

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Palm Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 13575 West McDowell Road Goodyear, AZ 85395	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49325</p> <p>Based on clinical record review, observation, interviews, and the facility policy and procedures, the facility failed to protect the rights of one resident (#63) to be free from physical abuse by another resident (#48). The deficient practice could result in residents being physically injured.</p> <p>Findings include:</p> <p>-Resident #63 was admitted on [DATE] with diagnoses of Alzheimer's disease, depression, and history of falling.</p> <p>A review of the Quarterly MDS (minimum data set) assessment dated [DATE] revealed a BIMS (brief interview of mental status) score of 99, which indicated the resident was unable to complete the interview.</p> <p>The care-plan initiated on November 29, 2024 revealed that Resident #63 was resistive to care related to dementia, behaviors of refusing care, aimless wandering, exit seeking, intrusive at times. The goal was for resident to have decreased episodes of behavior. Interventions included to attempt to have 1:1 time when resident was having behaviors, allow wandering in safe areas within the facility, approach in calm, non-threatening manner, and provide redirection as needed.</p> <p>The nursing progress note dated February 9, 2025 revealed situation of change in condition on evaluation was reported as fall trauma. Per the documentation, the outcome of physical assessment functional status evaluation was a fall; and that, the skin initially noted with pinkness to right upper back.</p> <p>-Resident #48 was admitted on [DATE] with diagnoses that included dysphagia following cerebral infarction, cognitive communication deficit, agitation, and transient alteration of awareness.</p> <p>A review of the Quarterly MDS (minimum data set) assessment dated [DATE] revealed a BIMS (brief interview of mental status) score of 99, which indicated the resident was unable to complete the interview.</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: 035255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Palm Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 13575 West McDowell Road Goodyear, AZ 85395	
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>The care-plan initiated on November 29, 2024 revealed that Resident #48 had a behavior problem related to dementia. The goal was for resident to have fewer episodes of refusing care and spitting on floor by review date. Interventions included to intervene as necessary to protect the rights and safety of others, approach/speak in calm manner, divert attention, remove from situation and take to alternate location as needed, monitor behavior episodes and attempt to determine underlysing cause, consider location, time of day, persons involved, and situations and to document behavior and potential causes.</p> <p>The nursing progress note dated February 9, 2025 revealed the resident had physical aggression and was a danger to self or others; and that, the facility was unable to report any of the occurrence to the local police department because the resident did not recall the alleged incident.</p> <p>Review of the facility investigation report dated February 10, 2025 revealed that a licensed practical nurse (LPN/Staff #205) reported that the LPN witnessed the alleged physical aggression after resident #48 swung at resident #63 who fell backwards and hit the wall.</p> <p>An interview was conducted on February 12, 2025 at 12:11 p.m. with family/resident representative (RR) for resident #63. The RR stated that he received a phone call the day the incident had occurred on the evening of February 10, 2025. The RR stated that he was not told whether resident #48 approached resident #63 or resident #63 approached resident #48, but that resident #48 had pushed resident #63 causing the resident to lose their balance and fall.</p> <p>An interview was conducted on February 12, 2025 at 12:16 p.m. with Certified Nursing Assistant (CNA/Staff #171) who stated that resident #48 hardly talked and recalled that when she was new at the facility resident #48 charged at her. The CNA stated that resident #63 was a pleasant little lady and a wanderer; and that could have been what happened because resident #63 liked to pick up stuff while wandering.</p> <p>An interview was conducted on February 12, 2025 at 12:39 p.m. with another Certified Nursing Assistant (CNA/Staff #137) who stated that he was currently on a 1:1 assigned supervision with resident #48 in order to make sure that others around him as well as the resident was safe.</p> <p>In an interview with administrator (Staff #278) conducted on February 12, 2025 at 12:48 p.m., the administrator stated that anytime there was an allegation of abuse, the expectation was that an investigation is started at the very least 2 hours after he was notified of the abuse. The administrator stated that following the allegation of abuse, the facility ensures that residents were properly assessed, and the interdisciplinary team will implement a 1:1 supervision. Regarding the incident between residents #48 and #63, the administrator said that the abuse incident was substantiated during facility's ongoing investigation because one staff witnessed resident #48 pushed resident #63.</p> <p>An interview was conducted on February 12, 2025 at 1:53 p.m. with Director of Nursing (DON/Staff #125) who stated that the risks of physical abuse, per the policy, were risks of injury that may lead to physical or psychosocial status changes; and has the potential to lead to further illness. The DON stated they were unsure how exactly the abuse occurred whether resident #48 hit or pushed resident #63, but, something happened so she would likely substantiate the incident. Further, the DON stated that any abuse in the facility did not meet the facility's expectations.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Palm Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 13575 West McDowell Road Goodyear, AZ 85395	
