order for a pain medication as needed (PRN) requires a pain scale on the script. She reviewed the order for Oxycodone, give 1 tab for pain level of 6 to 10 every 6 hours. She stated that it is important to document the pain level at the time the resident is being evaluated for pain to determine if the pain level is an appropriate level for the order. She stated that she didn't see a pain level recorded on the MAR dated June 2021. She stated that the risk of giving pain medication outside of pain parameters is low blood pressure, doesn't address the pain, and there is the possibility of overmedicating. When she sees an error, such as the pain scale not being assessed, she notifies the charge nurse and goes to evaluate the resident. An interview was conducted on July 21, 2025, at 11:27 a.m. with the Director of Nursing (DON/staff #49). He stated that an order for pain medication PRN should include a pain scale and non-medical intervention. The risk of administering a pain medication outside of the pain scale is potential overdose. He stated that the unit manager is responsible for monitoring the MAR to ensure that medications are being given correctly. He reviewed the MAR dated June 2021 and stated that the Oxycodone 5 mg every six hours PRN had a pain scale of 6 to 10. After further review of the MAR, he stated that the prior order for Oxycodone did not have a pain scale, and it was corrected on June 14, 2021. He stated that the pain level was not recorded on the MAR multiple times. He reviewed the progress notes and stated that the pain scale was not documented prior to administering the Oxycodone. The facility policy, Medication and Treatment (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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Orders stated that orders for medications and treatments will be consistent with principles of safe and effective order writing.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, staff interviews, and facility policy review, the facility failed to ensure that medications were stored and residents were assessed for self-administration of medication for 1 resident, #47. The deficient practice could result in medications not being administered properly and medications not being stored safely. Findings include: Resident #47 was admitted to the facility on [DATE], with a diagnosis that included unspecified fracture of T9-T10 vertebra, subsequent encounter for fracture with routine healing, and muscle weakness (generalized). Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 09, indicating severe cognitive impairment. Review of the MDS revealed no indicators for mood or behaviors. Further review of the MDS section N revealed the resident was prescribed antiplatelets. During the survey's initial pool on July 20, 2025, at 12:16 PM, in Resident #47's room observed on the bedside table were two 1.5-oz bottles of Equate Nasal Saline Spray. One bottle was sitting on the table in full view when entering the resident's room, and one unopened bottle was observed standing in an empty Kleenex box. The resident stated staff were aware that she had the medication. On July 20, 2025, at 12:19 PM, a Licensed Practical Nurse (LPN/Staff #132) came into the resident's room, identifying the two bottles of medication as Equate nasal saline sprays on resident #47's bedside table. Staff #132 stated the resident should not have them in her room and should not take medication that is not prescribed. She also informed the resident that she was not supposed to have them in her room. Staff #132 reviewed the physician's orders on her medication cart, stating the resident did not have an order for the nasal saline sprays identified on resident #47's bedside table. Staff #132 stated that the risks of having unprescribed medications at the bedside are that the resident can take more than needed, or another resident could have used the medication. Staff #132 further stated, there would also need to be an assessment to determine if they are cognitively capable of administering their own medications. Review of the care plan, date-initiated August 8, 2024, revealed a focus on impaired cognitive function/dementia or impaired thought processes. Interventions included engaging the resident in simple, structured activities that avoid overly demanding tasks. Further review of the care plan revealed an update to the care plan, date-initiated July 20, 2025, with a focus that the resident wishes to self-administer normal saline nasal spray. Interventions included resident would be provided education on how to properly administer (Normal Saline Nasal Spray) and would give a return demonstration of how to self-administer Normal Saline Nasal Spray. A review of the physician orders revealed no orders to self-administer for medications or nasal saline. A review of the progress notes revealed no self-administration of medication assessment documentation. A review of resident #47's completed assessments revealed no assessments to determine the resident's capability for self-administration of medications or for nasal saline. An interview was conducted on July 22, 2025, at 2:12 PM with Registered Nurse (RN/Staff #81). Staff #81 stated that the process for resident self-administration is discussed with the Director of Nursing or the Nurse Manager. Staff #81 stated the provider would need to provide an order for self-administration and place it in the resident's file. Staff #81 stated the resident would also need an assessment to determine if they are cognitively capable of administering their own medications. An interview was conducted on July 22, 2025, at 2:25 PM with the Director of Nursing (DON/Staff #49), who stated his expectations for resident self-administration are to follow the facility policy, get an order, complete an assessment for self-administration, and place in the care plan. The DON reviewed the resident's physician orders and completed the assessment for self-administration. The DON