STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035263	A. Building B. Wing	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Archie Hendricks Senior Skilled Nursing Facility	Federal Route 15 Mile Post 9 Sells, AZ 85634

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. (continued on next page)

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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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation interview, record review, manufacturer's manual review and facility policy review, the facility failed to ensure oxygen (O2) orders were in place for one of three sampled residents (Resident (R)32). In addition, maintain O2 concentrators filters free of dust and nasal cannulas were placed in bags while not in use for two of three sample residents (R32 and R33).This deficient practice had the potential to allow an increased chance of unnecessary respiratory treatment and infection. Findings include:Review of the facility's policy titled Medication Orders, revised 04/25/25 revealed, Purpose: The purpose of this procedure is to establish uniform guidelines in the receiving and recording of medication orders. Recording Orders. 3. Oxygen orders- When recording orders for oxygen, specify the rate of flow, route, and rationale. Review of the undated user manual for the concentrator page 23, revealed Cleaning the Cabinet Filter: Caution: DO NOT operate the concentrator without the filter installed. 1. Remove the filter and clean at least once a week depending on environmental conditions.Review of the facility's policy titled Oxygen Administration revised 04/25/25 revealed, Purpose: The purpose of this procedure is to provide guidelines for safe oxygen administration. Steps in the Procedure. 22. Store oxygen tubing in a bag while not in use.1. Review of R32's undated Administration Record located in the electronic medical record (EMR) under the Profile tab, revealed an admission date of 06/22/17 and indicated a diagnosis of respiratory disorders and congestive heart failure.During an observation on 07/21/25 at 10:50 AM, R32 was wearing a nasal canula and the oxygen tubing was connected to the concentrator which indicated two liters per minute (L/min). During the same observation, the cabinet filter was noted to have a visible layer of dust on it.Review of the physicians' orders under the Orders tab in the EMR revealed no order for oxygen.During an observation on 03/22/25 at 2:25 PM, the cabinet filter had a visible layer of dust on it. The nasal canula was placed on top of the concentrator.During an interview on 07/23/25 at 10:04 AM, Registered Nurse (RN)1 was asked to look at the oxygen concentrator. RN1 stated, I guess this filter is dirty. RN1 stated the filter should be cleaned but was unsure who would clean the filters. RN1 was asked about whether the nasal canula should be left to open air. RN1 stated, It should be bagged.During an interview on 07/23/25 at 10:15 AM, the Director of Nursing (DON) was asked about the dusty filter and nasal canula in the open air. The DON stated, The filters should be cleaned as needed by the Durable Medical Equipment Specialist (DMES) and the nasal canula should be bagged when not in use.During an interview on 07/23/25 at 10:17 AM, the DMES stated the filter should be maintained monthly and changed out as needed.During an interview on 07/23/25 at 12:00 PM, the DON was asked about R32's oxygen order. The DON confirmed there was no oxygen order. It must have been missed when the resident came back from the hospital in June.2. Review of R33's undated Administration Record located in the EMR under the Profile tab, revealed an admission date of 09/07/24 and indicated a diagnosis of acute respiratory failure with hypoxia.Review of the physicians' orders under the Orders tab in the EMR, revealed on 05/11/25 Oxygen at 1-2 L/min Via Nasal Canula prn [as needed] to keep Sats [oxygen saturation in the blood] at or above 90%.Observation on 07/21/25 at 11:03 AM, revealed no filter on the cabinet of the concentrator and the nasal canula was placed on top pf the concentrator to open air.During an observation on 07/22/24 at 2:30 PM, no filter on the cabinet of the concentrator and the nasal canula was placed on top pf the concentrator to open air.During an observation on 07/23/25 at 9:56 AM, R33 was wearing a nasal canula and the concentrator was set on two L/min and there was no filter on the cabinet. During an interview on 10:10 AM, RN1 was asked about the filter. RN1 looked and stated, There should be a filter on the machine. I did not realize some machines did not have internal filters.During an interview on 07/23/25 at 10:15 AM, the DON was asked to look at R33's concentrator. The DON stated, It should have a filter to prevent anything from entering the machine.During an interview on 07/23/25 at 10;17 AM, the DMES was asked about the filter and stated, All concentrators should have a clean filter.