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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility policy on Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating with revision date of September 2022 revealed that upon receiving any allegation of abuse, the administrator is responsible for determining what actions are needed for the protection of residents.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Palm Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 13575 West McDowell Road Goodyear, AZ 85395	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49325</p> <p>Based on clinical record review, observation, interviews, and the facility policy and procedures, the facility failed to ensure that the physician and resident representative were notified of missed and rescheduled dialysis treatments for three of 10 sampled residents (#3, #9, #19); failed to ensure that pre and/or post dialysis assessment(s) were completed for resident (#18); and, failed to ensure dialysis policy contained the minimum requirements for the provision of dialysis services according to professional standards. The deficient practice could result in dialysis treatments and care not being met and not safely administered.</p> <p>Findings include:</p> <p>Regarding Incomplete pre and post dialysis assessments:</p> <p>-Resident #18 was admitted on [DATE] with diagnoses that included encephalopathy, dependence on renal dialysis, fluid overload, and unspecified kidney failure.</p> <p>A review of the quarterly MDS (minimum data set) assessment dated [DATE] revealed a BIMS (brief interview of mental status) score of 15, which indicated the resident was cognitively intact.</p> <p>The physician order with start date December 10, 2024 revealed resident had scheduled transportation to receive dialysis every Tuesday, Thursday, Saturday located outside of facility.</p> <p>The care-plan initiated on December 19, 2024 revealed Resident #18 required hemodialysis due to end stage renal failure. The goal was for resident to be free of signs or symptoms of complications related to hemodialysis to extent possible. Interventions included obtain vital signs (pre- and post- dialysis).</p> <p>Review of the pre- and post- assessments for January 2025 revealed that pre- and/or post- dialysis assessment was not completed on January 2, 11 and 16, 2025.</p> <p>However, review of the clinical record revealed that the resident received dialysis treatment on January 2, 11 and 16, 2025.</p> <p>An interview was conducted on February 11, 2025 at 11:00 a.m. with Director of Nursing (DON/Staff #125) who stated that medication administration record (MAR) and treatment administration record (TAR) will have some information regarding dialysis; however, the pre- and post-dialysis assessments were required to be completed by nursing every time a resident have dialysis. She stated that TAR and MAR will have the same information, including the pre and post vitals which were signed off by the staff who provided the primary care. The DON stated that the providers should be aware that this information can also be found on other documents in the clinical record. The DON further stated that if there was a pre- and post-dialysis assessment, it was safe to assume that dialysis was provided to the resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Palm Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 13575 West McDowell Road Goodyear, AZ 85395	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In a later interview with the DON (staff #125) conducted on February 11, 2025 at 12:54 p.m., the DON stated that Resident #18 received dialysis treatments at an outpatient dialysis center on Tuesdays, Thursdays, and Saturdays. During the interview, the DON reviewed the clinical record and stated that the facility had identified that night nurses had been charting assessments the day after the resident's dialysis. The DON said that she did have all the information regarding dialysis in one place or the other; but, the pre- and post dialysis assessments were marked as done in the MAR for resident #18. She said that there were days in the MAR which were incomplete and she was not sure why the information was missing. The DON also stated the progress notes in the clinical record were also missing information; but that, if there were vitals somewhere else in the clinical record, it indicated that the vitals were taken and it possibly was not entered in the right section in the clinical record.