

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2023
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society-Prescott Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 3380 North Windsong Drive Prescott Valley, AZ 86314	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48087</p> <p>Based on clinical documentation, staff and resident interviews, and the facility policy and procedures, the facility failed to ensure that two residents (#30 and #28) were allowed to choose their bedtime. The deficient practice could result in the rights and personal choices of the residents being denied.</p> <p>Findings include:</p> <p>Regarding Resident #30:</p> <p>Resident #30 admitted to the facility on [DATE] with diagnoses including aphasia following cerebral infarction, borderline personality disorder, unspecified atrial fibrillation, major depressive disorder, and psoriasis.</p> <p>The minimum data set (MDS) dated [DATE] included a brief interview for mental status (BIMS) score of 13 indicating the resident was cognitively intact. The MDS also indicated that the resident has mild depression and trouble falling or staying asleep or sleeping too much.</p> <p>During an interview conducted on November 6, 2023 at 1:40 p.m. with resident #30, she stated that the staff at this facility does not let her choose her own bedtime. When asked if it was a specific staff member, resident stated CNA/staff #47 is always making me go to sleep and one night she was rough with my legs putting me to bed.</p> <p>Allegations of Abuse was immediately notified to the facility administrator/staff #16 in which he initiated an investigation and reported to the State Agency (SA), ombudsman, law enforcement, and family representative of the resident.</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: 035244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2023
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society-Prescott Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 3380 North Windsong Drive Prescott Valley, AZ 86314	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility investigation report provided on November 7, 2023 revealed that staff #16 and social service director/staff #81 went to talk with resident #30 regarding the abuse allegation in which she stated that the incident took place at least two (2) weeks ago around 6:30 p.m. to 7:00 p.m. at night. Resident #30 stated in the report that she wanted to get ready to go to bed and pressed the call light for assistance. Staff #47 came in to assist the resident for bedtime and stated staff #47 was changing her briefs and had to move her legs around. Additionally, resident #30 stated that she decided she was not ready for bed and staff #47 had grab her wrist and pulled it towards the bar to assist the resident getting into bed after already telling staff #47 that she did not want to go to bed.</p> <p>An interview was conducted on November 7, 2023 at 2:21 p.m. with staff #16 in which he stated he completed a full investigation and reported that abuse could not be substantiated. Staff #16 stated he did a couch and counseling action with staff #47 regarding bedside manners and resident rights.</p> <p>Furthermore, during an interview with social service director/staff #81, she stated we abide by the resident rights for skilled nursing and follow our policy and educate our staff that the residents ultimately have the right to make their own decisions regarding what they want to eat or whenever they want to sleep. Staff #81 stated she agree this is violation of resident rights and informed that a couch and counseling regarding bedside manners and resident rights was conducted with staff #47 to assure understanding of the policy and procedures.</p> <p>Regarding Resident #28:</p> <p>Resident #28 admitted to the facility on [DATE] with diagnoses including hypertensive heart disease with heart failure, chronic obstructive pulmonary disease, heart failure, type 2 diabetes mellitus with other specified complications, unspecified dementia and Parkinson's disease without dyskinesia.</p> <p>The minimum data set (MDS) dated [DATE] included a brief interview for mental status (BIMS) score of 13 indicating the resident was mildly impaired. The MDS also indicated that the resident has mild depression and trouble falling or staying asleep or sleeping too much.</p> <p>During an interview conducted on November 6, 2023 at 1:55 p.m. with resident #28, in which she stated CNA/staff #47 was making me go to sleep one night and swinging my legs left and right.</p> <p>Allegations of Abuse was immediately notified to the facility administrator/staff #16 in which he initiated an investigation and reported to the State Agency (SA), ombudsman, law enforcement, and family representative of the resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2023
