

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Oasis Pavilion Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 161 West Rodeo Road Suite 1 Casa Grande, AZ 85122	

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** 48932</p> <p>Based on record review, interviews, and observation of current practice, the facility failed to ensure the right of one resident (#2) to be free from abuse from another resident (#1). The deficient practice could result in resident abusing and experiencing emotional and mental trauma from the abuse.</p> <p>Findings include:</p> <p>Regarding Resident #2</p> <p>Resident #2 was admitted to the facility on [DATE] with diagnoses of hypertension, history of strokes, and a history of falls.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] a Brief Interview of Mental Status (BIMS) score of 4 indicating severe cognitive impairment. The MDS also indicated resident #2 used a walker for mobility purposes as the resident had an impairment on the lower extremity on one side.</p> <p>Review of a progress note dated April 5, 2024 revealed a nurse heard someone yelling for help and upon entering the room the nurse found resident #2 sitting on the floor and her roommate was sitting in resident's bed looking through her belongings. The note indicated that resident #2 informed staff that the roommate (resident #1) had pulled her off the bed and pushed her to the floor. Further, the note revealed resident #2 reported being sore from the fall.</p> <p>A progress note revealed that on April 6, 2024 resident was complaining of pain in the left hip as a result of the fall. An x-ray was taken of the left hip and femur.</p> <p>A radiology report dated April 6, 2024 indicated a new fracture of the left femur.</p> <p>A Post Adverse Occurrence Observation note dated April 6, 2024 revealed resident #2 had no injuries as a result of the fall. The noted indicated that the resident had a sore to the left hip and that it was the same area where the resident had a previous hip fracture.</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: 035276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Oasis Pavilion Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 161 West Rodeo Road Suite 1 Casa Grande, AZ 85122	
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 April 25, 2024 at 9:14 AM with resident #2 regarding the incident on April 5, 2024. Resident #2 stated that resident #1 was pacing in their room and started accusing resident #2 of being in resident #1's bed. Resident #2 stated that resident #1 then pulled resident #2's left foot and I went to the floor. Resident #2 indicated they started calling out for help and staff helped her into her wheelchair. Resident #2 stated the incident happened on a Friday and then she had an x-ray.</p> <p>Regarding Resident #1</p> <p>Resident #1 was admitted to the facility on [DATE] for palliative care.</p> <p>The discharge MDS assessment dated [DATE], indicated that resident #1's cognitive skills for daily decision making was severely impaired.</p> <p>There was no evidence regarding the alleged incident of resident #1's abuse of resident #2 on April 5, 2024.</p> <p>Review of the facility's 5-day investigative report revealed Licensed Practical Nurse (LPN/Staff #141) reported to the Director of Nursing (DON) that resident #2 was pulled to the floor of her room by resident #1. The report also indicated that both resident (#1 and #2) were roommates at the time of the incident. The report noted that resident #1 was admitted to the facility on e hour prior to the incident.</p> <p>An interview was conducted on April 25, 2024 at 9:20 AM with the Social Services Director (SSD/Staff 83). Staff #83 indicated they try to assess a potential resident to determine if they have behaviors before they are admitted into the facility. The SSD stated that this meant having conversations with a resident's case worker, staff at the previous facility or family members.</p> <p>An interview as conducted with the Admissions Coordinator (staff #15) on April 25, 2024 at 9:46 AM. Staff #15 indicated that they did not accept residents with behavior issues very often. However, when they do, roommates did not get along because of disagreements on room temperature or a roommate was being too loud. When asked what was done to determine if resident #1 needed interventions to be put into place to ensure the safety of herself and other residents prior to moving in, staff #15 indicated that she was not sure what was done to determined if resident #1 needed interventions in place to ensure her safety and the safety of others prior to admission. Another Admissions Coordinator (staff #62) stated that they had spoken with resident #1's case manager who stated that resident had no behaviors.</p> <p>An interview was conducted with the DON on April 25, 2024 at 10:00 AM. The DON indicated that prospective resident screening was done by the Admissions Coordinator and themselves. The DON stated they typically do not admit residents who have a dementia diagnoses with behaviors because they are not adequately trained to work with that population. Regarding the incident with residents #1 and resident #2, the DON stated that when she interviewed staff, they said they were surprised at her (resident #1) outburst because up to that point, she just needed redirection. The DON also stated that resident #2 initially reported having no pain but a few days later she had pain so she was sent to the hospital for x-rays. The DON added that there was a change in resident #2's x-ray attributed from the fall.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Oasis Pavilion Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 161 West Rodeo Road Suite 1 Casa Grande, AZ 85122	
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>A review of the policy titled, Resident Abuse and Neglect Policy, reviewed on January 9, 2023, defined physical abuse as hitting, slapping, pinching, kicking etc. The policy guidelines revealed, It is the responsibility of the facility to identify any resident whose personal history renders them at a risk for abusing residents, and development of intervention strategies to prevent occurrence, monitoring for changes that would trigger abusive behavior, and reassessment of the interventions on a regular basis.</p>		