STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035290	A. Building B. Wing	10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haven Health Sky Harbor, LLC	1880 East Van Buren Street Phoenix, AZ 85006

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49199 Based on clinical record review, interviews, and review of the facility policies, the facility failed to ensure that the care plan for one resident (#22) was updated according to the resident's preferences following a five-day investigation of a complaint. The deficient practice could result in suboptimal care planning to meet the resident's preferences. Findings include: Resident #22 was admitted to the facility on [DATE] with a diagnosis of unilateral primary osteoarthritis to the right hip, epilepsy, mood affective disorder, psychosis and adjustment disorder. Review of the Minimum Data Set (MDS) dated [DATE] revealed the resident had a Brief Interview for Mental Status (BIMS) score of 12. Indicating that the resident has moderate cognitive impairment. Resident #22 reported on October 7, 2024 at 6:00 PM that when a Certified Nursing Assistant (CNA) came to her room to provide incontinence care, she was popped in the butt. Resident was not able to provide a date or time when the alleged incident occurred, but she did give a brief description of the CNA. The facility launched an investigation on October 7, 2024 through October 11, 2024 and it was determined that the allegation was unsubstantiated. In the investigation notes, it stated, care plan has been updated to include 2 care givers for incontinent cares and per res request-female caregivers. Review of the care plan dated September 19, 2024 with a revision on October 8, 2024, revealed the care plan was not revised to include the requested change in care regarding the resident was to have 2 female caregivers for incontinence care. An interview was conducted on October 22, 2024 at 1:30 PM with Director on Nursing, (DON, staff #13). When asked if the care plan had been updated to 2 female care givers for incontinence care as was stated in the facility investigation report, staff #13 stated, no; and that, it was not in the care plan, it was an alert that was across her chart in the electronic medical records. That's going to be a problem isn't it. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of State Operations Manual (SOM), Appendix PP (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17), revealed each resident has the right to participate in choosing treatment options and must be given the opportunity to participate in the development, review and revision of his/her care plan. Residents also have the right to refuse treatment. The residents's care plan must be reviewed after each assessment, as required, except discharge assessments, and revised based on changing goals, preferences and needs of the resident and in response to current interventions.