STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035275	A. Building B. Wing	09/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Health Care of Glendale	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49399 Based on observations, resident and staff interviews, clinical record review, and policy review, the facility failed to ensure that dignity and privacy was maintained for one resident (#338). Findings include: Resident #338 was admitted on [DATE] with diagnoses that included pneumonia, edema, type 2 diabetes mellitus, depression, and anxiety. A review of clinical record Minimum Data Set (MDS) is still in process. During an interview conducted on September 24, 2024 at 11:11 am, the resident stated that she had a one bad experience. Staff #27 stated that they are not allowed to tell personal information as it is HIPPA (Health Insurance Portability and Accountability Act) and they are here to answer their bell, and resident stated that they open the bathroom door without knocking. A comprehensive care plan dated September 26, 2024 included that the resident has a diagnosis of anxiety. The approach or interventions included to provide support and reassurance and validate concerns. In addition, another care plan dated September 26, 2024 included that resident requires/receives staff assistant with activities of daily living completion related to limited mobility and generalized weakness due to medically complex condition-pneumonia, respiratory failure, asthma, bronchiectasis, hypertension, asthma, diabetes, anxiety, and depression. The approach or interventions included staff to allow for and encourage patient choices and preferences and staff to explain task at hand. During an interview conducted on September 26, 2024 at 10:29 AM resident stated that when she came in the facility at night, they asked Staff #27 if she was a nurse, and staff #27 stated that they cannot tell them that as it is against HIPPA, and Staff #27 was asked what they you do, and Staff #27 stated that they answer the call bell, and then they asked what shift Staff #27 works and Staff #27 said they can't tell them that. Resident stated that they did not get herbal tea yesterday as the staff #27 stated that they do not know if they have any, and when resident went in the dining room she was able to get the tea. (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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on September 26, 2024 at 1:55 pm a certified nursing assistant (CNA)/Staff #100. Staff #100 stated that her responsibilities include to communicate with her team, get report, start her shift where is needed and then begin her assignments such as giving showers, weights, helping during meals, and taking vital signs. She also answers the call lights and when entering the resident's' room, she will knock first. When performing care with their new residents, she stated that the admission nurse gives her a paper for the new admission, it tells them if they have to bring equipment such as oxygen, and any supply as needed in the room, and the paperwork tells them if they are on isolation so they can set it up. When meeting her resident the first time, she introduces herself, tells them what she does here, and explain about the place if the resident has not been there before, she will tell them that it is a skilled facility, she will not tell them what shift she works but explain that when they need something to press the call light. For meals, she will bring a menu because they have two menus, one is for breakfast and the other is a full set menu. The breakfast menu has its own paper, and the full set menu she will explain to the resident. She further stated that when a resident first gets in the facility, they will get for instant a lunch for them by writing it in the ticket and then she will explain how to take their meal by using an iPhone tablet and she will asked for their drink choice because they have a beverage menu. The drink menu includes apple juice, cranberry, lemonade, ice tea lemon lime, coffee, hot chocolate with/without sugar, orange juice, almond milk, tomato juice and a lot of teas, including hot teas. An interview was conducted on September 26, 2024 at 2:39 pm with the director of nursing/Staff #119 and present during the interview is Regional Nurse/Staff #126 and assistant director of nursing/Staff #12. The DON stated that the process for welcoming new resident is they do a welcome call, they have a full-time admission nurse, and a CNA or any staff member would go in, then welcome the resident, they get a set of vital signs, and gives them a call light education. The DON expectation for her staff is to knock at the door, introduce themselves, let them know their position in the facility and what they are there to do. The DON stated to knock, and say hi welcome to advance healthcare, my name is, I'm the director of nursing, and if resident ask what shift they work, she stated that she will explain the way shift work in the facility and assure them. The DON stated, if a resident ask what shift their staff work, the expectation would be to give the resident accurate information regarding facility shift and it is not a policy violation. The facility's policy Resident Rights included that (1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality.

