STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035277	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haven of Lakeside	3401 North Lockwood Drive Lakeside, AZ 85929

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47341 Based on resident and staff interviews, clinical record review, and facility policy, the facility failed to ensure one resident (#31) was able to make choices about their care. The deficient practice could result in residents being denied the right to make their own choices. Findings include: Resident #31 was admitted to the facility on [DATE] with diagnoses that included spondylolisthesis, anxiety disorder, chronic obstructive pulmonary disease, and osteoarthritis. The Quarterly Minimum Data Set assessment from 02/29/2024, the Brief Interview for Mental Status (BIMS) score was 10 which suggested moderate cognitive impairment. There was no evaluation of bathing ability due to the bathing activity not being performed in the lookback period. Care plan initiated on 10/13/2022 had a goal for a performance deficit for activities of daily living (ADL) related to her diagnoses. It documented that she is bedfast most of the time and interventions included encouraging resident to participate to the fullest extent possible with each interaction, use the call light to call for assistance, and completing skin inspection during routine cares and per bath schedule. According to the facility shower schedule, Resident #31 is on the schedule to receive showers on the night shift on Mondays and Thursdays. The night shift is from 6:00pm to 6:00am. A review of shower sheets from April, May, and June 2024 show the resident refused a shower or bed bath 4 times on 4/15/24, 5/6/24, 5/27/24, and 6/3/24. Of those, three refusal forms are signed by resident with her handwritten note saying staff came at 8pm instead of 3pm, as a reason for why she refused. There are no showers documented for the three month period. Of approximately 18 scheduled bathing opportunities for Resident #31 from 04/01/2024 to 06/03/2024, 14 showers were not documented as being attempted. A progress note dated 5/18/2024 at 5:26pm stated that the resident#31 had not been showering because she needed assistance in shower. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview with resident #31 on 06/04/24 at 10:23am, she reported staff always gave her nighttime showers which she did not want because then her long hair would still be wet when she went to bed. She said she told them this, but they would instead mark her down as a refusal and she would miss her shower for that day. She said the most recent time this has happened was last night which was 06/03/2024. Certified Nursing Assistant (CNA) Staff #78 was interviewed on 06/05/2024 at 1:34pm. While she did not recall Resident #31 specifically, she stated that if a resident refuses a shower or bed bath, staff will ask if they want it at a different time and try to accommodate the resident. During an interview at 01:15pm on 06/06/2024 with Licensed Vocational Nurse (LVN), Staff #112, she reported that the facility does AM and PM baths according to the schedule, where each resident has designated weekdays and a shift they have showers or bed baths. She stated residents are able to request a different day and time, but if they move to days, then a resident from days will have to move to nights to balance the work load. There is not a specific time on the night shift that showers are completed. If a resident refuses, the CNA will verify if the patient really does not want to bathe at all. If they refuse a shower due to it being a certain time, they can be moved to the opposite shift. In an interview on 06/05/2024 at 4:15p, the Assistant Director of Nursing (ADON), Staff #43 stated that her expectation is for residents to have 2 showers a week and that if a resident prefers showers at a certain time that will be accommodated. If the resident is refusing at night just due to a time preference, the facility will accommodate and move them to the opposite shift. In facility policy titled Personal Care: Activities of Daily Living, supporting in effect on January 1, 2024, it states residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living. If resident with cognitive impairment or dementia resists care, staff will attempt to identify the underlying cause of the problem and not just assume the resident is refusing or declining care. Approaching the resident in a different way or at a different time may be appropriate. In facility policy titled Resident rights- Resident Self Determination and Participation in effect January 1, 2024, it states each resident is allowed to choose activities, and schedule health care and healthcare providers that are consistent with his or her interests, values, assessments, and plans of care, including: A daily routine, such as sleeping and waking, eating, exercise and bathing schedules; personal care needs such as bathing methods, grooming styles and dress.

