

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035287	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2024
NAME OF PROVIDER OR SUPPLIER Havasu Regional Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1811 Mesquite Ave Lake Havasu City, AZ 86403	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40581</p> <p>The facility failed to ensure one resident (#15) or the representative was given a written reason in writing for the transfer to the hospital.</p> <p>Findings include:</p> <p>Resident #15 was admitted to the facility on [DATE] with diagnoses that included Parkinson's Disease, hypokalemia, and enterocolitis due to clostridium difficile.</p> <p>Review of the SBAR Communication Form dated November 16, 2023 revealed that the resident had an altered level of consciousness and a decreased appetite and fluid intake. The physician was notified and blood tests were ordered.</p> <p>A progress note dated November 17, 2023 at 4:46 PM revealed that the resident was transferred to the hospital. The physician was in to see the resident with the resident's power of attorney (POA). The doctor would like an MRI amongst other testing due to the resident's persistent confusion. The POA would also like resident to be sent to the emergency room (ER) for increased confusion. The resident has a positive occult blood, hemoglobin is stable.</p> <p>A progress note dated November 18, 2023 at 4:07 AM revealed that the resident was sent to the ER and is going to be admitted into the hospital.</p> <p>An interview was conducted on February 13, 2024 at 1:46 PM with the Administrator (staff #2) and the Director of Nursing (DON/staff #4). The (DON/staff #4) stated that the facility doesn't give the residents or the Power of Attorney a written reason for the transfer to hospital. The Administrator stated that they are going to develop a written process to notify their residents for the reason of transfer to the hospital.</p> <p>Review of the facility policy SNU: Facility Initiated Transfer and Discharge states: 8. Before a facility transfers or discharges a resident, the facility will notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. Notice will be made by the facility at least 30 days before the resident is transferred or discharged . Notice must be made as soon as practicable before transfer or discharge when:</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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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>i. The safety of individuals in the facility would be endangered; ii. The health of individuals in the facility would be endangered; iii. The resident's health improve\$ sufficiently to allow a more immediate transfer or discharge; iv. An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section, or; v. A resident has not resided in the facility for 30 days.</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40581</p> <p>The facility failed to ensure one resident (#15) was given a bed-hold policy when transferred to the hospital.</p> <p>Findings include:</p> <p>Resident #15 was admitted to the facility on [DATE] with diagnoses that included Parkinson's Disease, hypokalemia, and enterocolitis due to clostridium difficile.</p> <p>Review of the SBAR Communication Form dated November 16, 2023 revealed that the resident had an altered level of consciousness and a decreased appetite and fluid intake. The physician was notified and blood tests were ordered.</p> <p>A progress note dated November 17, 2023 at 4:46 p.m. revealed that the resident was transferred to the hospital. The physician was in to see the resident with the resident's power of attorney (POA). The doctor would like an MRI amongst other testing due to the resident's persistent confusion. The POA would also like resident to be sent to the emergency room (ER) for increased confusion. The resident has a positive occult blood, hemoglobin is stable.</p> <p>A progress note dated November 18, 2023 at 4:07 a.m. revealed that the resident was sent to the ER and is going to be admitted into the hospital.</p> <p>During an interview conducted on February 13, 2024 at 1:46 p.m. with the Director of Nursing (DON/staff #4), she stated that the residents are not given the bed-hold policy when admitted to the facility.</p> <p>Review of the facility policy SNU: Bed Hold and Return, approved in May of 2023 states:</p> <p>This facility does not offer a bed hold for patients who are not on the State Medicaid Plan. Our facility shall inform residents in writing upon admission and prior to a transfer for hospitalization or therapeutic leave of our bed-hold policy. 1. Upon admission and at the time a resident is transferred for hospitalization or therapeutic leave, a representative of the admitting office, Social Services, or designee, will provide the resident with written information concerning our bed hold policy.</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50262</p> <p>Based on interviews, chart review, and facility documents, the facility failed to ensure that a care plan was in place for a resident (#7) with diabetes treated with insulin.</p> <p>Findings Include:</p> <p>Review of the clinical record revealed that the resident was admitted to the facility on [DATE] with the following diagnoses: Cellulitis of the Left Upper Limb; Enlarged and Hypertrophic Nails; Depression, Unspecified; Urinary Tract Infection (site not specified); Muscle Weakness (GENERALIZED); Dysphagia, Unspecified; Chronic Kidney Disease, Stage 4 (Severe); Thrombocytopenia, Unspecified; Venous Insufficiency (Chronic, Peripheral); Type 2 Diabetes Mellitus without complications; Hyperlipidemia, Unspecified; Hypertensive Heart Disease without Heart Failure; Anemia, Unspecified; Sleep Apnea, Unspecified; Unspecified Osteoarthritis, unspecified Site; Encounter for Screening for Respiratory Tuberculosis; Need for Assistance with Personal Care; Unspecified Urinary Incontinence: Unsteadiness on Feet.</p> <p>The Minimum Data Set (MDS) admission assessment dated [DATE] revealed the resident #6 had a Brief Interview for Mental Status (BIMS) score of 12 which indicated that the resident had moderate cognitive impairment. Resident mood interview (Patient Health Questionnaire PHQ-2) had a score of zero (without symptoms of depression). On 12/22/23 the resident was rated at level 05 (set up assistance) for eating. On 12/22/23 Diabetes Mellitus (DM) was checked off under Active Diagnoses. On 12/22/23 in the Medications section of MDS daily insulin injections were checked as occurring daily for the previous seven days. On 12/26/23 Nutritional Status was triggered as a care area for care planning decision.