

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035231	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/10/2024
NAME OF PROVIDER OR SUPPLIER  Sierra Winds		STREET ADDRESS, CITY, STATE, ZIP CODE  17300 North 88th Ave Peoria, AZ 85382	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46606</b></p> <p>Based on observation, interviews and policy review, the facility failed to ensure that residents medications were administered as ordered by the provider based on standards of practice for three residents (#525, #575, and #550). The deficient practice could result in residents not receiving prescribed doses of medications.</p> <p>Findings include:</p> <p>Regarding Resident # 525</p> <p>-Resident #525 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included osteoarthritis, hyperlipidemia, chronic pain, and bladder disorder.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14 indicating that the resident is cognitively intact. The MDS also indicated that the resident was negative for psychosis, behavioral symptoms, rejection of care, and wandering during the assessment period.</p> <p>A care plan initiated on February 12, 2024 and revised on April 2, 2023 indicated that the resident refuses care frequently from staff of a specific race and gender. Interventions included to document each episode of refusal with a progress note, and to educate and remind resident of potential risks associated with refusals of care.</p> <p>Review of the physician's order summary revealed the following medication and treatment orders:</p> <ul style="list-style-type: none"> <li>- 6 oz health shake which was indicated for one time a day</li> <li>- pain assessment every shift</li> <li>- observe for following signs/symptoms to include temperature &gt;100.4 and other symptoms every shift</li> <li>- urinary catheter care every shift</li> <li>- Acetaminophen 500 mg tablet given 1 tablet orally four times a day related to other chronic pain</li> </ul> <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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- Acetic adic 0.25% irrigation solution, use 60 ml via irrigation one time a day every Monday and Thursday</li> <li>- Atorvastatin 20 mg tablet, give 1 tablet by mouth at bedtime related to hyperlipidemia</li> <li>- Eliquis 5 mg tablet, give 1 tablet orally two times a day</li> <li>- Flecainide acetate 50 mg tablet, give 1 tablet orally two times a day</li> <li>- Furosemide 40 mg tablet, give 1 tablet orally two times a day</li> <li>- Hydrochlorothiazide 12.5 mg orally one time a day related to edema</li> <li>- Oxycodone HCL 5 mg tablet, give 1 tablet orally three times a day related to other chronic pain</li> <li>- Spironoc lactone 25 mg tablet, give 1 tablet by mouth one time a day</li> <li>- HS (hour of sleep) snack. Provide 1/2 sandwich or instant oatmeal cup at bedtime.</li> </ul> <p>Review of the February 2024 Medication Administration Report (MAR) revealed the following:</p> <ul style="list-style-type: none"> <li>- Acetaminophen 500 mg tablet given 1 tablet orally four times a day related to other chronic pain, was left blank/undocumented on February 3, 8, 17, 24, 25, and 29 for the 1300 administration. Additionally, it was also left blank/undocumented for the 1930 administration on February 21.</li> <li>- Acetic adic 0.25% irrigation solution, use 60 ml via irrigation one time a day every Monday and Thursday, was left blank/undocumented for February 8, and 29.</li> <li>- Atorvastatin 20 mg tablet, give 1 tablet by mouth at bedtime related to hyperlipidemia, was left blank/undocumented for February 21.</li> <li>- Eliquis 5 mg tablet, give 1 tablet orally two times a day, was left blank/undocumented for the hour of sleep administration on February 21. Additionally, it was also left blank/undocumented for the morning administration on February 29.</li> <li>- Flecainide acetate 50 mg tablet, give 1 tablet orally two times a day, was left blank/undocumented for the morning administration for February 29. Additionally, it was also left blank/undocumented for the hour of sleep administration on February 21.</li> <li>- Furosemide 40 mg tablet, give 1 tablet orally two times a day, was left blank/undocumented for the hour of sleep for February 21.</li> <li>- Oxycodone HCL 5 mg tablet, give 1 tablet orally three times a day related to other chronic pain, for left blank/undocumented for the 1300 administration for February 3, 8, 17, 24, 25, and 29.</li> </ul> <p>However, review of resident # 525's eMAR progress notes corresponding to the blank/undocumented medication dates above did not indicate any documentation regarding refusal or reason for non-administration.