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society-Prescott Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 3380 North Windsong Drive Prescott Valley, AZ 86314	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility investigation report provided on November 7, 2023 revealed that staff #16 and social service director/staff #81 went to talk with resident #28 regarding the abuse allegation. Staff #28 stated in the report that one the night that it occurred, which was a while ago, she wanted to be put to bed and pressed the call light where CNA/staff #47 came in to assist the resident for bed. Resident #28 stated she wanted to go to bed but pressed the call light for staff to get her a cup of warm milk. Resident #28 stated staff #47 told her that if she could get her a cup of milk she would be a good resident and go to bed. Resident #28 stated she realized she was not ready for bed as she was not tired and that staff #47 answered the resident's call light again and helped the resident roll over onto her back by moving her legs and pushing them towards the bed. Resident voiced to staff #47 that she was not ready for bed and the staff stated she disagree and asked staff #47 to leave her room.</p> <p>An interview was conducted on November 7, 2023 at 2:21 p.m. with staff #16 in which he stated he completed a full investigation and reported that abuse could not be substantiated. Staff #16 stated he did a couch and counseling action with staff #47 regarding bedside manners and resident rights.</p> <p>Furthermore, during an interview with social service director/staff #81, she stated we abide by the resident rights for skilled nursing and follow our policy and educate our staff that the residents ultimately have the right to make their own decisions regarding what they want to eat or whenever they want to sleep. Staff #81 stated she agree this is violation of resident rights and informed that a couch and counseling regarding bedside manners and resident rights was conducted with staff #47 to assure understanding of the policy and procedures.</p> <p>Review of the employee file for staff #47 and she had never had any corrective actions up until this couch and counseling that took place on November 6, 2023. Further review of the file showed that the staff did complete the required training regarding abuse, resident rights, elder justice act and multiple other training as well.</p> <p>Review of the facility policy titled Abuse and Neglect-Rehab/Skilled, Therapy & Rehab revised on 07/06/2023 revealed that residents must not be subjected to abuse by anyone, including, but not limited to, location employees, other residents, consultants or volunteers, employees of other agencies serving the resident, family members or legal guardians, friends or other individuals. Additionally, the policy stated upon hire and annually, education and training will be provided to employees on abuse and neglect. Residents and families are informed upon admission that they may file a complaint with the state survey and certification agency concerning resident abuse, neglect, exploitation and misappropriation of property. Residents, employees and others are encouraged to share any concerns regarding allegations of abuse/neglect without fear of retribution.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2023
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society-Prescott Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 3380 North Windsong Drive Prescott Valley, AZ 86314	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47576</p> <p>Based on observations, clinical record review, staff interviews, and policy review, the facility failed to ensure two resident's (#37 and #26) had a Level I PASRR (pre-admission screening and resident review form) screening. The sample size was 2. The deficient practice could result in resident's not receiving needed care in the facility.</p> <p>Findings include:</p> <p>Resident #37 was admitted to the facility on [DATE] with a BIMS (Brief Interview for Mental Status) of 10 and with a diagnosis of Depression, unspecified dated 6/15/22 and documentation revealed that that diagnosis was resolved on 9/12/22. A new diagnosis of Major Depressive Disorder, recurrent, unspecified and Bipolar Disorder, current episode depressed, severe, with psychotic features were dated 9/12/22</p> <p>A review of the medication orders revealed an order for Zoloft, a SSRI (Selective Serotonin Reuptake Inhibitor) utilized to treat depression, ordered on 1/20/23. A review of the resident's medical record did not reveal that an initial level I PASRR screening was completed and there was no level I PASRR completed with the new diagnosis of Major Depressive Disorder, recurrent, unspecified and Bipolar Disorder, current episode depressed, severe, with psychotic features were given on 9/12/22.</p> <p>Resident #26 was admitted to the facility on [DATE] with a BIMS of 15 and a diagnosis of Major Depressive Disorder, Recurrent, Unspecified. Bipolar Disorder, Unspecified. Anxiety Disorder, Unspecified and Post-Traumatic Stress Disorder, Unspecified.</p> <p>A review of the medication orders revealed an order for Bupropion (Anti-Depressant) ordered 9/15/23 and Sertraline (An SSRI) utilized to treat depression, ordered 10/24/23. A review of the of the resident's medical record did not reveal a completed initial level I PASSR screening and further review revealed that a level I PASSR screening was not done when the new anti-depressant medications were ordered.</p> <p>An interview was conducted with the Social Services Director (SSD). Staff #81 on 11/07/23 at 1:28 PM. Staff #81 stated that the PASRR's are completed by the admitting facility prior to an admission and then revealed by the social services department. Staff #81 stated that the facility has a monthly Chemical and Restraint meeting and that is where the management team will discuss resident's needs and to possibly identify residents that may have a possible mental disorder further stating that the facility has contracted with a clinic to have residents with mental disorders seen every Friday as needed. Staff #81 stated that she is responsible for level II PASSR referrals as well.</p> <p>During the interview with staff #81, regarding resident #37, staff #81 agreed after review of the resident record that the initial PASRR was incomplete and that the 30 day update PASSR was not completed.</p> <p>Staff #81 stated that if there is a new medication or diagnosis related to a mental disorder for a resident that she would complete a new level I PASRR evaluation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2023