stated from his review of the resident's record there were no orders or assessments for self-administration and that the care plan should not have been updated before (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	obtaining a physician's order and completing an assessment. Review of the facility policy titled F021 - Medications: Self-Administration of Medications 1. As part of the evaluation comprehensive assessment, the interdisciplinary team (IDT) assesses each resident's cognitive and physical abilities to determine whether self-administering medications is safe and clinically appropriate for the resident.3. If it is deemed safe and appropriate for a resident to self-administer medications, this is documented in the medical record and the care plan. The decision that a resident can safely self-administer medications is re- assessed periodically based on changes in the resident's medical and/or decision-making status.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on facility documentation, observations, staff interviews, and policy review, the facility failed to ensure that food items located in the refrigerator, freezer, and dry storage were stored for resident safety. The deficient practice could result in unsafe food storage, placing residents at risk for foodborne illnesses. Findings include: During a walk-through in the kitchen conducted on July 20 at 10:47 a.m. with the Assistant Dietary Manager (staff #39), observations were made in the large refrigerator, freezer, and dry storage: Refrigerator: #400 pan of pinto beans open, exposed to air - tin foil was ripped, exposing the contents. Expiration date 7/17/25-7/24/25 Freezer: 30 lb. Bountiful Box of broccoli cuts open, exposed to air in freezer 120 pack Garlic Toast-open plastic with open box lid exposed to air in freezer Imperial brand ground rosemary expired 3/21/2025 Imperial brand Lemon Pepper Seasoning- opened 6/20 -expiration date April 19, 2024 Imperial brand Dill Weed expiration date 1/13/2024 Imperial brand Toasted Sesame Oil expired 7/2/2025 50 lb. box Bountiful Harvest long grain rice open box lid, with opened plastic packaging inside the box, with rice spillage outside of the packaging inside the box. Dry Storage: Food droppings were seen beneath the wire shelving and along the perimeter of the wall. 10lb box of lasagna noodles, open box with broken noodle pieces outside of the packaging, open and exposed to air. 25lb Knorr's chicken bouillon open and exposed to air. During a second observation of the kitchen conducted on July 21, 2025, at 2:32 p.m., with the Dietary Manager (staff #20), testings were completed of the sanitation buckets throughout the kitchen. Testing with the appropriate chemical strips conducted by Staff #20 revealed the following results: 3-compartment sink chem strip - 100ppm- required results 200ppm Meal Prep Sanitation Bucket- 100ppm- required results 200ppm Tray line Sanitation Bucket- 100ppm- required results 200ppm A second chemical strip test and kitchen observation were conducted on July 23, 2025, at 10:07 a.m. with the Dietary Manager (Staff #20). The following tastings were recorded: 3-compartment sink- 200ppm Mela Prep sanitation bucket- 200ppm Tray line sanitation bucket- 200ppm juice/coffee station sanitation bucket- 100ppm Dry storage food droppings remained beneath the wire racks initially observed on July 20 at 10:47 a.m. Oatmeal spillage was observed near the base of the wheel of the wire racks, and unidentified food splatter on the wall in back of the wire racks. An observation was conducted on July 22, 2025, at 11:35 a.m. of the tray line meal temperatures. The following temperatures were recorded by the Dietary Manager (Staff #20): Refrigerated pineapple chunks- 59 degrees Refrigerated mandarin oranges and pineapples - 56 degrees Crystal Light beverage - 52 degrees Crystal Light lemonade beverage - 56 degrees An observation was conducted on July 23, 2025, at 8:25 a.m. of the meal cart temperatures. The following temperatures were recorded by the Dietary Manager (Staff #20): whole milk -45 degrees health shake - 43 degrees An interview was conducted on July 23, 2025, at 10:22 a.m. with the Dietary Manager (Staff #20). Staff #20 stated his current process regarding kitchen inspections is that he and the Assistant Dietary Manager (staff #39) make rounds of the kitchen, and will be making more frequent rounds of the dry storage, and will be pulling out the wire racks with cleaning of the floors and walls. Staff #20 stated it is currently part of their cleaning schedules and complete wipe downs once a day. Staff #20 stated it is currently the cook's responsibility to ensure the wipe downs are completed per the cleaning schedule. Staff #20 stated the current process regarding the sanitation buckets are that the buckets are changed every two hours, but if the cleaning cloths are soiled the sanitation buckets should be changed more frequently, further stating his staff will now change the sanitation chemical solution every hour to ensure they are at 200 parts per million and will also be providing an in-service with his staff. Review of the facility policy titled Food Storage and Date Marking states, Sufficient storage facilities are provided to keep foods safe, wholesome, and appetizing. Food is stored in an area that is clean, dry, and free from contaminants. Food is stored, prepared, and transported at appropriate temperatures and by methods designed to prevent (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	contamination or cross-contamination. (Follow regulatory authority procedure for date marking).11. Leftover food is stored in covered containers or wrapped carefully and securely. Each item is clearly labeled (if not easily identifiable) and dated if stored for over 24 hours. Leftover food is used within seven (7) days or discarded. NOTE: Preparation date is day one. (Also see policy on Use of Leftovers in this section.) Follow state regulations for more detail.		