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the March 2024 MAR revealed the following:</p> <ul style="list-style-type: none"> <li>- Acetaminophen 500 mg tablet given 1 tablet orally four times a day related to other chronic pain, was left blank/undocumented on March 6 through 8 for the 1300 administration. Additionally, it was also left blank/undocumented for March 11 and 13 for the 1300 administration.</li> <li>- Acetic adic 0.25% irrigation solution, use 60 ml via irrigation one time a day every Monday and Thursday was left blank/undocumented for March 7 and March 11.</li> <li>- Eliquis 5 mg tablet, given 1 tablet orally two times a day, was left blank/undocumented for the morning administration on March 7 and 8. Additionally, it was also left blank/undocumented for the hour of sleep administration on March 31.</li> <li>- Flecainide acetate 50 mg tablet, given 1 tablet orally two times a day, was left blank/undocumented for the morning administration on March 8. Additionally, it was also left blank/undocumented for the hour of sleep administration on March 31.</li> <li>- Furosemide 40 mg tablet, given 1 tablet orally two times a day, was left blank/undocumented for the morning administration on March 6 and 8. Furthermore, it was also left blank/undocumented for the hour of sleep administration on March 31.</li> <li>- Hydrochlorothiazide 12.5 mg orally one time a day related to edema, was left blank/undocumented on March 11.</li> <li>- Oxycodone HCL 5 mg tablet, given 1 tablet orally three times a day related to other chronic pain, was left blank/undocumented for the 1300 administration on March 6 through 8, as well as March 11 and March 13.</li> <li>- Spironoc lactone 25 mg tablet, given 1 tablet by mouth one time a day, was left blank/undocumented on March 7-8, and on March 11.</li> </ul> <p>However, review of resident # 525's eMAR progress notes corresponding to the blank/undocumented medication dates above did not indicate any documentation regarding refusal or reason for non-administration.</p> <p>Review of the March 2024 Treatment Administration Report (TAR) revealed the following:</p> <ul style="list-style-type: none"> <li>- 6 oz health shake which was indicated for one time a day, was left blank/undocumented on March 8 and March 11.</li> <li>- pain assessment every shift was left blank/undocumented during the day shift on March 1, 7, 8, and 21. It was also left blank/undocumented for the evening shift on March 8, 16, 22, 26, and 31. Furthermore, it was left blank/undocumented for the night shift on March 22.</li> <li>- observe for following signs/symptoms to include temperature &gt;100.4 and other symptoms every shift, was left blank/undocumented during the day shift on March 1, 7, 8, and 21. Additionally, it was also left blank/undocumented during the evening shift on March 8, 16, 22, 26, and 31.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- urinary catheter care every shift, was left blank/undocumented for the day shift on March 1, 7, 8, and 21. It was also left blank/undocumented on March 8, 16, 22, 26, and 31. Furthermore, it was left blank/undocumented on March 22.</p> <p>- HS (hour of sleep) snack. Provide 1/2 sandwich or instant oatmeal cup at bedtime on March 16, 22, 26, and 31.</p> <p>However, further review of progress notes corresponding to the blank/undocumented medication dates above did not indicate any documentation regarding refusal or reason for non-administration.</p> <p>Review of the facilities grievance log revealed that the only complaint filed by the resident during the month of the alleged event (March 2024) was with regards to Dietary.</p> <p>Review of the Resident Council Meeting Minutes for the months of January through March 2024 did not reveal any concerns regarding quality of care, other than a comment about manning shortage.</p> <p>During an interview with resident #525 conducted on April 9, 2024 at 1:11 p.m., she stated that the issue is that the facility uses registry nursing staff and they are unfamiliar with the residents so unfamiliar with what medications/treatments each resident takes. Resident #525 noted that on one occasion the registry nurse came into her room and told her that she had to do a blood test on her for coumadin. Resident #525 promptly informed the nurse that she was not on coumadin. She indicated that the administrator came in last week to try and address her concerns regarding quality of care, in particular with making sure medications were given in a timely manner. She noted that the timeliness had improved since that Friday. However, she also stated that during that conversation, the administrator was condescending and dismissive of her concerns.