

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/10/2024
NAME OF PROVIDER OR SUPPLIER  Advanced Health Care of Glendale		STREET ADDRESS, CITY, STATE, ZIP CODE  16825 North 63rd Avenue Glendale, AZ 85306	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49199</p> <p>Based on clinical record review, interviews and review of facility policy, the facility failed to ensure residents are treated with dignity and respect. The deficient practice could lead to residents suffering from psychosocial harm.</p> <p>Findings include:</p> <p>Resident #4 was admitted to the facility on [DATE] with a diagnosis of orthostatic hypotension and fracture of vertebrae.</p> <p>Resident #20 was admitted to the facility on [DATE] with a diagnosis of metabolic encephalopathy, sepsis, acute respiratory failure and chronic kidney disease.</p> <p>Resident #60 was admitted to the facility on [DATE] with a diagnosis of acute respiratory failure, acute pulmonary edema and pneumonia.</p> <p>An interview was conducted on September 10, 2024 at 3:30 PM with Resident #20. He stated a male CNA (Certified Nursing Assistant, Staff# 42) entered his room and completed a brief change without providing peri care. Later that night, Resident #20 was sleeping and was awakened by the same CNA grabbing the front of his brief. Resident #20 asked him what he was doing and the CNA replied you're dry and left the room. Resident #20 stated he felt violated like he was groped, and that Staff #42 had no compassion. He stated Staff #42 should have woken him up and told him he was going to check his brief first. Resident #20 said, if you don't do things at his pace then he just does it for you. Like turning, I can turn but I need a little extra time but if that doesn't work for Staff #42 then he just rolls you over. There really isn't any compassion from him and that is a real problem.</p> <p>Another interview was conducted on September 10, 2024 at 5:20 PM with Resident #20 and his spouse (via phone). Both stated that they had reported these incidents to the evening charge nurse, Staff #108, who apologized and stated she would educate Staff #42. Resident #20 stated he no longer wanted Staff #42 to care for him. Resident #20 also stated that Administration never followed up with him regarding these incidents, and he felt that they just didn't care.</p> <p>An interview was conducted on September 10, 2024 at 6:06 PM with the Administrator, Staff #101, and the DON (Director of Nursing), Staff #105. When asked if any residents had reported any incidents with any CNA's,</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Staff #105 stated yes, that a resident complained a CNA entered his room at night and checked his brief and left. When asked what was the issue, Staff #105 stated that was it, oh and that he did not want that CNA back in his room so we just reassigned him to another hallway. When asked if she had personally interviewed the resident, she stated no, I didn't have to because my nurse reported it to me. When asked what was the issue logged into the grievance log regarding a CNA, Staff #101 I went and spoke with this resident, #60, he said he did not like the CNA's demeanor. Resident stated he rang his call bell, the CNA went in, he told him he needed his bedside commode emptied and the CNA said that's what I get paid to do. Resident didn't like that he said it and he didn't want the CNA in his room anymore, so we made sure of this. When this author asked if it was the same CNA in both incidents,. Staff #101 stated Actually, yes, it was now that I think about it.</p> <p>An interview was conducted on September 10, 2024 at 6:40 PM with Resident #4. She stated Well, I don't want to get anyone in trouble but I don't like Staff #42. He's rude, uncaring and full of himself. He's good looking and he knows it type attitude. I need help getting up because I have orthostatic blood pressure and he had an attitude and said to me why don't you have a fall bracelet on? Staff #42 said you should have a fall bracelet on if you need help getting up. So, I asked one of the nurses here about it and she said they don't even have fall bracelets here, so what is that guy talking about! He's never been inappropriate with me but I'd prefer he does not come into my room.</p> <p>An interview was conducted on September 10, 2024 at 7:00 PM with Resident #60. When asked why he filed a grievance on September 9, 2024, he stated well, he (Staff 342) came in here because I rang the call bell because my commode needed emptied. He came in and said it's a win-win, I get paid and you get taken care of. What kind of a statement is that? He's very uncaring, he's rude and I think all he cares about is money. I mean we are people that are having a hard time right now and need some help and someone is here and just cares about money. Actually, he took my commode out of the room, which I thought was weird but when he returned it he said I was rude to him. So I said I was sorry if he misunderstood anything I said, but I apologized to him! Can you believe that? So, the next day I spoke with what's his name, the big boss (Staff #101) and told him what happened and that I did not want him back in my room. I just don't trust him and I'm not sure what he is really capable of.</p> <p>An interview was conducted, via phone, on September 11, 2024 at 11:40 AM with RN, (Registered Nurse), Staff #108. When asked if she received any complaints from any residents on the night of September 5th and 6th, she stated yes. Resident #20 said that the CNA, (Staff #42), changed his brief and did not do peri-care. Then on the 6th, in the morning, the same CNA at about 4:00 AM came into the room and did not wake him and just checked his brief. He woke up and said what are you doing? and the CNA said I'm checking your brief. Resident #20 said it was more of an attitude problem. When asked if Resident #20 told her that he felt like he was groped, she stated what is groped? It was explained that groped means when someone grabs your genital area without permission and feels you in an inappropriate manner. She then stated oh no, he did not say that. Afterwards I talked to the management team, Staff #105, about the incident. Staff #105 told me to talk to the CNA and she would hold a class so this does not happen again. That's all I know.</p> <p>The facilities policy on Resident Rights, Version A0717, states Respect and Dignity-The resident has a right to be treated with respect and dignity.</p>		