STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035241	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Mountain Post Acute	8008 S. Jesse Owens Parkway Phoenix, AZ 85042

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43863 Based on clinical record review, staff interviews, facility documentation, and facility policy, the facility failed to ensure clinical record documentation was accurate for one resident (#2) regarding catheter care. The sample size was five (5) residents. The deficient practice has the potential for clinical records to inaccurately and incompletely reflect the status of residents. Findings include: Resident #2 was admitted to the facility on [DATE], with diagnoses that included obstructive reflux uropathy, type 2 diabetes mellitus and history of UTI's. Review of the physician's orders revealed an order dated June 1, 2024 to complete indwelling catheter care every shift. Review of a Care Plan initiated on June 1, 2024, revealed that Resident #2 had indwelling catheter related to obstructive uropathy, provide catheter care every shift and as needed. Review of Resident #2's Minimum Data Set (MDS) June 4, 2024 assessment, revealed a Brief Interview of Mental Status (BIMS) score of 15, which indicated intact cognition, and included an IV and catheter present. A review of the Plan of Care (POC) Response History for catheter care for the past 30 days, revealed that Resident #2's catheter care was documented by Certified Nursing Assistant (CNA/staff # 31), as having been provided at 09:41 AM, on June 27, 2024. Further review of Resident #2's POC revealed catheter care had not been conducted every shift on 8 out of 27 days. An interview conducted with Resident #2 on June 27, 2024 at 11:00 a.m., who stated that he had not received catheter care today, and have not cleansed around the insertion site. An interview was conducted at 11:11 a.m. on June 27, 2024, with CNA (staff #31), who stated that she had not yet completed Resident #2's catheter care, but had documented it as completed in POC. Staff #31 further stated that catheter care was expected to be performed every shift, and to be documented after the care had been provided. Staff #31admitted that she made a mistake, and accidently documented completion of catheter care after rounds. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035241	A. Building B. Wing	06/27/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on June 27, 2024, at approximately 1:00 p.m, with a Licensed Practical Nurse (LPN/staff #1), who stated that CNA's perform catheter care every shift, and as required. Staff #1 also stated that the facility documentation policy requires documentation to be completed once the task is completed. Staff #1 further stated that the risk could included staff may forget to complete the task, and other staff would have inaccurate information. An interview was conducted with the Director of Nursing (DON/staff #41), and [NAME] (staff #111), Clinical Resource on June 27, 2024, at 03.26 p.m. Staff #41, DON, stated that her expectation is that catheter care be documented within that shift. Staff #111, stated that the standard of care is to document every shift. A facility policy titled, Indwelling Catheter Care, included that each resident with an indwelling catheter will receive catheter care daily and PRN for soiling. To promote hygiene, comfort and decrease risk of infection for catheterized residents. Documentation of catheter care is done in POC. A facility policy titled, Documentation and Charting, included that a complete account of the resident's care, treatment, response to the care, signs, symptoms, etc., as well as the progress of the resident's care.