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society-Prescott Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 3380 North Windsong Drive Prescott Valley, AZ 86314	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Staff #81 agreed that the new diagnosis of major depressive disorder dated 9/12/22, bipolar disorder dated 9/12/23 should have triggered a new PASRR level I screening for resident #37 and verified that a PASRR level I screening was not completed at that time.</p> <p>Staff #81 verified that the admit PASRR level I screening was incomplete fore resident #26 and that the 30-day PASRR update was not completed. Staff #81 verified that there was no PASSR related to the medication changes.</p> <p>A review of the facilities Pre-Admission Screening and Resident Review (PASARR)-Rehab/Skilled Policy revised on 12/21/22 revealed that the PASARR process requires that all applicants to Medicaid-certified nursing facilities be screened for possible serious mental disorders (MD), intellectual disabilities (ID) and related conditions. This initial screening is referred to as a Level I and is completed prior to admission to a nursing facility. The policy stated that before admission A PASARR Level I screening will be completed to identify all new admissions that may have a mental illness and/or mental retardation. State regulations determine who completes this form. And The Level I screening will be reviewed to determine whether a Level II screening is required. The policy also stated that during the stay; If the resident is diagnosed with a mental disorder while in the location, the social worker will contact the designated state agency for a Level II screening.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2023
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society-Prescott Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 3380 North Windsong Drive Prescott Valley, AZ 86314	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47954</p> <p>Based on clinical record review, staff interviews, and review of facility policy, the facility failed to ensure a care plan was updated for three residents (#18), (#25), and (#149). This deficient practice could result in resident's care plans not being updated as necessary.</p> <p>Findings include:</p> <p>Resident #18 was admitted on [DATE] with pertinent diagnoses including Acute respiratory failure, Urinary tract infection, depression, heart failure, chronic obstructive pulmonary disease, pneumonia, hypertension, chronic kidney disease, and anxiety.</p> <p>An admission MDS (Minimum Data Set) dated October 17, 2023 revealed the resident had a BIMS (Brief Interview for Mental Status) of 11, indicating mind cognitive impairment.</p> <p>A review of the resident's clinical record revealed an order for Paroxetine 30 mg (milligrams) for major depression disorder. However, no care plan for behaviors or the use of psychotropic medications was noted.</p> <p>Resident #25 was admitted on [DATE] with pertinent diagnoses including Dystonia, Fibromyalgia, Asthma, Post traumatic stress disorder, anxiety and hypertension.</p> <p>A change of condition MDS dated [DATE] revealed the resident had a BIMS of 15, indicating no cognitive impairment.</p> <p>A review of the resident's clinical record revealed an order for Bactrim DS 800 mg-60 mg for a UTI (Urinary tract infection). However, no care plan for UTI or Antibiotic use was noted.</p> <p>Resident #149 was admitted on [DATE] with pertinent diagnoses including congestive heart failure, atrial fibrillation, Diabetes Mellitus type 2, chronic obstruction pulmonary disease, gout, and depression.</p> <p>A 5-day MDS (Minimum Data Set) dated October 22, 2023 revealed the resident had a BIMS (Brief Interview for Mental Status) of 15, indicating no cognitive impairment.</p> <p>A review of the resident's clinical record revealed an order Oxygen at 2 LPM (liters per minute) per nasal cannula for hypoxia related to chronic obstructive pulmonary disease. However, no care plan for oxygen use was noted.</p> <p>An interview was conducted on November 8, 2023 at 11:25 a.m. with a Licensed Practical Nurse (LPN/staff #83). The LPN stated they are responsible for MDS duties, as well as care plans. The LPN stated that everyone gets a baseline care plan, and that the care plan is updated as necessary. During this interview the LPN accessed the resident records for resident's #18, #25, and #149. They further stated that she is behind and the care plans aren't complete and that they missed it plain and simple.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2023
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society-Prescott Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 3380 North Windsong Drive Prescott Valley, AZ 86314	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted with the DON (staff #82) on November 8, 2023 at 3:00 p.m. The DON stated that it is her expectation that care plans are done timely and complete. She pointed out that staff #83 is new in her position and the oversight wasn't intentional, but confirmed that the care plans were not completed. Review of the facility's policy titled Comprehensive care plan and care conferences-rehab / skilled revised October 21, 2023, revealed the facility is to provide an ongoing method of assessing, implementing, evaluating, and updating the resident's care plan to help maintain the resident's highest practicable level of function.		