</p> <p>An interview was conducted on February 12, 2025 at 9:37 a.m. with a Licensed Practical Nurse (LPN/Staff #175) who stated that she assist residents to their dialysis appointments on time; and she evaluates resident before and after they have dialysis. The LPN said that she documents her assessment in the Nursing Pre- and Post-dialysis Communication Observation/Assessment form. She said that pre and post-assessment forms were done for every resident receiving dialysis and should be charted in the electronic medical system. The LPN stated that it was important that these forms were completed and to report the information to the provider; and that, if staff do not document or have inaccurate documentation it could be harmful and if there was something worrisome it will not be relayed to providers accurately.</p> <p>Regarding dialysis policy:</p> <p>Review of the facility's policy titled, End Stage Renal Disease, Care of a Resident with, revealed that residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care.</p> <p>However, further review of the policy revealed that the policy did not include the following:</p> <ul style="list-style-type: none"> -Procedures for the initiation, administration and discontinuation of HHD/PD treatments, type of monitoring required before, during and after the treatments, including documentation requirements; -Procedures for methods of communication between the nursing home and the dialysis facility including how it will occur, with whom, and where the communication and responses will be documented; -The development and implementation of a coordinated comprehensive care plan(s) that identifies nursing home and dialysis responsibilities and provides direction for nursing home staff; -The development and implementation of interventions, based upon current standards of practice including, but not limited to documentation and monitoring of complications, pre-and post-dialysis weights, access sites, nutrition and hydration, lab tests, vital signs including blood pressure and medications; -Management of dialysis emergencies including procedures for medical complications, and for equipment and supplies necessary; -The provision of medications on dialysis treatment days; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Palm Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 13575 West McDowell Road Goodyear, AZ 85395	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Procedures for monitoring and documenting nutrition/hydration needs, including the provision of meals on days that dialysis treatments are provided;</p> <p>-Responsibility for reporting adverse events, including who to report to, investigating the event and correcting identified problems;</p> <p>-Safe and sanitary care and storage of dialysis equipment and supplies; and,</p> <p>-Assessing, observing and documenting care of access sites, as applicable, such as: auscultation/palpation of the AV fistula (pulse, bruit and thrill) to assure adequate blood flow; significant changes in the extremity when compared to the opposite extremity (edema, pain, redness); steal Syndrome (pain, numbness, discoloration, or cold to touch in the fingers or hand indicating inadequate arterial flow); skin integrity (waxy skin, ulcerations, drainage from incisions); bruising/hematoma; collateral vein distension (veins in access arm close to AV fistula becoming larger); complaints of pain or numbness; or, evidence of infection at the surgical site, such as drainage, redness, tenderness at incision site, fever.</p> <p>In an interview with the Director of Nursing (DON/staff #125) conducted on February 11, 2025 at 11:39 a.m., the DON stated that the policy on ESRD that was provided to the survey team was the only policy the facility has regarding dialysis.</p> <p>An interview was conducted on February 12, 2025 at 9:34 a.m. with Director of Staff Development/Infection Preventionist (IP/Staff #101) who stated that she was not involved or have not contributed in the revision of the facility policy on dialysis. The IP stated that residents on dialysis automatically go on enhanced barrier precautions because these residents have a catheter; and that, the DON comes to her to review any infection sections, but that the DON has not come to her regarding dialysis infection control.</p> <p>Regarding notification of physician and resident representative:</p> <p>-Resident #3 was admitted into the facility on [DATE] with diagnoses of end stage renal disease, type 2 diabetes mellitus with other circulatory complications, and hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side.</p> <p>The quarterly MDS (minimum data set) assessment dated [DATE] revealed a BIMS (brief interview of mental status) score of 13, which indicated the resident was cognitively intact.</p> <p>Review of a list of residents receiving dialysis at the in-house dialysis center revealed resident #3 received dialysis treatments in the facility.</p> <p>The physician order dated December 26, 2024 included for an in-house dialysis Monday, Wednesday, Friday one time a day for end stage renal disease.</p> <p>This order was transcribed onto the MAR (medication administration record) for January 2025. However, review of the MAR revealed dialysis was not marked as administered on January 1, 2025 (Wednesday) and was documented as 'See Nurses notes.'</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Palm Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 13575 West McDowell Road Goodyear, AZ 85395	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of progress notes dated January 1, 2025 revealed no documentation that the provider and the resident representative were informed of resident's missed dialysis appointment.