

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035253	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  Brookdale Santa Catalina		STREET ADDRESS, CITY, STATE, ZIP CODE  7500 North Calle Sin Envidia Tucson, AZ 85718	

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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48932</p> <p>Based on facility record review, review of the National Council of State Boards of Nursing (NCSBN) Licensing verification system and interviews, the facility failed to ensure one Licensed Practical Nurse (LPN/Staff #29) had a valid license to practice in the State of Arizona. The deficient practice could lead to care provided to residents not meeting their needs safely and in a manner that promotes residents' rights, physical, mental, and social well-being.</p> <p>Findings include:</p> <p>Based on personnel record review, Staff #29 was hired by the facility on [DATE].</p> <p>Review of the facility's records indicate Staff #29's Practical Nurse (PN) license was valid on [DATE] and the license originated in Texas.</p> <p>Review of the NCSBN licensing portal revealed that staff #29's PN license was revoked on [DATE].</p> <p>Review of the facility's investigative report indicated that staff #29 informed the facility, on [DATE], that her license was revoked. The report further indicated that staff #29 was immediately removed from the schedule and placed on suspension.</p> <p>Review of staff #29's time punch details reveal that she worked 24 shifts between [DATE] and [DATE].</p> <p>An interview was conducted with the Director of Nursing (DON/staff #22) on February 13, 2025 at 3:45 PM. Staff #22 explained that prior to hire, all clinical staff have their professional licensed verified by her. However, staff #22 was not sure how the facility ensures those professional licenses continue to be valid ongoing. Staff #22 indicated that she thinks the Human Resources department does monthly license checks but she was not sure. When asked what the risks to the residents would be when a staff is not licensed to provide care, staff #22 indicated that the staff would not be able to do procedures and there would be poor client outcomes as a result, they also wouldn't be able to administer medications or might provide inappropriate treatments.</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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the Director of Human Resources (staff #49) on February 13, 2025 at 4:10 PM. Staff #49 explained that prior to bringing in nurses for interviews, they verify the nurses have a valid professional license. She indicated that she had a spreadsheet that tracks everyone's licenses, CPR, Tuberculosis, and fingerprint dates. Staff #49 explained that because staff #29's original PN license was in Texas, the facility was not notified of the license revocation right away. Staff #49 further explained that the HR department does random audits of staff license expiration dates and remind staff of upcoming renewal dates. The audits also included random checks to ensure nursing licenses are valid. Staff #49 was not aware of possible risks to the residents should they receive care from a nurse that has an invalid nursing license. However, she did indicate that she wants residents to receive good care.</p> <p>On February 13, 2025 at 9:45 AM a policy on employee licenses and qualifications was requested. The facility provided a policy titled, Associate File which was last revised in [DATE]. The policy indicated that the agency-maintained personnel file for employees will contain the certifications/licenses. It also stated It is the responsibility of the Human Resources Department and agency manager to ensure all files are compliant and complete.</p>		