

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035234	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/31/2024
NAME OF PROVIDER OR SUPPLIER  Arizona State Veteran Home-Phx		STREET ADDRESS, CITY, STATE, ZIP CODE  4141 North S Herrera Way Phoenix, AZ 85012	

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**</b> 40581</p> <p>Based on documentation, staff interviews, and the facility policy and procedures, the facility failed to ensure an order for blood pressure medication was administered within the prescribed parameters for Resident # 7. The deficient practice could result in undesirable medication-induced harm.</p> <p>Findings include:</p> <p>Resident #7 was admitted to the facility on [DATE] with diagnoses that included generalized body pain, osteoarthritis, and essential (primary hypertension).</p> <p>The care plan dated November 15, 2023 revealed that the resident requires pain monitoring and management related to a diagnoses of chronic pain; and that, is at risk for complications related to diagnosis of hypertension.</p> <p>The minimum data set (MDS) dated [DATE] included a brief interview for mental status score of 12 indicating the resident was cognitively intact.</p> <p>Review of the order summary revealed:</p> <p>-March 27, 2024 Amlodipine 2.5 mg tablet oral every 12 hours for hypertension. Hold if systolic blood pressure (SBP) less than 110 or diastolic blood pressure (DBP) less than 70.</p> <p>Review of the medication administration record dated September 2024 revealed:</p> <p>-March 27, 2024, Amlodipine 2.5 mg tablet every 12 hours for hypertension, hold if systolic blood pressure (SBP) less than 110 or diastolic blood pressure (DBP) less than 70 was administered on:</p> <p>-September 2, 2024 with a BP of 132/68</p> <p>-September 11, 2024 with a BP of 136/67</p> <p>-September 12, 2024 with a BP of 126/55</p> <p>-September 17, 2024 with a BP of 136/67</p> <p>Review of the medication administration record dated October 2024 revealed:</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:  035234	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/31/2024
NAME OF PROVIDER OR SUPPLIER  Arizona State Veteran Home-Phx		STREET ADDRESS, CITY, STATE, ZIP CODE  4141 North S Herrera Way Phoenix, AZ 85012	
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>-March 27, 2024, Amlodipine 2.5 mg tablet every 12 hours for hypertension, hold if systolic blood pressure (SBP) less than 110 or diastolic blood pressure (DBP) less than 70 was administered on:</p> <p>-October 1, 2024 with a blood pressure (BP) reading of 127/68</p> <p>-October 6, 2024 with a BP of 164/68</p> <p>-October 7, 2024 with a BP of 121/67</p> <p>-October 10, 2024 with a BP of 115/69</p> <p>-October 12, 2024 with a BP of 132/68</p> <p>An interview was conducted on October 30, 2024 at 11:07 a.m. with a licensed practical nurse (LPN/staff #48), who reviewed the resident's order for Amlodipine 2.5 mg tablet every 12 hours for hypertension, hold if systolic blood pressure (SBP) less than 110 or diastolic blood pressure (DBP) less than 70. She stated that there is a risk of the resident's BP dropping, dizziness, or the resident could pass out if the medication is given outside of parameters. She reviewed the MAR dated October 2024 and stated that the Amlodipine was administered outside of parameters.</p> <p>An interview was conducted on October 31, 2024 with the Assistant Director of Nursing (ADON/staff #2), who stated that if BP medications is given outside of parameters, staff may call the physician and there is risk of not effectively monitoring the resident's BP and could cause it to go too low.</p> <p>The facility policy, Medication Orders state that the purpose of this procedure is to establish uniform guidelines in the receiving and recording of medication orders. When recording PRN medication orders, specify the type, route, dosage, frequency, strength, and the reason for administration.</p> <p>The facility policy, Administering Medications states that medications are administered in accordance with prescriber orders, including any required time frame.</p>		