

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/05/2024
NAME OF PROVIDER OR SUPPLIER  Immanuel Campus of Care		STREET ADDRESS, CITY, STATE, ZIP CODE  11301 North 99th Avenue Peoria, AZ 85345	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50116</p> <p>Based on clinical record reviews, facility documentation, staff interviews, policy review, and the State Agency (SA) complaint tracking system, the facility failed to ensure that a resident (resident #1) was free from verbal abuse from staff members. The deficient practice could lead to further abuse of residents.</p> <p>Findings include:</p> <p>Resident #1 was admitted on [DATE] with diagnoses of bipolar disorder, essential hypertension, paraplegia, other neuromuscular dysfunction of the bladder, type 2 diabetes mellitus, personal history of sudden cardiac arrest, chronic pain syndrome, obesity and anxiety.</p> <p>A review of the MDS (Minimum Data Set) assessment revealed a BIMS (Brief Interview for Mental Status) score of 15, indicating the resident was cognitively intact.</p> <p>Review of the reported incident submitted on August 29, 2024, revealed that the Administrator was informed by a staff member of unprofessional conduct when trying to redirect a resident not to smoke unattended. On August 28, 2024, resident #1 became argumentative with staff member #4. Staff member #4 admitted that he had called the resident, bitch ass and if he were not in a wheelchair, he would put his hands on him and fuck him up after being called a bitch.</p> <p>Staff member #4 was suspended pending investigation.</p> <p>During an entrance conference held with the Administrator (staff #7) on September 5, 2024 at 08:58 AM, administrator confirmed that staff member #4 had been terminated.</p> <p>Review of the facility's 5-day investigation report revealed that staff #4 had a written and signed statement of being unprofessional.</p> <p>Review of resident's care plan revealed that resident #1 had a behavior problem as evidenced by (AEB) history of verbal and physical aggression, delusions, sleeplessness. Interventions were in place to help decrease situations.</p> <p>Review of resident's Medication Administration Record (MAR) did not show any documentation for behaviors on August 28 and 29, 2024.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Staff in-service for abuse training held on July 19, 2024 at 11:30 AM and list of attendees with signatures were reviewed, and Staff member #4 was not on the list. Administrator stated that staff member #4 was likely missing from the list and not in attendance due to already having abuse training at orientation.</p> <p>Review of staff #4 prior orientation abuse training was dated May 01, 2024.</p> <p>Review of the facility's Identifying Types of Abuse policy (revised September 2022) was revealed Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse includes verbal abuse, sexual abuse, physical abuse and mental abuse including abuse facilitated or enabled through the use of technology. Abuse toward a resident can occur as staff-to-resident abuse. Verbal abuse may be considered to be a type of mental abuse. Verbal abuse includes the use of verbal, written or gestured communication, or sounds, to resident within hearing distance, regardless of age, ability to comprehend, or disability.</p>		