</p> <p>An interview with a certified nursing assistant (CNA/staff #5) was conducted on April 9, 2024 at 3:32 p.m. Staff #5 stated that in the case of resident #525, part of providing her care hinges on her getting her medications on time. She noted that with resident #525 having chronic pain, getting her medications on time equates to pain management. Getting her meds on time means she will not be in pain. Staff #5 noted that it is really hard on resident #525 when her medications are not given in time. She said that to her knowledge there was a recent time, probably the last few days to a week that resident #525 was not administered her medications in a timely manner. Staff #5 noted that this occasionally happens when there is someone that is not familiar with the resident (registry staff). She also noted that for resident #525, medications being late or not given has an impact since it is a big part of her quality of life.</p> <p>Resident #525's MAR/TAR was reviewed with a licensed practical nurse/covering as assistant director of nursing (LPN/ADON/staff #20) on April 9, 2024 at 4:51 p.m. Staff #20 noted it is not appropriate. The blanks could mean either it was not given or not documented. Staff #20 noted that if not documented then unsure if it was actually administered. Staff #20 noted that if there is a reason why it is not given then it should be documented and a progress note should also be completed. She also noted that registry has access and is able to go in and document on the residents' records.</p> <p>Regarding Resident #575</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident #575 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included osteomyelitis, obstructive and reflux uropathy, cognitive communication deficit, sepsis due to Escherichia coli, and acute pain.</p> <p>A care plan initiated on February 8, 2024 indicated that the resident has hypertension. Interventions included give anti-hypertensive medications as ordered.</p> <p>Another care plan initiated on February 8, 2024 indicated that the resident has type 2 diabetes mellitus. Interventions included diabetes medication as ordered by doctor.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 13 indicating that the resident is cognitively intact. The MDS also revealed that the resident was negative for psychosis, behavioral symptoms, wandering, and rejection of care during the assessment period.</p> <p>A revised care plan dated March 5, 2024 regarding a pressure ulcer on the right buttocks indicated an intervention to administer wound care/treatments are ordered.</p> <p>Review of a revised care plan dated March 5, 2024 indicated that the resident has an indwelling catheter. Interventions included to change catheter and accessories as ordered by physician.</p> <p>A care plan initiated on March 5, 2024 indicated that the resident has potential for constipation with interventions that noted to follow facility bowel protocol for bowel management.</p> <p>Review of the physician's order summary revealed the following medication and treatment order:</p> <ul style="list-style-type: none"> <li>- Atorvastatin 80 mg tablet, give 1 tablet orally at bedtime</li> <li>- Entrapenem sodium injection solution reconstituted 1 gm, use 1 gram intravenously one time a day for osteomyelitis until 4/3/2024</li> <li>- Insulin Glargine Solution 100 unit/ml, inject 20 unit subcutaneously one time day for diabetes</li> <li>- Januvia 50 mg tablet, give 1 tablet orally one time a date related to diabetes</li> <li>- Lisinopril oral tablet 40 mg, give 1 tablet by mouth one time a day for hypertension</li> <li>- Pain relieving Lidocaine external patch 4%, apply to lower back topically one time a day related to Osteomyelitis of Vertebra thoracic region, on in morning and off at hours of sleep</li> <li>- Polyethhlene Glycol 3350 pwder, give 17 gram by mouth one time a day related to constipation</li> <li>- Sennoside S 8.6 mg-50 mg, give 2 tablet orally at bedtime</li> <li>- Tab-A-Vite tablet, give 1 tablet orally one time a day related to vitamin deficiency</li> <li>- Tamsulosin HCL 0.4 mg capsule, give 1 capsule orally at bedtime related to benign prostatic hyperplasia with lower urinary tract symptom</li> </ul> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- Juven packet (orange), give 1 packet orally two times a day related to vitamin deficiency</li> <li>- Nifedipine ER 30 mg tablet, give 1 tablet orally two times a day related to essential hypertension, hold for SBP&lt;110, HR&lt;60. Notify provider if outside hold parameters and enter progress note.