

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/02/2024
NAME OF PROVIDER OR SUPPLIER Haven of Lake Havasu		STREET ADDRESS, CITY, STATE, ZIP CODE 2781 Osborne Drive Lake Havasu City, AZ 86406	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50116</p> <p>Based on clinical record review, interviews, review of policies, the facility failed to ensure resident # 1 did not sustain repeated fall accident and injury. This may result in residents sustaining injuries due to repeated falls.</p> <p>Findings include:</p> <p>Resident #1 was admitted on [DATE], with diagnoses of anemia, chronic pain due to trauma, depression, essential hypertension, nondisplaced fracture of base of neck of left femur, and repeated falls.</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 11 indicating resident #1 had moderate cognitive impairment.</p> <p>The baseline care plan included that the resident was at risk for falls or have had an actual fall. The goal was to be free of falls through the review date. Interventions included: anticipate and meet my needs, be sure my call light is within reach and encourage me to use it for assistance as needed, follow facility fall protocol. One intervention was added on February 10, 2023, which included: educate me/family/caregivers about safety reminders and what to do if a fall occurs. Added interventions were started on February 22, 2023 which included: Follow Falling Leaf Program, frequently round on me for safety, I have a Call don't fall as a reminder, and tilt in space wheelchair. The care plan had fall minor injury with dates of February 09, 2023, February 22, 2023, and March 18, 2023.</p> <p>Review of the progress note dated March 18, 2023 at 12:00 Late entry: Late documentation on fall. Resident had fall. Report that resident was attempting to get out of bed and did not lock WC. Resident is confused and does not follow direction. Resident has been reminded on multiple occasions daily about asking for assistance and using call light. Resident was already back in bed, less than dime size scrape to right elbow. Denies pain and hitting head. Lights were on, floor dry and free of debris.</p> <p>Review of progress notes in the electronic health record (EHR) dated on March 20, 2023 at 12:06 Late entry: Resident returned from hospital, radial fracture right.</p> <p>Review of the xray report dated March 19, 2023 11:43, fractures through the distal radius and ulnar styloid.</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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of progress notes in the EHR dated on February 23, 2023 Late entry: IDT Review of Fall. The resident fell on [DATE] at 6:30 p.m. The resident had minor injuries of abrasions to bilateral elbows. There is no documentation of the fall on February 22, 2023 in the nursing notes.</p> <p>An interview was conducted on December 03, 2024 at 9:38 a.m. with staff member #1 Certified Nursing Assistant, (CNA) who was employed with the facility at the time of the fall but does not remember the resident or the fall. Staff #1 stated that interventions to prevent falls include mats, bolsters, some wheelchairs have the metal so they can not tip back, low beds and make sure they are not up high.</p> <p>An interview was conducted on December 03, 2024 at 9:42 a.m. with staff member #2 Licensed Practical Nurse (LPN). Staff #2 stated that residents are assessed for falls on admission and they review the past three months to see if they have fallen. Something is placed on the outside of the door to indicate that the person is a fall risk. Some have bracelets. Staff #2 was not working when resident #1 fell .</p> <p>An interview was conducted on December 03, 2024 at 9:50 a.m. with Director of Nursing (DON) Staff member #3 and sitting in with was Clinical Resource Staff member #4. When asked what would be the plan if a resident was being admitted with a fall prior to arrival. The response by staff #3, typically standard interventions, might put them on the falling leaf program that they are a fall risk. When asked regarding what could happen if repeated falls, Staff #4 answered that depending on the fall, look at the root cause and analysis, what contributed to the fall and put those that are geared to that and update the care plan. A fall screen was conducted on March 23, 2023. The screening indicated that the resident's last fall was on March 18. Noting that the resident #1 has decreased safety awareness and cognitive deficits.</p> <p>Review of the Falls/Falls Risk policy was reviewed. Monitoring Subsequent falls and fall risk has 4 key points. Including having the staff and or physician will document the basis for conclusions that specific irreversible risk factors exist that continue to present a risk for falling or injury due to falls.</p>		