

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 05/01/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48932</p> <p>Based on clinical record review and interviews, the facility failed to ensure two residents (#26 and #79) and their representatives were notified, in writing, of the reason for a transfer to the hospital. The deficient practice could result in residents being inappropriately transferred or discharged and not having a continuity of care once leaving the facility.</p> <p>Findings included:</p> <p>Regarding Resident #26</p> <p>Resident #26 was admitted to the facility on [DATE] with diagnoses that included congestive heart failure, acute respiratory failure, and unsteadiness on their feet.</p> <p>A review of the admission Minimum Data Set (MDS), assessment dated [DATE] revealed the resident had a Brief Interview for Mental Status (BIMS) score of 10 indicating moderate cognitive impairment.</p> <p>A progress note by social services dated February 14, 2024 at 11:01 A.M. revealed the resident's wife was contacted regarding the resident's behavior from the previous night.</p> <p>Review of physician order with a revision date of February 16, 2024 revealed an order to send resident #26 to the emergency room for an evaluation of hypotension and hypoxia.</p> <p>A progress notes dated February 16, 2024 indicated the resident was taken to the hospital due to a change of condition, hypoxia and hypotension.</p> <p>Further review of record revealed no evidence that the resident and/or the resident's representative was notified of the transfer to the hospital.</p> <p>An interview was conducted on May 1, 2024 at 11:52 A.M. with the Director of Social Services (SSD/staff #45). Staff #45 indicated the facility called the hospital to inform the resident about the bed hold but found the resident had passed away on February 18th in the hospital.</p> <p>Regarding Resident #79</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #79 was admitted to the facility on [DATE] with diagnoses that included dementia and fracture of the right femur.</p> <p>A review of the 5-day admission Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had a BIMS score of 08 indicating moderate cognitive impaired.</p> <p>A progress note dated April 14, 2024 indicated resident #79 was sent to the hospital. The same note indicated the resident's son was made aware of the transfer. It did not indicate how the son was made aware.</p> <p>An interview was conducted with the Licensed Practical Nurse (LPN/Staff #28) on May 1, 2024 at 9:36 A.M. Staff #28 indicated that she will provide the resident with a copy of their care plan and print out any orders once they are discharged . Staff #28 also indicated that when there is a transfer, a floor nurse will notify the family of the transfer, verbally. It is then documented in a progress note in the resident's chart.</p> <p>An interview was conducted with the SSD (staff#45) on May 1, 2024 at 10:55 A.M. When asked how the facility notifies the resident and their representative of a transfer or a discharge to a hospital, staff #45 indicated the floor nurse will inform both of them verbally.</p> <p>An interview was conducted on the administrator (ADM/Staff #33) on May 1, 2024 at 1:30 P.M. Staff #33 indicated that facility staff will call the resident and their representative and inform them verbally of their transfers. Staff indicated that in most cases, they are notifying their power of attorney.</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48932</p> <p>Based on record review and interviews, the facility failed to ensure one resident (#79) was given a bed-hold policy before a transfer to the hospital. The deficient practice may result in the resident and resident representative not being aware of the bed-hold policy and their right to return to the facility immediately after hospital discharge.</p> <p>Findings included:</p> <p>Resident #79 was admitted to the facility on [DATE] with diagnoses that included dementia, fracture of the right femur, and heart disease.</p> <p>Review of a bed hold agreement signed by the resident on admitted d April 4, 2024 revealed the resident agreed with bed hold in the event the resident was admitted to the hospital.</p> <p>A review of the 5-day admission Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had a Brief Interview for Mental Status (BIMS) score of 8 indicating moderate cognitive impairment.</p> <p>A progress note dated April 14, 2024 revealed resident #79 was sent to the hospital due to a surgical site assessed as red and hot. The note also indicated that the resident's son was made aware of the transfer. There was no evidence that the bed-hold policy was provided to the resident and/or their representative upon transfer.</p> <p>An interview was conducted on May 1, 2024 at 9:36 A.M. with Licensed Practical Nurse (LPN/Staff #28). Staff #28 indicated that the bed-hold policy was provided to the resident or their family at the time of discharge if possible. Staff #28 reviewed resident #79's records and could not confirm if resident received the bed-hold policy as the staff was not able to locate it in the record.</p> <p>An interview was conducted with the Director of Social Services (SSD/Staff #45) on May 1, 2024 at 10:55 A.M. When asked when are bed-hold notices provided to residents and/or their representative when they transfer to a hospital, staff #45 indicated that the nursing and admission team will talk with the resident and ask them if they want their bed held. Staff #45 also indicated that the business office will coordinate bed-holds with residents that are private-pay.</p> <p>An interview was conducted with the Administrator (staff #33) on May 1, 2024 at 1:30 P.M. The Administrator indicated that the bed-hold policy is in the admission packet which they review and sign upon admission. Staff #33 also indicated the bed-hold policy was reviewed with residents or their representatives when they are transferred to the hospital.