</li> <li>- Symbicort inhalation aerosol 160-4.5 MCG/ACT, 1 puff inhale orally two times a day related to shortness of breath</li> <li>- 8 oz sugar-free health shake, three times a day</li> <li>- hydralazine HCl oral tablet 50 mg, give 1 tablet by mouth three times a day for hypertension</li> <li>- TraMADol HCl tablet 50 mg, give 1 tablet by mouth every 6 hours for moderate to severe pain</li> <li>- Gently cleans right ear wound with saline pat dry apply xeroform and dry dressing two times a day for wound care</li> <li>- Cleanse right buttock with NSS (normal saline) and apply barrier cream every shift and PRN every shift for stage 3 pressure injury</li> <li>- Urinary catheter care every shift</li> </ul> <p>Review of the March 2024 Medication Administration Record (MAR) revealed the following:</p> <ul style="list-style-type: none"> <li>- Atorvastatin 80 mg tablet, give 1 tablet orally at bedtime, was left blank/undocumented for March 11.</li> <li>- Entropenem sodium injection solution reconstituted 1 gm, use 1 gram intravenously one time a day for osteomyelitis until 4/3/2024, was left blank/undocumented for March 18.</li> <li>- Insulin Glargine Solution 100 unit/ml, inject 20 unit subcutaneously one-time day for diabetes , was left blank/undocumented for March 11, and 31.</li> <li>- Januvia 50 mg tablet, give 1 tablet orally one time a date related to diabetes, was left blank/undocumented for March 8, and 18.</li> <li>- Lisinopril oral tablet 40 mg, give 1 tablet by mouth one time a day for hypertension, was left blank/undocumented for March 8, and 18.</li> <li>- Pain relieving Lidocaine external patch 4%, apply to lower back topically one time a day related to Osteomyelitis of Vertebra thoracic region, on in morning and off at hours of sleep, was left blank/undocumented for March 8, and 18</li> <li>- Polyethylene Glycol 3350 powder, give 17 grams by mouth one time a day related to constipation, was left blank/undocumented for March 8.</li> <li>- Sennoside S 8.6 mg-50 mg, give 2 tablets orally at bedtime, was left blank/undocumented for March 11.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Tab-A-Vite tablet, give 1 tablet orally one time a day related to vitamin deficiency, was left blank/undocumented for March 8, and 18.</p> <p>- Tamsulosin HCL 0.4 mg capsule, give 1 capsule orally at bedtime related to benign prostatic hyperplasia with lower urinary tract symptom, was left blank/undocumented for March 11.</p> <p>- Juven packet (orange), give 1 packet orally two times a day related to vitamin deficiency, was left blank/undocumented for the 0800 administration on March 8 and for the 2000 administration on March 11.</p> <p>- Nifedipine ER 30 mg tablet, give 1 tablet orally two times a day related to essential hypertension, hold for SBP&lt;110, HR&lt;60. Notify provider if outside hold parameters and enter progress note. The MAR for this medication was left blank/undocumented for the 0800 administration on March 8, and 18. Additionally, it was left blank/undocumented for the 2000 administration on March 11.</p> <p>- Symbicort inhalation aerosol 160-4.5 MCG/ACT, 1 puff inhale orally two times a day related to shortness of breath was left blank/undocumented for the 0800 administration on March 8.</p> <p>- hydralazine HCl oral tablet 50 mg, give 1 tablet by mouth three times a day for hypertension, was left blank/undocumented for the 0900 administration on March 8, and 18. Additionally, it was left blank/undocumented for the 2100 administration on March 11, and 31.</p> <p>- TraMADol HCl tablet 50 mg, give 1 tablet by mouth every 6 hours for moderate to severe pain, was left blank/undocumented for the 1200 administration on March 6, 8, and 18.</p> <p>Furthermore, review of the March 2024 Treatment Administration Record (TAR) revealed the following:</p> <p>- Gently cleans right ear wound with saline pat dry apply xeroform and dry dressing two times a day for wound care, was left blank/undocumented for the 0800 administration on March 7, 8, and 21. Additionally, it was left blank/undocumented for the 1700 administration on March 8, 15, 16 22, and 31.</p> <p>- Cleanse right buttock with NSS (normal saline) and apply barrier cream every shift and PRN every shift for stage 3 pressure injury, was left blank/undocumented for the day shift on March 7, 8, and 21. It was also left blank/undocumented for the evening shift on March 8, 16, 22 and 31. Furthermore, it was left blank/undocumented for the night shift on March 7, and 22.</p> <p>- Urinary catheter care every shift, was left blank/undocumented for the day shift on March 7, 8, and 21. Additionally, it was left blank/undocumented for the evening shift on March 8, 16, 22, and 31. Furthermore, it was left blank/undocumented for the night shift on March 22.</p> <p>However, review of progress notes corresponding to the blank/undocumented medication/treatment dates above did not indicate any documentation regarding refusal or reason for non-administration.