

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2024
NAME OF PROVIDER OR SUPPLIER Fountain Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 16300 East Keith McMahan Drive Fountain Hills, AZ 85268	

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** 40581</p> <p>Based on record review, facility documentation, staff and resident interviews, and facility policy and procedures, the facility failed to protect the right of one resident(#10) to be free from abuse by staff. The deficient practice could result in residents being abused.</p> <p>Findings include:</p> <p>Resident #10 was admitted to the facility on [DATE] with diagnoses that included post traumatic stress disorder, generalized muscle weakness, and bipolar disorder.</p> <p>Review of the care plan for activities of daily living (ADLs) dated November 26, 2023 revealed that the resident had a performance deficit related to weakness. The resident required extensive assistance with bed mobility and was totally dependent with transfers, toileting, and dressing.</p> <p>The bowel and bladder incontinence care plan dated December 3, 2023 included the interventions to use disposable briefs and change as needed; check as required for incontinence; wash, rinse and dry perineum; and, change clothing as needed after incontinence episodes.</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] included a Brief Interview for Mental Status (BIMS) score of 13 indicating the resident was cognitively intact. The MDS also revealed that the resident required substantial/maximal assistance with rolling left to right while lying in bed.</p> <p>Review of the task sheet for bowel incontinence dated dated February 27, 2024 at 5:59 p.m. revealed that the resident was incontinent of bowel and was provided assistance by a certified nursing assistant (CNA/staff #13).</p> <p>Review of a brief interview for mental status dated March 2, 2024 revealed a score of 15 indicating the resident was cognitively intact.</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: 035260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2024
NAME OF PROVIDER OR SUPPLIER Fountain Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 16300 East Keith McMahan Drive Fountain Hills, AZ 85268	
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>Review of a written interview conducted on March 4, 2024 at 9:00 a.m. by the Director of Nursing (DON/staff #1) with staff #13, revealed that he provided resident #10 with continence care on February 27, 2023 and she was soaked, so he changed her bed linens and her clothes. He stated that he cleaned her back up to the shoulders and used the back of one hand to lift her breast while cleaning underneath with the other hand and this is the way he handled female breasts. The written interview revealed that staff #13 stated that he never massaged the resident or any other residents, but acknowledged that he probably spends more time in the resident's room than he should to talk to her.</p> <p>An interview was conducted on March 5, 2024 at 2:12 p.m. with resident #10, who stated that on March 27, 2024 in the late afternoon, she pressed her call-light. Resident #10 stated that CNA/staff #13 came into her room and she requested that he change her brief. She stated that staff #13 removed her brief, wiped her genital area, and put on a clean brief. Resident #10 then stated that staff #13 removed her top because it was wet at the back a few inches from the bottom of the shirt and she was not wearing a bra. She stated that she was still on her left side and staff #13 was standing behind her when he began wiping her with a new clean wipe on her back all the way up to her armpit area and she did not feel that that area needed to be cleaned. The resident (#10) stated that she was talking about how stressed she was on her wedding day and staff #13 began massaging her neck and shoulders and was talking about stress. Resident #10 continued and said staff #13 then rolled her on to her back and began wiping up her belly and stopped just below the breasts, and began wiping her arms, the bicep area, and under her arms. She stated that he then began wiping under her breasts and on top of her breasts and said, we can't forget the breasts. She stated that she was very uncomfortable and shut down. She stated that after he was done, he acted like nothing happened and stated that this has affected her sleep patterns because she was afraid that he was going to come back.</p> <p>-Resident #36 was admitted to the facility on [DATE] with diagnoses that included disassociative and conversion disorder, post traumatic stress disorder, and generalized muscle weakness.</p> <p>Review of the care plan dated July 19, 2023 revealed that the resident had an Activities of Daily Living (ADL) self care performance deficit related to rheumatoid arthritis. Interventions included a one person assist with bed mobility, transfers, toileting, dressing, and eating.</p> <p>The MDS dated [DATE] included a BIMS score of 15 indicating the resident was cognitively intact. The MDS also included that the resident had no hallucinations or delusions during the look-back period and the resident required partial/moderate assistance with showering.</p> <p>Review of the shower task sheet dated February 27, 2024 at 8:05 a.m. revealed that the resident was provided assistance with showering by a certified nursing assistant (CNA/staff #13).</p> <p>An interview was attempted on March 5, 2024 at 3:19 p.m. with staff #13, who stated that this was a legal matter and declined to interview.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2024
NAME OF PROVIDER OR SUPPLIER Fountain Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 16300 East Keith McMahan Drive Fountain Hills, AZ 85268	

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>An interview was conducted on March 6, 2024 at 8:09 a.m. with resident #36, who stated that she was watching a detective show in her room and staff #13 came in and tried to massage her arms, but she told him that she did not need anyone massaging her arms. She stated that staff #13 was always hanging around their room. She stated that one time, she could see staff #13's shoes when she looked underneath the curtain between her and resident #10's side of the room. She stated that she asked him what he was doing and he told her that he was going to change the resident, but didn't want to bother her because resident #10 was sleeping. She stated that staff #13 remained in the room for approximately 5 more minutes, but she did not know what he was doing. She was not able to verify when this occurred.</p> <p>An interview was conducted on March 6, 2024 at 9:35 a.m. with (CNA/staff #58), who stated that she has had training on continence care and had provided care for resident #10. She stated that the resident was able to tell staff when she was soiled. Staff #58 stated that the resident's shirt do get wet, but it was usually in the back and if it was wet in the front, it was usually only a little bit. However, she would still clean the abdominal area and if she needed to clean under the resident's breasts, she would ask the resident to hold them up, while she cleaned underneath. She stated that she usually gives the resident a wipe to clean her arms and underarms because the resident was able to do this for herself, but struggled under the breast area. Staff #58 stated that she did not feel comfortable cleaning the resident's actual breast area and the resident was capable of cleaning the breast area herself. She stated that the resident told her that she did not want a male providing pericare and she reported it to the nurse. The resident told her that she had been molested by a male CNA.</p> <p>An interview was conducted with on March 6, 2024 at 1:11 p.m. with the (DON/staff #1), who stated that staff #13 had been terminated for refusing to interview and follow facility protocol. She stated that CNAs are taught to use massage to alleviate pain, but massage is not appropriate during continence care and the resident should be clothed.</p> <p>The facility policy, Freedom From Abuse, Neglect, Exploitation revised October 2023 states that it is the policy of this facility that each resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation.</p>