</p> <p>A training document titled Bed Hold Policy was provided by the facility. The document was dated May 1, 2024 at 2:30 P.M. The document revealed that training was conducted by staff #45 and five administrative staff members were in attendance. The training revealed that the bed-hold policy was reviewed at admission and at the time of transfer to the hospital.</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility policy titled Bed-Hold Policy revised on December 2016, indicated a resident and their representative should be informed of the bed hold policy at admission and at time of transfer to the hospitalization or therapeutic leave.</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47341</p> <p>Based on interviews and record review, the facility failed to ensure one resident (#20) and their representative were provided with a summary of the baseline care plan. The deficient practice could result in residents and their representative not receiving a summary of their baseline care plan.</p> <p>Findings included:</p> <p>Resident #20 was admitted to the facility on [DATE] with diagnoses that included noninfective gastroenteritis and colitis, neurocognitive disorder with lewy bodies, and type 2 diabetes mellitus.</p> <p>A review of the Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 7 indicating severe cognitive impairment. The MDS also noted that the resident participated in goal setting.</p> <p>Review of records revealed a comprehensive care plan was developed on April 4, 2024 and a collaborative care review was conducted with the Interdisciplinary Team (IDT) on April 8, 2024.</p> <p>During an interview on 4/30/24 at 3:40p, with the social services director, she stated the interim care plan is created using nursing admission data collection. When asked if residents sign the care plan or an attestation, she stated all residents ae given a copy of their care plan and the RAI (Resident Assessment Instrument) Coordinator goes over it with the resident.</p> <p>Further review of records revealed no evidence that the baseline care plan was provided to the resident and/or to their representative.</p> <p>An interview was conducted with the RAI Coordinator (staff #8) on April 30, 2024 at 3:45 P.M. She stated that she was responsible for completing resident's baseline care plan and that it was generated from initial interviews on admission. In addition, staff #8 stated baseline care plans were signed by the residents, scanned into their electronic health record, and a copy was provided to the residents and/or their representative. Staff #8 said that she was new in the position and was informed today, April 30, 2024, that she would be responsible for reviewing interim care plans and having the residents sign them. She said that currently residents were not provided a copy of their baseline care plan. Staff #8 stated that she will review the last four and a half months of admissions and have residents or their representatives sign their basic care plan and provide them with a copy. Regarding resident #20, staff #8 was unsure whether he was provided with a copy of his care plan and that she would provide him with one.</p> <p>An interview was conducted on May 1, 2024 at 3:02 P.M. with the Director of Nursing (DON) and she stated that her expectation was for resident to get a copy of their baseline care plan prior to their comprehensive care plan. The DON stated that interim care plans were signed and a copy were given to residents along with a copy of their prescribed medication list. She also stated that it was then scanned into the resident's electronic chart.</p> <p>(continued on next page)</p>

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled, Interim Care Plan Policy, reviewed on February 2024 revealed, The resident and/or legal representative should be informed of the interim care plan; the resident and/or legal representative should be provided a summary of the Interim Care Plan; notification of the resident and/or legal representative of the Interim Care Plan should be noted in the resident record.		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49399</p> <p>Based on observations, staff interviews, and record review, the facility failed to ensure infection control protocols were followed during medication administration for two residents (#179 and #6). The deficient practice could result in the development and transmission of infections.</p> <p>Findings included:</p> <p>An observation of a medication administration was conducted on April 30, 2024 at 7:30 A.M. with licensed practical nurse (LPN)/staff #35). Staff #35 dispensed resident #179's medications that included an aspirin 81 milligrams (mg) tablet, calcium with vitamin D tablet, colace 100 mg capsule, folic acid tablet, multivitamin with minerals tablet, omega-3 capsule (fish oil) 500 mg capsules, vitamin C 500 mg give tablets, bupropion tablet, duloxetine hydrochloride 60 mg capsule, hydrochloroquine sulfate tablet, isosorbide extended release half a tablet (15 mg), meclizine hydrochloride 25 mg tablet, and pregabalin 100 mg capsule into a medication cup. After dispensing the medications, staff #35 locked the medications cart and signed out of the computer. At approximately 7:50 A.M. staff #35 entered resident #179's room without performing hand hygiene. Staff #179 administered the resident's medications without performing hand hygiene. After administering the resident's medications staff #179 exited the resident's room without performing hand hygiene and proceeded to move the medication cart outside of resident #6's room.