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to provide pharmaceutical services that meet the needs of one of ten residents (Resident [R]5) observed for medication pass when Omeprazole (used to treat heartburn and indigestion) was administered after meal instead of before meal as ordered for R5.These failures could lead to decreased medication effectiveness and potential adverse health outcomes for R5.Findings:On 07/24/2025, at 08:51 AM, a medication administration observation to R5 was conducted with Registered Nurse (RN) 1. RN 1 administered medications to R5 including 1 tablet of Omeprazole 20 mg. Review of R5's physician's order dated 07/10/2025 indicated an order for Omeprazole Oral Tablet Delayed Release 20 milligram to give one tablet by mouth in the morning for GERD (Gastroesophageal Reflux Disease) to Administer 30-60 minutes prior to meals.In an interview on 07/24/2025, at 10:29 AM, R5 stated that he had eaten breakfast at 7 AM before R1 administer the medication. In an interview on 07/24/2025, at 10:31 AM, RN1 acknowledged that Omeprazole should be given before R5 had his breakfast.Review of facility policy titled, Administering Medications with revision date of 04/25/2025 indicated, 4. Medications are administered in accordance with prescriber orders, including any required time frame.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to implement an effective infection control program in accordance with internal policies and procedures, nationally recognized infection control guidelines and regulations when:a. Glucometers (a device used to check the blood sugar) were not cleaned and disinfected after use.b. Staff did not perform hand hygiene before putting on gloves. Failure to implement infection prevention practices may contribute to cross contamination of infection that can jeopardize the health and safety of residents and staff. Findings:In an observation on 07/23/2025, at 11:04 AM, Licensed Practical Nurse (LPN) 1 entered the room of R7. LPN1 don on gloves without performing hand hygiene and proceed to check R7's blood sugar. After checking the blood sugar, LPN stored the glucometer in the black casing and did not clean and disinfect the equipment.In another observation on 07/23/2025 at 12:08 PM, LPN1 don on gloves without performing hand hygiene and checked R40's blood sugar. LPN1 then placed the glucometer back in the black casing and did not clean and disinfect the equipment. In an interview on 07/23/2025 at 12:25, LPN1 acknowledged the findings and stated, Sorry I missed it. LPN1 also confirmed glucometer brand as [NAME] and facility was using Micro-kill disinfectant wipes and Sani-Cloth wipes to clean the glucometer.Review of [NAME] Quintet AC Blood Glucose Meter Owner's Manual 89115-0055-01 under Cleaning and Disinfecting Procedures indicated, Indirect transmission of Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) during the delivery of healthcare services has been increasingly reported. Persons using blood glucose monitoring systems have been identified as one risk group due to sharing of lancets, lancing devices, and blood glucose meters. The cleaning procedure is to remove dust, blood and body fluid from the surface and should be performed whenever the meter is visibly dirty. The disinfecting procedure is necessary to kill pathogens such as HIV, HBV and HCV on the device. NOTE: the cleaning procedure can only remove visible contaminates from surfaces. Only the disinfecting procedure can eliminate non-visible pathogens. The meter MUST be cleaned and disinfected after use on each patient. Review of facility policy titled Hand Hygiene Policy dated 08/28/24 indicated, 6. Additional considerations: a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves.According to Center for Disease Control and Prevention (CDC) Hand Hygiene in Healthcare Setting guidelines retrieved from https://www.cdc.gov/handhygiene/providers, on 08/28/25, Hand Hygiene means cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, antiseptic hand rub (i. e. alcohol-based hand sanitizer including foam or gel), or surgical hand antisepsis. Under Glove Use indicated, Gloves are not a substitute for hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, before touching the patient or the patient environment. Perform hand hygiene immediately after removing gloves.