</p> <p>Review of resident #6 care plan with Interventions/Tasks dates ranging from 12/16/23 to 12/29/23 does not include care planning specific to diagnosis, treatment, and monitoring of Diabetes Mellitus. The review revealed that the resident has a potential fluid deficit related to infection and cognitive deficit. On 12/21/23 dehydration/Fluid Maintenance was triggered as a care area and care planning decision. Interventions included administering medications as ordered and monitoring for effectiveness and side effects, educating resident #6 and family on importance of fluid intake, encouraging fluid intake and monitoring for signs and symptoms of dehydration (initiated 12/27/23). Interventions also include monitoring and recording intake from dining trays, monitoring for edema, weight loss or gain, weight upon admission and weekly for four weeks to evaluate stability (initiated 12/27/23). The review revealed that Body Mass Index was not Within Normal Limits (BMI is not WNL) with interventions of resident #6 meeting with dietician (initiated 1/9/24) and Interdisciplinary Team (IDT) weight monitoring/dietary plan implementation (1/9/24).</p> <p>(continued on next page)</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's All Orders History in the Medication Administration Record/Treatment Administration Record [MAR/TAR] dated 2/12/24 and covering the period from 12/15/23 to 2/13/24 reveals that insulin Lispro (Humalog) 100 Unit/ml. solution, 10 Units subcutaneous at bedtime (hold for glucose <130) start of 12/15/23, ending 1/13/24 was ordered on admission. The order was renewed for 30 days on 1/14/24. The insulin Lispro (Humalog) order was discontinued on 1/30/24 after an episode of hypoglycemia (1:14 AM, 33 mg/dl, 1:30 AM, 40 mg./dl, 1:46 AM 72 mg/dl and glucose (GLUTOSE 15) 40% gel 37.5 gm by mouth was administered. An order for glucose (GLUTOSE 15) oral 40% gel with dose 37.5 GRAMS by mouth for hypoglycemia was started on 12/26/23, ending 1/25/24. This order was renewed for 30 days on 1/25/24. No diabetes mellitus specific care planning was documented in the care plan area of the electronic medical record.</p> <p>During an interview conducted on 2/14/24 at 1:52 PM with the Director of Nursing (DON/staff #4) stated, there should be something related to monitoring blood sugar, I think they just didn't check that box. When asked about the MDS coordinator role in care planning, DON stated, He should have caught it, yes; I just do audits, I am not assigned to do care plans. The DON further stated that the nurses start the care plan based on SBAR [S, Situation: B, Background: A, Assessment: R, Recommendation] from the facility of origin, then the MDS coordinator becomes involved, and the DON audits.</p> <p>DON stated, The expectations are that they (nursing staff) have all orders correctly, and are monitoring her, and administering the medications appropriately. DON stated that a new MDS coordinator started in December 2023, so the diagnosis of Diabetes Mellitus was just missed by the MDS coordinator. The DON stated that because of new nurses, travelers, and floaters, the care planning for Diabetes Mellitus was missed. The DON stated that her expectations are that this area would be on the care plan. In response to surveyor follow up question: Do you see any risk of diabetes mellitus not being on the care plan? The DON responded, No, I don't, to come in and read this care plan, usually everything is in the orders, or on the MAR/TAR. Are they going to go into the care plan, I don't know, they should be doing their chart checks and revise, discontinue, add as needed.</p> <p>During an interview conducted on 2/14/24 at 2:02 PM with the MDS coordinator (staff #6), First of all I started on the 5th (December, 2023), at that time I wasn't really doing care plans. I'm used to doing MDS/CAAs (referring to Minimum Data Set and Care Area Assessments) then go into the care plan based on those. One of the diagnoses if it was diabetes should have been included in the care plan with appropriate monitoring. It should have been included, but during the transition I hadn't worked with Point/Click/Care and I was getting used to it again. Going forward, that's what I'm doing now, looking at what needs to be included in the care plan, and if it's diabetes we have it on the MAR to do that, and check for blood sugars.</p> <p>A review of a facility policy titled SNU Comprehensive Person-Centered Care Planning approved and effective 05/23 revealed that the baseline and comprehensive care plan should address minimum healthcare information necessary to properly care for a resident including but not limited to initial goals, physician's orders and dietary orders.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40581</p> <p>Based on observation, staff interviews, and the facility policy and procedures, the facility failed to ensure food items are discarded on or before the expiration date. The deficient practice could result in residents becoming ill.</p> <p>Findings include:</p> <p>The initial walk-through of the kitchen was conducted on February 12, 2024 at 12:45 PM with the Director of Nursing (DON/staff #4), who stated that the staff take turns cleaning out the refrigerators in the employee lounge where two refrigerators were observed side by side on the right wall. One refrigerator was labeled as the staff refrigerator and the other refrigerator was labeled as the resident refrigerator. The refrigerator labeled as the residents refrigerator contained: -nine, ,d+[DATE] ounce, containers of orange Jello with an expiration date of [DATE]. -one box of 18 assorted popsicles with with an expiration date of [DATE]. -four, 6 fluid ounce, containers of Chocolate Mighty Shake with an expiration date of February 9, 2024.</p> <p>During the initial walk-through of the kitchen was conducted on February 12, 2024 at 12:45 PM with the Director of Nursing (DON/staff #4), she stated that she checks the expiration dates on food items once a week and checked the items in the resident refrigerator last week. She stated that the risk of serving expired food items is illness.</p> <p>Review of the facility policy: Storage of Perishables and Non-Perishables effective ,d+[DATE] states: To ensure that all perishable foods are stored appropriately. c. All prepared foods will be dated with the expiration date and labeled with name of item. f. New purchases will be placed at back of shelf, following FIFO rule. (First In First Out).</p>		