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| 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 04/01/2025 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility documentation, and staff interviews, the facility failed to ensure two residents (#36 and #40) were provided adequate supervision to prevent resident abuse. The deficient practice could result in residents being at risk for abuse.</p> <p>Findings include:</p> <p>-Regarding Resident #36:</p> <p>Resident #36 was initially admitted to the facility on [DATE] and has a reentry date of May 15, 2023 with a diagnosis that includes Coronary Artery Disease (CAD), Hemiplegia or Hemiparesis, Seizure Disorder or Epilepsy, and Schizophrenia.</p> <p>Review of care plan dated May 15, 2023 revealed resident have an impaired visual function related to blindness of right eye and refuses to wear glasses. The interventions initiated on May 15, 2023 included staff to place any items directly in front of resident.</p> <p>Review of another care plan dated May 15, 2023 revealed resident have impaired cognitive function/dementia or impaired thought processes related to impaired decision making. The interventions included resident need supervision/assistance with all decision making; require approaches that maximize involvement in daily decision making and activity limit choices, use cueing, task segmentation, written lists, and instructions; monitor/document /report to medical doctor any changes in cognitive function, specifically changes in decision making ability, memory, recall and general awareness, difficulty expressing self, difficulty understanding others, level of consciousness, mental status and review medications and record possible causes of cognitive deficit.</p> <p>Review of another care plan initiated in May 15, 2023 revealed resident have mood problem related to adjustment disorder, paranoid schizophrenia. The interventions initiated on May 15, 2023 included to administer medications as ordered, monitor/document for side effects and effectiveness; behavioral health consults as needed; monitor/record/report to medical doctor as needed risk for harming others such as increased anger, labile mood or agitation, feels threatened by others or thoughts of harming someone, possession of weapons or objects that could be used as weapons.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of another care plan dated May 15, 2023 revealed resident have behaviors related to difficulty interacting with others related to schizophrenia. The goal is that resident will not harm self or others through the review date. The interventions initiated on May 15, 2023 included to administer medications as ordered, monitor/document for side effects and effectiveness, and allow resident to make decisions about own plan of care.</p> <p>Review of Minimum Data Set (MDS) dated [DATE] revealed a quarterly Brief Interview for Mental Status (BIMS) score of 14.0 indicating cognitively intact and behavioral symptoms were not exhibited.</p> <p>Review of facility document titled, Incidents By Incident Type, revealed Resident #36 had a Physical Aggression Initiated Incident on September 16, 2023 at 6:58 am.</p> <p>Review of the State Agency complaint tracking system dated September 16, 2023 revealed that the facility submitted through online complaint form involving resident #36 and resident #40 incident.</p> <p>-Regarding Resident #40:</p> <p>Resident #40 was admitted to the facility on [DATE] and has a reentry date of May 4, 2022 with a diagnosis of Hypertension, Diabetes Mellitus (DM), Hemiplegia or Hemiparesis, Anxiety Disorder, and Depression.</p> <p>Review of care plan initiated on February 12, 2021 revealed resident have impaired cognitive function/dementia or impaired thought processes related to neurological symptoms cerebrovascular accident. The interventions initiated on February 12, 2021 included administer medications as ordered, monitor/document /report to medical doctor any changes in cognitive function, specifically changes in decision making ability, memory, recall and general awareness, difficulty expressing self, difficulty understanding others, level of consciousness, or mental status.</p> <p>Review of care plan initiated on September 24, 2021 revealed resident have a behavior problem related to physical behaviors, struck another resident in the back of the head, slapped nurse's hand when trying to give medications, upset about pain medication, called staff idiots, kicked carts and Hoyer lift, threw trash on the floor. The goal initiated on September 23, 2021 included resident will have no evidence of behavior problems by review date. The interventions initiated on September 24, 2021 included to anticipate and meet resident's needs.</p> <p>Review of MDS dated [DATE] revealed a BIMS score of 99.0 indicating resident was unable to complete the interview, and behavioral symptoms such as verbal directed towards others and physical symptoms not directed toward others occurred.</p> <p>Review of facility document titled, Incidents By Incident Type, revealed Resident #40 had a Verbal Aggression Initiated Incident on September 16, 2023 at 6:58 am.</p> <p>Review of the State Agency complaint tracking system dated September 16, 2023 revealed that the facility submitted through online complaint form involving resident #36 and resident #40 incident.</p> <p>Review of records revealed the care plan interventions for resident #40 were revised on October 23, 2024 that included assist resident to develop more appropriate methods of coping and interacting by not touching others inappropriately, and encourage resident to express feelings appropriately.</p> <p>(continued on next page)</p> | | |

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| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of records revealed Resident #40 was discharged on February 4, 2025.</p> <p>An interview was conducted on March 31, 2025 at 3:39 pm with a licensed practical nurse (LPN)/Staff #104. Staff #104 stated that she works day shift, her responsibilities included getting report from the night shift which includes residents' updates, new orders, and anything that might had happened during the night. Staff #104 stated that she put eyes in every room so everyone is accounted for. Then, she starts medication pass, or starts her assessment. Regarding resident to resident altercations, Staff #104 stated that she had a resident to resident altercation that she remembered. It involved somebody running into somebody, both residents were confused, and the residents run into each other's wheelchair, then the resident slapped each other's arm or pushed their wheelchair away. Staff #104 stated that she remembered a woman and a male resident, the male resident run into the woman resident with his wheelchair. Staff stated that she remembered resident #40. Staff #104 stated that there was music playing and she remember resident #40 was trying to get through and resident #36 was in the way. Staff #104 stated that resident #40 uses his foot to kick resident #36. Staff #104 stated that the male resident is no longer in the facility, passed away. Staff #104 stated that she does not remember exactly but somebody got hit, then they separated them, and then she did an interview to find out each resident's side of the story. Staff stated that she was working when the incident happened, she completed an incident report, she notified the family and the doctor, and she assessed both of the residents. Staff stated that there was a slap or a kick but she did not remember who did what but there was a physical contact. Resident #40 would kick because that was his thing and Resident #36 would slap, and there has been incident before where resident #36 doing the slap. Staff #104 stated that when an altercation between residents happens, she will notify the administrator, doctor, family, and the director of nursing (DON). Their abuse coordinator is the administrator. In addition, staff #104 stated that when she completes an incident report, it will automatically send to the progress notes because she completes an incident report in their Point Click Care (PCC) for risk management. Regarding her abuse training, she gets in-services, she had some done in the computer, and also done in -house where they go over the training. Her abuse training is done every year.</p> <p>Attempted to conduct an interview on April 1, 2025 at 1:20 pm with Resident #36. Resident #36 was in her room, lying in bed, watching television, the lunch tray at the bedside, and resident just looked at the surveyor.</p> <p>Review of facility's policy titled, Abuse Policy, version 0622 revealed Haven Health facilities strive to prevent the abuse of all their residents.</p> <p>Review of facility's policy titled, Resident Rights/Dignity: Resident Rights, in effect on January 1, 2024 revealed (1) federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: c. be free from abuse</p> | | |