

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER The Peaks Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3150 North Winding Brook Road Flagstaff, AZ 86001	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46606</p> <p>Based on staff interview, review of facility documentation, and policy, the facility failed to ensure that facility documents regarding grievances, reportables and resident council meeting minutes were available. The deficient practice could result in documentation regarding residents' issues and concerns pertaining to life and safety not being readily available.</p> <p>Findings include:</p> <p>The copy of the December 2023 self-reports and investigations, December 2023 grievance logs, and December 2023 Resident Council Meeting Minutes was requested from the facility on January 29, 2025 at 8:24 a.m.</p> <p>An email from the Executive Director (ED/staff #96) was received on January 29, 2025 at 10:13 a.m. The email stated that they are unable to locate the December 2023 reportables, grievance logs, and resident council meeting minutes.</p> <p>During an interview with the Interim Director of Nursing (Interim DON/staff #100) conducted on January 29, 2025 at 4:55 p.m., staff #100 stated that they did not know how long they have to keep documentation such as grievances or resident council meeting minutes. The Interim DON noted that the importance of maintaining documents is to be able to track them for investigators and to document the care that the facility provided. Staff #100 stated it is important documentation for residents. According to staff #100 the impact of not maintaining documentation is that the facility would not have support for their claims, they would not be able to track the care or interventions provided during the resident's stay.</p> <p>An interview with the Executive Director (ED/staff #96) was conducted on January 29, 2025 at 4:56 p.m. The ED stated that his expectation is that documentation is accurate, time and inclusive of all pertinent information. Staff #96 said that he expects for documentations/records to be retained on file within the required timeframe. The ED noted that the importance of maintaining documentation/records is to ensure that it is easily accessible. The impact of not maintaining documentation/records is that when it is requested by an agency it is not available and would not be able to provide accurate systems in place.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility policy titled All Department Record Retention Policy and Schedule with a review date of January 11, 2024 indicated that the facility will maintain records for the appropriate time period as required by federal and state law and regulations. The policy included a record retention schedule. The retention schedule indicated that for resident complaint report (grievance) the retention period is permanent/electronic. The retention period for Committee Minutes is [AGE] years. While the retention period for all correspondence with Department of Health is permanent.</p>		