</p> <p>Regarding Resident # 550</p> <p>- Resident #550 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included metabolic encephalopathy, sepsis, malignant neoplasm of prostate, type 2 diabetes mellitus, hypertension, anxiety disorder, and cognitive communication deficit.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 13 indicating that the resident is cognitively intact. The MDS also indicated that the resident was negative for psychosis, behavioral symptoms, wandering, and rejection of care during the assessment period.</p> <p>A care plan initiated on March 19, 2024 indicated that the resident has hypertension. Interventions included to give anti-hypertensive medications as ordered.</p> <p>A care plan regarding the resident having diabetes mellitus initiated on March 19, 2024 included interventions that noted to provide medication as ordered by doctor, and to monitor/document for side effects and effectiveness.</p> <p>Review of the physician's order summary report revealed the following medication and treatment order:</p> <ul style="list-style-type: none"> <li>- Observe for the following signs/symptoms of temperature &gt;100.4 or any other symptoms every shift,</li> <li>- Atovarstatin 80 mg tablet, give 1 tablet by mouth at bedtime</li> <li>- Docusate 100 mg soft gel, give 1 capsule orally one time a day related to constipation</li> <li>- Ferrous sulfate oral tablet 325 mg, give 1 tablet by mouth one time a day related to anemia</li> <li>- Folic acid 1 mg tablet, give 1 tablet orally one time a day</li> <li>- Lantus Solostar 100 units/m, inject 45 unit subcutaneously at bedtime</li> <li>- Lisinopril 10 mg tablet, give 1 tablet orally one time a day related to essential hypertension</li> <li>- Ozempic 1 mg/dose, inject 1 mg subcutaneously one time a day every Monday related to type 2 diabetes mellitus,</li> <li>- Paroxetine HCL 20 mg tablet, give 1 tablet by mouth one time a day for depression</li> <li>- Polyethylene Glycol 3350 powder, give 17 gram by mouth one time a day related to constipation</li> <li>- ProSource no carb oral packet, give 60 ml by mouth one time a day related to type 2 diabetes mellitus</li> <li>- Lispro Insulin 100 unit/ml pen, inject 5 unit subcutaneously before meals related to type 2 diabetes mellitus</li> <li>- Lispro Insulin 100 unit/ml pen, inject per sliding scale</li> </ul> <p>Review of the March 2024 Medication Administration Record (MAR) revealed that:</p> <ul style="list-style-type: none"> <li>- Atovarstatin 80 mg tablet, give 1 tablet by mouth at bedtime, was left blank/undocumented on March 11, and 31.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Docusate 100 mg soft gel, give 1 capsule orally one time a day related to constipation, was left blank/undocumented on March 18.</p> <p>- Ferrous sulfate oral tablet 325 mg, give 1 tablet by mouth one time a day related to anemia, was left blank/undocumented on March 18.</p> <p>- Folic acid 1 mg tablet, give 1 tablet orally one time a day, was left blank/undocumented on March 18.</p> <p>- Lantus Solostar 100 units/m, inject 45 unit subcutaneously at bedtime, was left blank/undocumented on March 11.</p> <p>- Lisinopril 10 mg tablet, give 1 tablet orally one time a day related to essential hypertension, was left blank/undocumented on March 18, and 25.</p> <p>- Ozempic 1 mg/dose, inject 1 mg subcutaneously one time a day every Monday related to type 2 diabetes mellitus, was left blank/undocumented on March 18, and 25.</p> <p>- Paroxetine HCL 20 mg tablet, give 1 tablet by mouth one time a day for depression, was left blank/undocumented on March 18.</p> <p>- Polyethylene Glycol 3350 powder, give 17 grams by mouth one time a day related to constipation, was left blank/undocumented on March 18.</p> <p>- ProSource no carb oral packet, give 60 ml by mouth one time a day related to type 2 diabetes mellitus, was left blank/undocumented on March 25.</p> <p>- Lispro Insulin 100 unit/ml pen, inject 5 unit subcutaneously before meals related to type 2 diabetes mellitus, was left blank/undocumented for the 0730 administration on March 18. Additionally, it was left blank/undocumented for the 1100 administration on March 18, and 25.</p> <p>- Lispro Insulin 100 unit/ml pen, inject per sliding scale, was left blank/undocumented for the 0730 administration on March 18. It was also left blank/undocumented for the 1100 administration on March 6, 8, 18, and 25. Additionally, it was left blank/undocumented for the 1600 administration on March 15. Furthermore, it was left blank/undocumented for the 2100 administration on March 11, and 31.</p> <p>Additionally, review of the March 2024 Treatment Administration Record (TAR) revealed that:</p> <p>- Observe for the following signs/symptoms of temperature &gt;100.4 or any other symptoms every shift, was left blank/undocumented on the day shift for March 7, 14, 18, and 21. Additionally, it was left blank/undocumented on the evening shift for March 11, 16, 22, 26, and 31. Furthermore, it was left blank/undocumented on the night shift for March 22.</p> <p>However, review of progress notes corresponding to the blank/undocumented medication/treatment dates above did not indicate any documentation regarding refusal or reason for non-administration.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035231	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/10/2024