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49399 Based on clinical record reviews, staff interviews, facility documentation and policies and procedures, the facility failed to ensure that one resident (#304) was free from abuse by another resident (#20). Findings include: Resident #20 was admitted on [DATE] with diagnoses that included cerebrovascular accident (CVA), epilepsy, traumatic brain injury (TBI), major depressive disorder, and schizoaffective disorder. Review of the care plan initiated on January 28, 2022 and revised on April 4, 2022 revealed that resident #20 have a psychosocial well-being problem related to anxiety, ineffective coping, lack of acceptance to current condition, TBI, schizophrenia, verbal and physical aggression. It also stated that he had been involved in altercation with peer. The interventions initiated on January 29, 2022 included need of assistance/encouragement/support to identify problems that cannot be controlled, and identify precipitating factor(s)/stressors. Another care plan initiated on July 12, 2021 revealed resident #20 have a potential to demonstrate physical and verbal behaviors (hitting and swearing, threatening) related to poor cognition and understanding of situations. The interventions initiated on July 12, 2021 included cognitive assessment, evaluate effectiveness and side effects of psychoactive medications, psychiatric/psychogeriatric consult as indicated, and when become agitated, intervene before agitation escalates, and guide away from source of distress. A nursing progress note dated August 2, 2022 revealed that resident #20 had stated he hit another resident on the cheek and there were no witness. The documentation further revealed that the nurse had a talk with the resident about the other resident being very old, frail and not strong. A physician progress note dated August 4, 2022 at 20:00 stated that resident #20 may have had a possible altercation, but it was unwitnessed and resident #20 admitted to hitting another resident on the cheek. A quarterly Minimum Data Set (MDS) assessment dated [DATE] included the resident #20 was admitted from an acute hospital and his Brief Interview for Mental status (BIMS) score was not assessed. The resident mood was not assessed, there were no indicators of psychosis behavior, he did not exhibited behaviors of physical, verbal, or other behavioral symptoms directed toward others. In addition, his quarterly MDS included that he had received antipsychotic, antianxiety, and antidepressant medication. -Resident #304 was admitted on [DATE] with diagnoses that included Alzheimer's disease, major depressive disorder, and bilateral hearing loss. Resident #304 admission MDS assessment BIMS score was not assessed. It was identified that his hearing was highly impaired and he makes himself understood and sometimes understand others. In regards to physical and verbal behavioral symptoms directed toward others, behavior of this type occurred. In addition, the MDS revealed the resident had received antipsychotic and antidepressant medication. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of care plan initiated on August 4, 2022 stated that resident #304 have a communication problem related to aging process and hearing deficit. The interventions included to anticipate and meet needs, be conscious of his position when in groups, activities, and dining room to promote proper communication with others. In addition, another care plan initiated on August 12, 2022 revealed resident have an impaired cognitive function/dementia or impaired thought processes related to Alzheimer's. The interventions included to administer medications as ordered, use his first name to identify yourself at each interaction, face him when speaking and make eye contact, and provide him with necessary cues-stop and return when if agitated. According to the clinical records review of resident #304, an incident note on August 2, 2022 at 17:00 revealed that resident #304 could not explain much but he agreed that someone hit his face. The note further stated that resident's #304 left cheek was reddish. On June 5, 2024 at 10:28 AM, an interview was conducted with a certified nursing assistant (CNA/Staff #45). Staff #45 stated that with resident #20 does not like yelling and loud noises, and resident #20 will cuss them out. In addition, Staff #45 stated that she has not seen him being physical with other residents. Instead, she stated that resident #20 yells mostly and then charge his wheelchair towards whoever is yelling, and then staff intervenes and redirects resident by slowly pulling his wheelchair back. On June 5, 2024 at 10:44Am, an interview was conducted with Licensed Practical Nurse (LPN/Staff #98). She stated that when there is a resident confrontation, she redirects them and goes in between the residents to make sure there is no additional contact between the residents. Staff #98 stated that resident #20 has a Trans Ischemic Attack (TIA) and is prone to mood changes. She further added that resident #20 gets aggravated, goes to another resident and start cussing. Staff stated that she heard about the slap incident with the resident. She added that resident's #20 behavior is not going away and is controlled by medication. On June 5, 2024 at 12:33 PM, an interview was conducted with the Assistant Director of Nursing/Staff #43 and administrator/Staff #131. Per Staff #131, he stated that they make everybody feel safe, by staff intervening when there is physical contact, and once safe, they do assessment. Staff #131 added that for an altercation with resident to resident, the residents are separared, assessed, and MD is notified for further instructions. A review of facility policy titled, Abuse Prevention Program, revised December 2016, revealed residents have the right to be free from abuse. Furthermore, the policy revealed the administration will protect our resident from abuse by anyone including, but not necessarily limited to facility staff, other residents .