</p> <p>On April 30, 2024 at approximately 7:53 A.M. staff #35 began dispensing resident #6's medications without performing hand hygiene. Staff #35 opened a pro-stat medication container and poured 30 milliliter (ml) in a graduated medicine cup for resident #6. Additional medications were dispensed in a medication cup to include amiodarone 200 mg tablet, eliquis 5 mg tablet, lisinopril 40 mg tablet, metformin 500 mg tablet, pantoprazole sodium 20 mg tablet, tamsulosin 0.4 mg tablet, vitamin C 500 mg tablet, among others. Staff #35 locked her screen and cart and proceeded to administer medications to resident #6 without performing hand hygiene. Staff #35 did not perform hand hygiene before and after administering medications to resident #6.</p> <p>An interview was conducted on April 30, 2024 at 8:16 A.M. with LPN (staff #35) regarding hand hygiene. Staff #35 stated that hand hygiene are performed in between residents and in the resident room. Staff #35 added that she has a sanitizer on top of her medication cart that can be used to perform hand hygiene.</p> <p>An interview was conducted with the Director of Nursing (DON/staff #12) on May 1, 2024 at 2:23 P.M. The DON stated that staff should be sanitizing their hands, and unless visibly soiled then soap and water were used. The DON stated her expectation was that staff sanitized their hands before and after patient care, during medication administration, and in between rooms and medication administrations. The DON added that there were sanitizers on the medication carts that staff can use. The DON stated that the risk for not performing hand hygiene was the potential for infection, and that hand hygiene minimized the spread of infection and cross contamination.</p> <p>A review of the facility's policy, Bloodborne Pathogens Exposure Control Plan effective May 2001, and last revised on September 2019 revealed, All associates should practice handwashing using the following guidelines. Associates should wash their hands between care of residents.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the policy titled, Handwashing/Hand Hygiene effective October 2015, last revised January 2021, revealed that all associates shall follow handwashing/hand hygiene procedures to help prevent the spread of infections to other associates, residents, and visitors. Centers for Disease Control and Prevention (CDC) recommends using alcohol based hand sanitizer with 60-95% alcohol in healthcare settings before and after direct contact with residents, and before preparing or handling medications.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>48932</p> <p>Based on observations, interviews, and record review, the facility failed to ensure kitchen equipment was in proper working order.</p> <p>Findings include:</p> <p>A review of the facility's Food Safety Inspection Report, dated January 13, 2024, indicated that the electric meat slicer plastic food contact plate was cracked.</p> <p>An observation was conducted on April 29, 2024 at 10:45 A.M. of the facility's kitchen and observed that the same plastic food contact plate was still cracked, the meat slicer was not covered, and did not have an out of order sign posted.</p> <p>A second observation was conducted on April 30, 2024 and the meat slicer was in the same condition as observed yesterday on April 29, 2024.</p> <p>On May 1, 2024 at 9:00 A.M. a copy of the work order was requested from the facility to determine what was being done to fix the machine.</p> <p>On May 1, 2024, the facility Administrator (staff #33) provided a copy of the work order dated May 1, 2024 at 9:15 A.M.</p> <p>An interview was conducted with the Administrator (staff #33) on May 1, 2024 at 10:10 A.M. The Administrator provided a purchase order, dated May 1, 2024 at 9:58 AM, for a new food contact plate. He also provided a picture of the meat slicer with a sign stating Out of Order on a plastic bag covering the meat slicer. The Administrator did not know whether the meat slicer was being used to prepare food for residents after the Food Safety Inspection identified the cracked contact plate or before the Out of Order sign was displayed. When asked why the replacement part was not ordered prior to May 1, 2024 and not when the county food inspection report came in, he indicated that he was not aware it was broken until today.</p> <p>An interview was conducted with the Head Chef (staff #46) on May 1, 2024 at 10:24 AM. He indicated the meat slicer part was still on order. He also indicated that he had adjusted his food ordering process to have sliced meats and cheese delivered due to not having a functioning meat slicer. When asked why the meat slicer was not repaired during the time in between the county food inspection in January until now, staff #46 indicated that he did not know why it was not fixed and he was not surprised it was taking this long. He indicated that sometimes he has a tough time getting facility maintenance to fix things.</p> <p>An interview was conducted with the Maintenance Director (staff #13) on May 1, 2024 at 12:59 P.M. Staff #13 indicated that when an equipment broke down, staff are to inform the department manager and to put the order in. The Maintenance Department will either do the repair in-house or contract out the work. When asked if he received a work order for the meat slicer in the kitchen, he indicated it was probably overlooked as they had several issues around that time. Staff #13 indicated that he was verbally informed of the issue this morning so he went online to look for a replacement part.</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A second interview was conducted with Administrator on May 1, 2024 at 1:30 P.M. The Administrator's expectation was that staff inform him and the Maintenance Director of any equipment failure in the kitchen immediately so they can get fixed. Staff #33 indicated that he had changed the process moving forward and that all issues will going to him directly.</p> <p>A review of the facility policy titled, Maintenance Service which was last revised in December of 2009, indicated the maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times.</p>		