</p> <p>The clinical medical record revealed no physician order to re-schedule the dialysis to January 2, 2025 or that the resident's representative was informed of the dialysis treatment being rescheduled to January 2, 2025.</p> <p>However, the post dialysis assessment revealed the resident had returned from dialysis on (Thursday) January 2, 2025 at 11:00 a.m.</p> <p>A progress note dated February 5, 2025 revealed that the resident did not have hemodialysis this day.</p> <p>The clinical record revealed no documentation thagt the provider and the resident representative was informed of the missed scheduled dialysis on February 5, 2025; and that, dialysis was rescheduled.</p> <p>Review of the post dialysis assessment dated [DATE] included that the resident had returned from dialysis on (Thursday) February 6, 2025 at 12:00 p.m.</p> <p>However, the clinical record revealed no evidence of physician order to re-schedule the dialysis to February 6, 2025.</p> <p>An interview was conducted on February 10, 2025 at 10:38 a.m. with Director of Nursing (DON/Staff #125) who stated that if residents do not refuse physician orders, it was the expectation that staff would follow the physician orders. She stated that whenever an order cannot be accomplished for any reason, the expectation was that it would be documented in the clinical records and the provider is notified. The DON stated that on January 1, 2025, New Years Day, in house dialysis treatment was not completed for resident #3; and that, the dialysis treatment was rescheduled to the following day January 2, 2025. The DON also stated that on February 5, 2025, in house dialysis treatment was not completed for resident #3 because of dialysis staffing shortage. She said that dialysis treatment for resident #3 was rescheduled to the following day February 6, 2025. A review of the clinical record was conducted with the DON who stated that the clinical record revealed no documentation that the provider was notified of the dialysis treatment not completed for resident #3 on January 1, 2025 because, it was a common knowledge that dialysis treatments are not provided on holidays. The DON also said that the clinical records did not have any documentation that the provider was notified of the dialysis treatment not completed for resident #3 on February 5, 2025 due to dialysis nurses calling off. Further, the DON stated that there were no changes to the physician order for in-house dialysis for resident #3 after the date the order had been initiated on December 26, 2024.</p> <p>35111</p> <p>-Resident #9 was admitted on [DATE] with diagnoses of acute on chronic systolic congestive heart failure, type II DM (diabetes mellitus), ESRD (end stage renal disease) and dependence on renal dialysis.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Palm Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 13575 West McDowell Road Goodyear, AZ 85395	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The admission summary note dated November 27, 2024 included that the resident arrived at the facility, was alert and oriented x 2, and will be receiving in-house HD (hemodialysis) services provided by a contracted dialysis provider. Per the documentation the resident had HD catheter to the right upper chest.</p> <p>A physician order dated December 1, 2024 revealed to monitor HD access site on right chest port for redness, swelling, drainage and pain every shift and to notify physician if present.</p> <p>The care plan dated December 4, 2024 revealed the resident required hemodialysis due to ESRD, had a catheter located in the right chest and was at risk for complications. Interventions included to check the dialysis/catheter site dressing every shift and in-house dialysis every Monday, Wednesday and Friday.</p> <p>The clinical record revealed documentation that the resident received dialysis Monday-Wednesday-Friday except on January 1, 2025 (Wednesday).</p> <p>The MAR (medication administration record) for January 2025 revealed a transcribed order for in-house dialysis den Monday, Wednesday and Friday. The documentation in the MAR included that the resident was coded 9 which indicated to see nurses' note on January 1, 2024.</p> <p>The eMAR (electronic medication administration record) note dated January 1, 2025 revealed that the resident's dialysis was scheduled on January 2, 2025 (Thursday).</p> <p>However, the clinical record revealed no documentation that the resident refused to have dialysis on January 1, 2025; and, there was no documentation of a reason why dialysis was not provided to the resident on January 1, 2025.</p> <p>Further review of the clinical record revealed no evidence of physician order to re-schedule the dialysis to January 2, 2025.</p> <p>There was also no evidence found that the resident representative was informed of the missed schedule on January 1 and the rescheduled dialysis on January 2, 2025.</p> <p>The post dialysis assessment dated [DATE] revealed that the resident returned from dialysis on January 2, 2025 at 4:12 p.m.</p> <p>However, the MAR revealed that dialysis was documented/marked as X indicating dialysis was not administered on January 2, 2025.</p> <p>The pre- and post- dialysis assessment dated [DATE] revealed that the resident received dialysis treatment.</p> <p>There was no evidence found in the clinical record that the physician was notified that the resident received dialysis treatment for 2 consecutive days (January 2 and 3, 2025).