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| 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 05/07/2024 |
| 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.

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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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47911</p> <p>Based on clinical record review, staff interviews, review of facility documentation, and policy, the facility failed to ensure that the electronic health record for resident #1 was complete and accurately documented. The deficient practice could result in incomplete and/or inaccurate clinical records and potentially impact resident care.</p> <p>Findings include:</p> <p>Resident #1 was admitted on [DATE] with diagnosis including malignant neoplasm of the kidney, secondary malignant neoplasm of the brain, depression, prediabetes, cerebral edema, repeated falls, obesity and other abnormal findings on diagnostic imaging of the central nervous system.</p> <p>A review of the documentation from resident's hospital (Hospital B) prior to admission to the facility with an admitted on April 13, 2024 noted that the resident's family took her to a hospital (Hospital A) post fall, and were then recommended to take the resident to Hospital B. Documentation from Hospital B further revealed that the resident had known metastases to the lung and brain, as well as a noted history of imbalance and falls. Hospital records stated that the resident had reported dizziness, falls and trouble standing. The physical therapy documentation from Hospital B also revealed fall risk as a documented precaution for resident #1.</p> <p>A review of the MDS (minimum data set) dated April 22, 2024 revealed that the resident had a BIMS (brief interview of mental status) score of 14, suggesting that the resident was cognitively intact.</p> <p>A review of the focus areas in the care plan for resident #1 revealed an identified accident potential due to a new environment and weakness. The care plan further notes that the resident was admitted to the hospital on March 29, 2024 after a ground level fall.</p> <p>The electronic health record for resident #1 revealed a new admission fall risk assessment on April 17, 2024 with a score of '0', indicating that the resident was noted to be a low risk for falls. Question #3 on the fall risk assessment, asked specifically about the history of falls within the last six months. The response to this question was noted that the resident had no fall history; however, the resident's admitting diagnosis, MDS and care plan included documentation that the resident had repeated falls.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>A further review of the progress notes in the electronic health record revealed that the resident had a fall on April 27, 2024 at 7:00 PM. The progress notes revealed that a CNA (certified nursing assistant) reported that resident #1 had a fall in the bathroom.</p> <p>An interview was conducted on April 7, 2024 at 10:25 AM with staff #151 (CNA). Staff #151 stated information regarding a resident's falls and or fall risk is shared during shift change, meetings and is documented in the electronic health record via the fall risk assessment and progress notes.</p> <p>An interview was conducted on April 7, 2024 at 10:35 AM with staff #161, (RN/registered nurse). Staff #161 stated that the fall risk assessment is completed by the admitting nurse. Staff #161 stated that when completing the fall risk assessment, the nurse would review the history of falls, would interview the resident and or family, review the history and physical from the hospital, and review therapy document, as applicable.</p> <p>An interview was conducted on April 7, 2024 at 11:31 AM with staff #76 (MDS nurse). Staff #76 stated that a resident's fall history can be obtained from the hospital history and physical. She stated that she would meet with the resident to further review their history of falls and if a fall risk is identified, it would be included in the care plan. She stated that all nurses are oriented to the care plan and the overall process for identifying a resident who is a fall risk. Staff #76 reviewed the resident's MDS and care plan and confirmed that notations regarding the potential fall risk had been documented for resident #1. Staff #76 stated that because she also reviews resident safety, she has a fall log where it was noted that the resident was identified as a fall risk and that it had been discussed with staff. Staff #76 stated that given that the resident's fall risk had been identified as a safety concern, the fall risk assessment should have identified resident #1 as a fall risk as well. Staff #76 stated that upon review of the admission fall risk assessment, the potential fall risk for resident #1 had not been identified. Staff #76 stated that the risk for having conflicting information in the electronic health record could include staff confusion and inaccurate documentation.</p> <p>An interview was conducted with staff #65 LPN (licensed practical nurse). Staff #65 stated that he was familiar with resident #1 and that she had fallen once on his shift. Staff #65 stated that he had conducted the admission fall risk assessment for resident #1. Staff #65 stated that he thinks about fall history in terms of the resident' history in the facility and not prior to entering the facility. He stated that is why he felt the fall risk assessment was accurately completed; however, staff #65 did state that the resident is currently a fall risk and that the risk of not identifying a resident as a fall risk when warranted could include additional falls.</p> <p>An interview was conducted with staff #147 (DON/Director of Nursing). Staff #147 stated that fall risk assessments, should be conducted accurately via resident / family interview and by reviewing hospital and or transferring facility documentation. She stated that the fall risk assessment captures current and historical information for the resident. She reviewed the resident record and the fall risk assessment and stated that resident #1 should have been identified as a fall risk. She stated that this did not meet her expectations. She further stated that when assessing the history of falls on the fall risk assessment, the nurse who conducted the assessment, may have misinterpreted the guidance. Staff #147 stated that the risk could include not putting the proper precautions in place for the resident.</p> <p>(continued on next page)</p> | | |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>A review of the facility policy entitled Falls and Fall Risk Managing dated January 05, 2024 revealed that based on previous evaluations and data, staff will identify interventions related to the resident' specific risks and causes to try to prevent residents from falling.</p> | | |