| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 035245 | A. Building<br>B. Wing | 11/09/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunview Respiratory and Rehabilitation | 12207 North 113th Avenue<br>Youngtown, AZ 85363 |

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 0623<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48926<br><br>Based on clinical record review, staff interviews and facility policy review, the facility failed to ensure the resident representative (RR) was notified in writing of a transfer to the hospital for one resident (#6). The deficient practice could result in the RR not being informed of changes in resident status.<br><br>Findings included:<br><br>Resident #6 was admitted on [DATE] with diagnoses of respiratory failure, diabetes mellitus, quadriplegia, and seizure disorder.<br><br>The physician order revealed an order for a blood draw for a complete blood count (CBC) on October 23, 2023.<br><br>Review of the laboratory report dated October 23, 2023 included the resident had a critically low hemoglobin of 5.7 grams per deciliter (g/dl).<br><br>The nursing note dated October 23, 2023 revealed the doctor was contacted regarding the critical laboratory value and the nurse received the order to discharge the resident to the hospital.<br><br>The physician order dated October 23, 2023 revealed an order to discharge the resident to the hospital.<br><br>The Discharge Minimum Data Set assessment dated [DATE], the resident was discharged to an acute care hospital.<br><br>Further review of the clinical record revealed no evidence that the resident representative was provided with a written notice of the resident's transfer/discharge to the hospital on October 23, 2023.<br><br>During an interview with the assistant director of nursing (ADON/staff #94) conducted on November 9, 2023, the ADON was not able to provide notification to the resident representative of the transfer to the hospital for resident #6 on October 23, 2023.<br><br>(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 |
|---|---|---|---|
| | 035245 | A. Building<br>B. Wing | 11/09/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunview Respiratory and Rehabilitation | 12207 North 113th Avenue<br>Youngtown, AZ 85363 |

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 0623<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of the facility policy on Admission, Transfer, and discharge date d May, 2022 revealed that when a facility transfers or discharges a resident, the facility shall ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to receiving health care institution or provider. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 035245 | A. Building<br>B. Wing | 11/09/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sunview Respiratory and Rehabilitation | 12207 North 113th Avenue<br>Youngtown, AZ 85363 |

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 0625<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48926<br><br>Based on documentation, staff interviews, and facility policy and procedures, the facility failed to ensure bed-hold policy or notice was provided to resident or resident representative prior to or upon transfer to hospital for one resident (#6). The deficient practice may result in residents and/or their representatives not being able to return to the facility. informed of the bed-hold policy.<br><br>Findings include:<br><br>Resident #6 was admitted on [DATE] with diagnoses of respiratory failure, diabetes mellitus, quadriplegia, and seizure disorder.<br><br>The physician order revealed an order for a blood draw for a complete blood count (CBC) on October 23, 2023.<br><br>Review of the laboratory report dated October 23, 2023 included the resident had a critically low hemoglobin of 5.7 grams per deciliter (g/dl).<br><br>The nursing note dated October 23, 2023 revealed the doctor was contacted regarding the critical laboratory value and the nurse received the order to discharge the resident to the hospital.<br><br>The physician order dated October 23, 2023 revealed an order to discharge the resident to the hospital.<br><br>The Discharge Minimum Data Set assessment dated [DATE], the resident was discharged to an acute care hospital.<br><br>Further review of the clinical record revealed no evidence that the bed hold policy was provided to the resident or resident representative prior to or upon transfer to the hospital on October 23, 2023.<br><br>During an interview with the assistant director of nursing (ADON/staff #94) conducted on November 9, 2023, the ADON was not able to provide Bed Hold Notification to the resident or resident representative prior to or upon resident transfer to the hospital on October 23, 2023.<br><br>The facility's policy on Admission/Discharge/Transfer revealed that when a facility transfers or discharges a resident, the facility shall ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to receiving health care institution or provider. The policy did not include notification regarding bed hold. |