</p> <p>-Resident #19 was admitted on [DATE] with diagnoses of ESRD, nutritional anemia and dependence on renal dialysis.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Palm Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 13575 West McDowell Road Goodyear, AZ 85395	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The physician order dated August 29, 2024 included to monitor access site to the left chest for redness, swelling, draining and pain every shift; and, to notify the provider if present.</p> <p>The care plan dated August 29, 2024 revealed that the reside had an AVF (arteriovenous fistula) graft and central venous catheter and was at risk for clotting, impaired circulation, infection, narrowing and occlusion. Interventions included to follow physician orders for dialysis dressing care, observe access/shunt/catheter site for signs or symptoms of complication such as redness, pain, bleeding, unusual bruising, pus/drainage, absent thrill/bruit over graft site, complaints of coldness/numbness of hand/arm or chest pain and report abnormal findings to the physician.</p> <p>Another care plan dated August 29, 2024 revealed that resident required hemodiaysis due to ESRD and was risk for bleeding at access site, chest pain, deficient/excess fluid volume. Interventions included hemodialysis 3x a week every Monday, Wednesday and Friday, labs as ordered and report abnormal results to physician and to observe access/shunt/catheter site for signs or symptoms of complication (i.e., redness, pain, bleeding, unusual bruising, pus/drainage, absent thrill/bruit over graft site, complaints of coldness/numbness of hand/arm or chest pain) and report abnormal findings to the physician.</p> <p>A physician order dated August 30, 2024 revealed hemodialysis 3x/week every Monday, Wednesday and Friday.</p> <p>A physician order dated September 19, 2024 included for vital signs pre- and post-dialysis two times a day every Monday, Wednesday and Friday.</p> <p>The NP (nurse practitioner) note dated November 29, 2024 revealed the resident had diabetes mellitus, anemia, ESRD on HD. Intervention included to continue HD per nephrology.</p> <p>The dietary quarterly review note dated December 2, 2024 included that the resident was receiving HD treatment related to ESRD and weight fluctuations related to fluid shifts was anticipated.</p> <p>The NP note dated December 22, 2024 included that the provider was notified that the resident missed HD treatment due to transportation not showing up. Per the documentation, lab work was ordered and HD center to arrange any additional HD sessions.</p> <p>The nursing note dated December 23, 2024 (Monday) revealed that the resident returned from dialysis.</p> <p>The eMAR note dated December 25, 2024 (Wednesday) included that there was no dialysis appointment due to holiday.</p> <p>There was no evidence found that the physician and resident representative was informed of the missed dialysis schedule on December 25, 2024.</p> <p>There was also no evidence found in the clinical record that the missed dialysis for the resident was rescheduled.</p> <p>The nursing note dated January 1, 2025 included that the resident was picked up by transportation and returned to facility due HD center being closed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Palm Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 13575 West McDowell Road Goodyear, AZ 85395	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The eMAR note dated January 1, 2025 (Wednesday) included that there was no dialysis appointment due to holiday.</p> <p>There was no evidence found that the physician and resident representative was informed of the missed dialysis schedule on January 1, 2025.</p> <p>There was also no evidence found that the missed dialysis treatment for resident #19 was rescheduled on a later date or time.</p> <p>An interview was conducted with the in-house dialysis tech (staff #283) on February 7, 2025 at 2:45 p.m. The dialysis tech stated that only residents at the facility are provided with dialysis treatment in the in-house dialysis unit. He stated that the in-house dialysis unit were only open on Monday, Wednesday and Friday.</p> <p>During an interview with the in-house dialysis nurse (staff #280) conducted on February 7, 2025 at 2:50 p.m., the dialysis nurse stated that the in-house dialysis unit had been operational since August 2024; and, was only open Monday, Wednesday and Friday. The dialysis nurse said that the in-house dialysis unit was closed on February 5, 2025 because she did not have another staff to help her with the residents scheduled for dialysis. The dialysis nurse stated that dialysis treatment were not provided for residents scheduled on the 1st and 2nd shift of February 5; and that, she called the provider who agreed that dialysis can be done the following day. However, she stated that she did not have any documentation of the this.</p> <p>In an interview with a licensed practical nurse (LPN/staff #268) conducted on February 11, 2025 at 11:11 a.m., the LPN stated that the in-house dialysis gives the facility the weekly schedule for residents on dialysis; and that, all the residents at the facility that has dialysis go to the in-house dialysis unit. She stated that before and after dialysis, staff will take the resident's vitals, check the dialysis sites and conduct an pre- and post-dialysis assessment and document in the clinical record. She stated that if the resident refused or missed a dialysis treatment, she would inform the provider and talk with the resident if they wanted to go on a later schedule that same day. The LPN said that if the resident continued to refuse, she would call the provider to obtain an order for a laboratory work to check the resident's potassium level. She said that if the laboratory results were abnormal, she would then call the provider to send the resident to the hospital.