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49399 Based on observations, resident and staff interviews, clinical record review, and policy review, the facility failed to ensure that dignity and privacy was maintained for one resident (#338). Findings include: Resident #338 was admitted on [DATE] with diagnoses that included pneumonia, edema, type 2 diabetes mellitus, depression, and anxiety. A review of clinical record Minimum Data Set (MDS) is still in process. During an interview conducted on September 24, 2024 at 11:11 am, the resident stated that she had a one bad experience. Staff #27 stated that they are not allowed to tell personal information as it is HIPPA (Health Insurance Portability and Accountability Act) and they are here to answer their bell, and resident stated that they open the bathroom door without knocking. A comprehensive care plan dated September 26, 2024 included that the resident has a diagnosis of anxiety. The approach or interventions included to provide support and reassurance and validate concerns. In addition, another care plan dated September 26, 2024 included that resident requires/receives staff assistant with activities of daily living completion related to limited mobility and generalized weakness due to medically complex condition-pneumonia, respiratory failure, asthma, bronchiectasis, hypertension, asthma, diabetes, anxiety, and depression. The approach or interventions included staff to allow for and encourage patient choices and preferences and staff to explain task at hand. During an interview conducted on September 26, 2024 at 10:29 AM resident stated that when she came in the facility at night, they asked Staff #27 if she was a nurse, and staff #27 stated that they cannot tell them that as it is against HIPPA, and Staff #27 was asked what they you do, and Staff #27 stated that they answer the call bell, and then they asked what shift Staff #27 works and Staff #27 said they can't tell them that. Resident stated that they did not get herbal tea yesterday as the staff #27 stated that they do not know if they have any, and when resident went in the dining room she was able to get the tea. (continued on next page)

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on September 26, 2024 at 1:55 pm a certified nursing assistant (CNA)/Staff #100. Staff #100 stated that her responsibilities include to communicate with her team, get report, start her shift where is needed and then begin her assignments such as giving showers, weights, helping during meals, and taking vital signs. She also answers the call lights and when entering the resident's' room, she will knock first. When performing care with their new residents, she stated that the admission nurse gives her a paper for the new admission, it tells them if they have to bring equipment such as oxygen, and any supply as needed in the room, and the paperwork tells them if they are on isolation so they can set it up. When meeting her resident the first time, she introduces herself, tells them what she does here, and explain about the place if the resident has not been there before, she will tell them that it is a skilled facility, she will not tell them what shift she works but explain that when they need something to press the call light. For meals, she will bring a menu because they have two menus, one is for breakfast and the other is a full set menu. The breakfast menu has its own paper, and the full set menu she will explain to the resident. She further stated that when a resident first gets in the facility, they will get for instant a lunch for them by writing it in the ticket and then she will explain how to take their meal by using an iPhone tablet and she will asked for their drink choice because they have a beverage menu. The drink menu includes apple juice, cranberry, lemonade, ice tea lemon lime, coffee, hot chocolate with/without sugar, orange juice, almond milk, tomato juice and a lot of teas, including hot teas. An interview was conducted on September 26, 2024 at 2:39 pm with the director of nursing/Staff #119 and present during the interview is Regional Nurse/Staff #126 and assistant director of nursing/Staff #12. The DON stated that the process for welcoming new resident is they do a welcome call, they have a full-time admission nurse, and a CNA or any staff member would go in, then welcome the resident, they get a set of vital signs, and gives them a call light education. The DON expectation for her staff is to knock at the door, introduce themselves, let them know their position in the facility and what they are there to do. The DON stated to knock, and say hi welcome to advance healthcare, my name is, I'm the director of nursing, and if resident ask what shift they work, she stated that she will explain the way shift work in the facility and assure them. The DON stated, if a resident ask what shift their staff work, the expectation would be to give the resident accurate information regarding facility shift and it is not a policy violation. The facility's policy Resident Rights included that (1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50862 Based on observations, staff interview, and policy review, the facility failed to ensure opioid medication regimen was administered according to physician's ordered parameters for one patient (#8). The deficient practice could result in the side effects of exacerbated respiratory failure or cause life-threatening breathing problems. Findings: The subacute rehab patient (#8) was admitted on [DATE] with