NAME OF PROVIDER OR SUPPLIER  Sierra Winds		STREET ADDRESS, CITY, STATE, ZIP CODE  17300 North 88th Ave Peoria, AZ 85382	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with a licensed practical nurse (LPN/staff #10) conducted on April 9, 2024 at 4:29 p.m., Staff #10 noted that due to the facility using quite a bit of registry staff, it has impacted the care the residents are receiving. Staff #10 noted that registry do not know the routine of the residents, and it stresses residents out, some residents end up deferring cares until the next shift if they know a regular staff will be in. Staff #10 said that sometimes medications are administered late because there are not enough staff or there are registry staff that is unfamiliar with the residents' routine. Staff #10 noted that the impact of administering medications late is that residents get upset and if the medication is a pain medication, then delayed administration can mean that the resident can have pain. Staff #10 said that documentation of medication administration is signed on the MAR/TAR. If the MAR/TAR is blank then it means that the medication/treatment was not given/provided. The MAR/TAR should not be left blank since there are corresponding codes for various reasons when medication is not administered. A blank MAR/TAR can also mean that it was not documented. However, if it is not documented then it was not done. Staff #10 said that the impact depends on what the medication is for. For example, if it is a pain medication, the resident can be in pain and for scheduled medication, it might mean that the pain they have can get much worse.</p> <p>An interview was conducted with a licensed practical nurse/covering as assistant director of nursing (LPN/ADON/staff #20) on April 9, 2024 at 4:51 p.m. Staff #20 noted that it is pretty routine for the facility to utilize registry staff. However, they do try to use the same registry staff. The impact is that it makes it harder on the residents since the registry staff is not familiar with them. Staff #20 noted that medications sometimes are administered late if there is an incident that is higher priority than scheduled care. Staff #20 stated that it can sometimes also be due to registry staff not being familiar with the facility and the residents. Staff #20 stated that impact of administering medications late depends on what the medication is for and that it cannot do what it is supposed to or prevent a condition. For example, not getting a seizure medication can cause seizure, not getting the pain medication can mean the pain medication can wear off and the resident's pain will not be managed, blood pressure medication not being given, can cause high blood pressure. Staff #20 noted that everything has to be documented. Chart what is going on, condition, incidents, medications. Staff #20 noted that if documentation is not completed then something changed, staff will not be able to look back to get a clear picture of what is going on. This can impact the resident since you will not know what is going on and what to do. It is not appropriate to not document.</p> <p>Review of the facility policy titled Administering Medications revised April 2019, stated that medications are administered in accordance with prescriber's orders including any required time frame. Additionally, the policy noted that the individual administering the medication records in the resident's medical record the date and time the medication was administered. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones. If a drug is withheld, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose.</p> <p>The facility policy titled Charting and Documentation revised July 2017 indicated that all services provided to the resident, progress towards the care plan goals, or any changes in the resident's medical, physical, functional, or psychosocial condition shall be documented in the resident's medical record. Furthermore, the medical record should facilitate communication between interdisciplinary team regarding the resident's condition and response to care. Among the information to be documented in the resident's medical record includes medications administered, treatments or services performed.</p>		