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Palm Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 13575 West McDowell Road Goodyear, AZ 85395	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on February 11, 2025 at 11:39 a.m. with the director of nursing (DON/staff #125) who stated that the entries on the MAR (medication administration record)/TAR (treatment administration record) related to dialysis were not specific to whether or not the resident had dialysis or not. She stated that providers have access to the assessments in the clinical record if they want to know whether or not the residents had dialysis; and, if they had questions, they can also ask the staff. The DON also stated that the providers do not usually look at the MAR/TAR. She said that if there was a pre- and post-dialysis assessment, it was safe to assume that dialysis was provided to the resident. Regarding no dialysis on holidays, the DON stated that it was a common knowledge between dialysis and facility staff including providers that there is no dialysis on holidays; and, there was no specific order or policy regarding this because it is just known. Further, the DON stated that the provider is not going to create/change or sign each and every order just because there was no dialysis due to a holiday. The DON said that if it was a holiday, the dialysis unit is closed; and, if the resident really needed the dialysis, then the resident will be sent to the hospital for dialysis. Regarding the facility policy on ESRD, the DON stated that the policy provided to the survey team was the only policy for ESRD.</p> <p>An interview with a certified nurse assistant (CNA/staff #144) was conducted on February 12, 2025 at 8:38 a. m. The CNA stated that she takes the resident's vitals before and after dialysis; and if the results were abnormal, she will report it to the nurse. The CNA stated that if a resident refused to have dialysis, she will report it to the nurse who will then contact the dialysis center and, the dialysis nurse will instruct the facility nurse whether or not the resident was okay to miss their scheduled dialysis that day.</p> <p>During an interview with another LPN (staff #107) conducted on February 12, 2025 at 9:38 a.m., the LPN stated that before and after the resident goes to dialysis, she will conduct a pre-and post-dialysis assessment that include vital signs, checking of the bruits/thrills, any s/s of nausea, or that the resident was not feeling. She said that she will then document the assessment in the electronic record. She said that if everything was okay before dialysis, she would tell the CNA to take the resident to dialysis which usually about 3-4 hours. The LPN said that if there were recommendations/orders from the dialysis center, the dialysis nurse would usually call her but she would encourage them to document it in the electronic record. Further, the LPN stated that the residents on dialysis do not miss dialysis treatment because of holidays such as Christmas and New Year. She stated that the in-house dialysis at the facility runs on Monday-Wednesday-Friday; and, if a holiday falls on one of these days, the dialysis schedule will be changed to Tuesday-Thursday-Saturday; but this will be done or coordinated by the dialysis staff. She further stated that the physician and resident's responsible party will be notified of any changes in the residents medication/treatment such as missed dialysis, resident refusal of dialysis. The LPN further stated that if it was a missed dialysis, the responsible party usually would just ask what the provider ordered and usually would agree with what the provider said.</p> <p>An interview with the corporate resource (staff #284) was conducted on February 12, 2025 at 11:00 a.m. The corporate resource stated that when the scheduled dialysis falls on a holiday, the dialysis center run on a holiday schedule. She said that if the residents missed their dialysis, the provider will be notified and the provider will decide whether the resident will go to dialysis in the hospital or dialysis can be rescheduled. She stated that when dialysis is rescheduled for another day, there should be a physician order reflecting the change.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Palm Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 13575 West McDowell Road Goodyear, AZ 85395	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's policy titled, End Stage Renal Disease, Care of a Resident with, revealed that residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care. The policy also included that if dialysis needs to be rescheduled for any reason including but not limited to holidays, emergency, illness, refusal, etc., a medical provider will be notified and resident is to be sent to hospital or another dialysis if deemed unsafe per physician order. It also included that the resident's comprehensive care plan will reflect the resident's needs to ESRD/dialysis care.</p>		