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47341 Based on resident and staff interviews, clinical record review, and facility policy, the facility failed to ensure that alleged violations involving abuse were reported within required timeframe for one resident (#16). Findings include: Resident #16 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that include hypertension, chronic obstructive pulmonary disease, cardiomegaly, and dementia. Review of Quarterly Minimum Data Set assessment from 01/18/2024 revealed resident #16 Brief Interview for Mental Status (BIMS) score was unable to be assessed due to the resident being rarely or never understood. Staff assessment indicated there were short- and long-term memory problems and resident's cognitive skills were severely impaired. There was no fall history documented. Review of care plan initiated on 12/02/2019 reveal that resident #16 did have a goal related to her risk for falls with interventions that were updated after her 03/23/2024 fall which included being on the Falling Leaf program. A review of progress notes dated 03/23/2024 at approximately 10:30pm stated that a Certified Nursing Assistant (CNA) found the resident on the floor after an unwitnessed fall. The resident #16 had a laceration to her forehead, blood was spreading on the floor, and the resident was complaining of her hand hurting and said it was broken. The note further stated that the resident appeared confused and asked staff repeatedly where she fell from. Emergency Medical Services (EMS) were called and she was transported to the hospital. On 03/24/2024, the facility called the hospital who reported her left pinky finger was broken and her laceration had been stitched up and she would be able to return in the morning. Her x-rays and head CT were negative for any injury. The interdisciplinary team (IDT) reviewed the fall and injury on 03/26/2024 at 11:32am and placed the resident on the Falling Leaf Program for her safety. Active orders after the resident's fall on 03/23/2024 included a fall mat on floor next to the bed for prevention of injury dated 3/29/2024 and wound care for her forehead laceration dated 03/25/2024. Facility self reports for March and April 2024 were requested. None were reported for Resident #16 in that timeframe. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the Executive Director, Staff #131, on 06/06/2024 at 4:25pm he stated if a resident had a unwitnessed fall with a major injury and cannot say how it happened, that is not necessarily reportable to the Department of Health Services. He stated the interdisciplinary team will discuss it and determine if it it is reportable or not. For example, if a patient is sent to the hospital, they may have to wait on imaging from the hospital to determine if there was an injury or not. The IDT will always include the [NAME] President of Clinical Operations, Staff #136 as well. He stated they moved quickly and all of this was able to be accomplished within the 2 hours reporting timeframe. The team will still meet and update the resident's care plan as needed if they return to the facility, and implement interventions to prevent future incidents. During a review of Resident #16's fall on 03/23/2024, he confirmed it had not been reported, but the team met as he was able pull up IDT notes. He stated it was not an injury of unknown origin because it came from the fall. When asked how the IDT determined the injury was from the fall if it was unwitnessed and the resident was not able to state what happened, he said it would be a presumption. In the facility Abuse policy version 0622, it states the facility's objective is to provide a safe haven for residents through preventative measure that protect every resident's right to freedom from abuse. If abuse is witnessed or suspected, or an injury of unknown origin is identified the resident's safety will be immediately secured. Prompt reporting and investigation will be utilized to identify the validity of findings and reasonable measures will be implemented to deter further incidents of abuse.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47341 Based on resident and staff interviews, clinical record review, and facility policy, the facility failed to ensure one resident (#27) received necessary services to maintain personal hygiene. The deficient practice may cause a decline or decrease in a resident's quality of life. Findings include: Resident #27 admitted to the facility on [DATE] with diagnoses that included myotonic muscular dystrophy, acute respiratory failure with hypoxia, and major depressive disorder. Care plan initiated on 02/04/2023 had a goal for a performance deficit for activities of daily living (ADL) related to her diagnoses. Interventions included encouraging resident to participate to the fullest extent possible with each interaction, use the call light to call for assistance, and assistance with bathing/showering per bath schedule preference and as necessary. Review of quarterly Minimum Data Set (MDS) assessment from 04/04/2024 revealed resident #27 the Brief Interview for Mental Status (BIMS) score was 13 which indicated no cognitive impairment. For performance of activities of daily living, the MDS documented she was dependent for personal hygiene and mobility. According to the facility shower schedule, Resident #27 is on the schedule to receive showers on the night shift on Wednesdays and Saturdays. The night shift is from 6:00pm to 6:00am. A review of paper shower sheets from April, May, and June 2024 show the resident refused a shower or bed bath 3 times on 06/01/2024, 05/19/2024, and 05/01/2024. The