diagnoses of GLF-ground level fall, acute respiratory failure with hypoxia, lobar pneumonia, single subsegmental thrombotic pulmonary embolism, gastrostomy, acute embolism and thrombosis of right distal lower extremity, edema, acute post hemorrhagic anemia, adult failure to thrive, dementia. History of breast cancer. An Admission 5-day Minimum Data Set (MDS) included the patient's Brief Interview for Mental status (BIM) score of 12 out of 15 which indicated the resident was moderately impaired. The MDS also included the resident experienced frequent pain and was receiving (PRN) as needed pain medication. A physician's order dated September 03, 2024 included oxycodone 5 mg tablet every 6 Hours PRN 5 mg, gastric tube, Every 6 Hours - PRN, Pain parameters 8-10/10 Review of the Medication Administration Record (MAR) and the opioid oxycodone PRN pain management treatment was administered to patient outside of the provider's ordered pain level parameters of 8-10 of a pain scale 1-10. There is no evidence or documentation within the clinical records that the physician had been notified when oxycodone was administered outside of ordered perimeters on dates: 9/04/2024 at 19:09 for pain level 7 9/11/2024 at 19:41 for pain level 7 9/12/2024 at 19:33 for pain level 6 9/16/2024 at 21:04 for pain level 5 9/18/2024 at 19:14 for pain level 7 9/19/2024 at 02:16 for pain level 7 (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on September 26, 2024 12:51 PM with nurse (#28) who stated about pain management opioid treatment, that if a patient has an order for pain medication, the patient has a related pain scale with parameters, and it is the facility policy and procedures to follow physician orders as written including parameters. Nurse referred to patient #8's oxycodone order having the pain scale of 1-10, and she stated that the opioid is prescribed for 8-10 pain level treatment on patient provider's order and that the floor nurse would only administer that opioid treatment if the patient's pain is within that range of 8-10 parameters. But, if the patient requested the opioid medication and their pain level is not within the prescribed 8-10 perimeters, then the nurse would call the patient's physician for clarification, then put in a new order or parameter change and document the change in either the MAR or progress note, or both locations. Nurse #28 stated patient #8's oxycodone, that the oxycodone was given outside of provider's 8-10 pain level perimeters order and she counted six times this occurred from 9/4/24-9/19/24. She stated that the order is written for the pain scale of 8-10 and the medication should have been administered only for the pain levels in that range. She further stated, that when a medication is administered outside of provider's orders, the physician would be notified, and if a new one-time order was received, there should be documentation of a change in the current order or parameter. Nurse #28 reviewed the progress notes on patient #8 and stated there were no related notes that the physician had been notified nor a note of a change in orders. The Nurse (#28) expressed that the risk of administering an opioid outside of the ordered parameters could result in the resident becoming lethargic, respiratory distress, and the doctor would not know or beaware. Interview was conducted September 27, 2024 08:15 AM with the Director of Nursing (DON staff #119) who stated, the facility's expectation of opioid oxycodone being dispersed to patient would be to follow the MD's (Medical Doctor's) orders, including parameters. The Director of Nursing expressed that the facility has a policy in place, that pain medication at times can be administer outside of parameters with documentations in place, or note that the opioid medication was requested by the patient and the MD is informed. Furthermore, that documentation should be in nursing progress note or within the patient's MAR, and it is expected that the nurses document in progress notes all MD order changes or parameter changes. Director of Nursing stated, the orders are changed to patient's needs by the physician. DON mentioned that she did talk to nurse #28 on September 26, 2024 and they reviewed patient #8's MAR of the six times oxycodone medication that were given to patient outside of parameters. DON stated she did not see any orders to change those parameters, nor identified any nursing progress note of a nurse calling MD to change parameters nor change the order. DON stated, she expects the nursing to notified the physician and document, and that the risk of not following the MD administration order, is that the MD would not be aware. Review of facility's policy Pain Management revealed that patients will be assessed for intensity of pain by utilizing a standard pain scale of 0-10 and the physician will be notified for further orders/interventions and asked to clarify parameters based upon pain intensity. Documentation of PRN medications will be documented on the EMAR. Additionally, the EMAR will prompt the administering nurse to include the reason given, location, and intensity of pain as per the 0-10 scale or FLACC numerical score prior to administration. The policy notes, it is not the purpose of this policy to neither dictate physician orders nor contradict current standards of care. Optimal pain control shall be determined with respect to patient goals in collaboration with the interdisciplinary team and the patient's physician.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Deficiency Text Not Available