electronic chart shows 3 refusals were documented on 05/09/2024, 05/23/2024, and 06/01/2024. Certified Nursing Assistant (CNA) documentation in the electronic health records shows no showers in the last 30 days. Paper documentation shows no showers for April, May, or June 2024. Of approximately 18 scheduled bathing opportunities for Resident #27 from 04/01/2024 to 06/03/2024, 12 showers were not documented as being attempted. A review of progress notes shows that on 5/18/2024 at 8:10pm, nursing documented the resident needs to be showered and have oral care on regular basis. It showed linens, gown, and socks were all changed. In an interview with Resident #27 on 06/04/24 at 12:57pm, she stated that she believed it had been a month since she last received any shower or bed bath. Observations showed her hair to be stringy in appearance and clumped together. Certified Nursing Assistant (CNA) Staff #78 was interviewed on 06/05/2024 at 1:34pm. She stated when completing personal hygiene they will ask the resident if they are able to do it themselves and also determine if it will be a one or two person job to assist. If a resident refuses a shower, staff will ask if they want it at a different time. If they do not want a shower after they will have to sign a shower sheet showing their refusal. Staff will try to encourage residents to try it in an hour or a later time. Staff #78 stated that Resident #27 prefers bed baths to showers. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 06/05/2024 at 4:15p, the Assistant Director of Nursing (ADON), Staff #43 stated that her expectation is for residents to have 2 showers a week and that if a resident prefers showers at a certain time that will be accommodated. If the resident is refusing at night just due to a time preference, the facility will accommodate and move them to the opposite shift. In facility policy titled Personal Care: Activities of Daily Living, supporting in effect on January 1, 2024, it states residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living. If resident with cognitive impairment or dementia resists care, staff will attempt to identify the underlying cause of the problem and not just assume the resident is refusing or declining care. Approaching the resident in a different way or at a different time may be appropriate.

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49399 Based on concerns identified during the survey, review of the facility assessment, staff interviews, Quality Assurance (QA) documentation, and policy review, the Quality Assessment and Assurance (QAA) committee failed to ensure the director of nursing (DON) attended the QAA meeting. The deficient practice can result in quality care concerns not being identified and corrected. Findings include: During the survey which was conducted on June 3, 2024 through June 6, 2024, concerns were identified regarding the attendance of the director of nursing during QAA meeting. Review of the facility document titled, QAPI Attendance Record revealed that on January 25, 2024 the executive director, medical director, DON, Infection Preventionist (IP), and others revealed a signature for each attendee except the pharmacy consultant. But for the months of February through May 2024, the document revealed the DON's QAPI Attendance Record signature was left blank. Furthermore, a review of the facility document titled, Facility Assessment revealed a list of Persons involved in completing assessment. The list of persons included the executive director /Staff #131, DON/Staff #43, governing body rep/Staff #136 and Date(s) of assessment or update was Updated 05/20/2024. However, review of facility record revealed Staff #43 is a licensed practical nurse (LPN) and assistant director of nursing (ADON). Additional facility record revealed that Staff #134 was the DON from August 2, 2022 through March 8, 2024, Staff #136 filled in as DON from March 9, 2024 through April 21, 2024, and Staff #135 was the DON from April 22, 2024 through May 20, 2024. An interview was conducted with the human resources (HR) manager/Staff #83, on June 5, 20204 at 1:40 PM. Staff #83 stated that the facility had a DON from July 2022 through March 2024. Staff #134 left the faciity on [DATE]. He added that on April 28, 2024, Staff #135 resumed the DON role and then resigned from the position on May 20, 2024. Then the ADON took over full time as acting DON on May 20, 2024. He stated that the ADON is still the acting DON up to present. He stated that his understanding of the State law allows an LPN to act as acting DON up to 8 months. An interview was conducted with the executive director/Staff #131 on June 6, 2024 at 5:28 PM regarding Quality Assurance and Process Improvement (QAPI). Present with the interview were Staff #132/Vice President Clinical Operation and Staff #133/Compliance Director/Acting DON. Staff #131 stated that they meet once a month with the medical director, executive director, IP, and multiple others are invited and also at least quarterly with the medical director, consultant pharmacist, and executive director. Staff #131 stated that the executive director, IP, DON, medical director are required to attend the QAA meeting. During the interview, the facility was not able to provide documentation that the DON was present onsite during the QAA meetings for the months of February through May 2024. Review of the Quality Assurance and Performance Improvement (QAPI) Program Policy, in effect on January 1, 2024, revealed the QAPI is overseen and implemented by the QAPI committee. The document revealed the committee meets at least quarterly (or more often as necessary).