

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER The Center at Tucson		STREET ADDRESS, CITY, STATE, ZIP CODE 5020 East Glenn Street Tucson, AZ 85712	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49399</p> <p>Based on clinical record review, resident and staff interviews, and facility policy review, the facility failed to ensure that a care plan related to food preference for one resident (#17) was implemented. The deficient practice could place resident at risk for malnutrition.</p> <p>Findings include:</p> <p>Resident #17 was admitted [DATE] with diagnoses of fractured right femur with closed fracture with routine healing, type 2 diabetes mellitus, and cognitive communication deficit.</p> <p>The physician order dated July 13, 2024 included for a diet order of regular diet, regular texture and thin consistency.</p> <p>The social history note dated July 15, 2024 included that the resident appeared to be alert, oriented to person, place, time and situation.</p> <p>The nutrition assessment dated [DATE] revealed the resident followed a gluten free diet.</p> <p>The nutrition care plan dated July 19, 2024 included the resident had a potential and/or was at risk for inability to maintain nutrition. Interventions included resident food preferences, food selections, portion sizes honored via selective menu per resident request and to provide food in a form that is acceptable and culturally acceptable.</p> <p>An admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 13 indicating the resident was cognitively intact. The MDS assessment did not code for any nutritional approaches; and, nutritional status did not trigger for care planning.</p> <p>The social services progress note dated July 25, 2024 included the resident had a BIMS score of 15 indicating the resident had intact cognition.</p> <p>A late entry physician progress note dated July 25, 2024 included the resident was alert and oriented. Plan was to maximize nutrition and mobility.</p> <p>The diet roster by wing dated August 15, 2024 revealed that resident #17 had regular diet and regular texture.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Despite documentation of a gluten-free diet preference, the clinical record revealed no evidence that this diet preference was implemented.</p> <p>During an interview conducted on August 14, 2024 at 9:41 a.m. resident #17 stated that he was gluten free but would pasta and bread. he resident stated that the facility should have gluten free food.</p> <p>An interview was conducted on August 15, 2024 at 2:15 p.m. with the kitchen manager (staff #56) who stated that they have the diet order from the speech therapist or the hospital printed out. from their dietary printer. He stated that the dietician evaluates the residents' preferences and allergies, sends the information to the kitchen printer and it gets printed to their diet roster, which was a sheet of paper that tells him the residents' food textures, allergies, preferences, and dislikes.</p> <p>In an interview with the registered dietician (RD/staff #400) conducted on August 15, 2024 at 2:23 p.m., the RD that the residents are interviewed for food preferences by their dietary technicians who would then communicate this to the dietary staff/department and the RD. She stated that the MNA or nutritional assessment was followed up by the dietician; and that, if a resident had a gluten free diet, this will be communicated to the dietary and nursing department; and, the dietary and nursing department can update the diet order.</p> <p>An interview was conducted on August 15, 2024 at 2:47 pm with registered nurse (RN/staff #401) who stated that the appropriate diet order or information for a new resident was taken from the hospital verbal report, discharge orders, packet received from the hospital and from the speech therapist. The RN stated that resident preferences and/or allergies were reported to the kitchen, as soon as staff finds out about it; and, the resident's diet order/information will be updated in the clinical record. Further, the RN stated that nutrition assessment was done during admission of the resident. Regarding resident #17, the RN stated that the nutrition assessment for resident #17 initiated on July 15, 2024 revealed that the resident followed a gluten free diet; however, the RN stated that the diet order for resident #17 was for a regular diet.</p> <p>The facility policy on Diets Available on the Menu revealed that diet will be offered as ordered by the physician or his/her designee. If the RDN or designee finds through nutritional assessment that the diet order is not appropriate for the resident, she/he will recommend and/or, as designated by the physician, order a more appropriate diet. In an effort to individualized diets and provide residents with their preferences, these preferences can be combined with the main diet order to achieve desired results.</p> <p>Review of facility policy on Patient rights: Planning and Implementation Care with revision date of February 8, 2021 revealed the facility honors the resident's rights to receive services included in the plan.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49199</p> <p>Based on clinical record review, resident and staff interviews and facility policy review, the facility failed to ensure that the preference for a gluten free diet for one resident (#17) was honored. The deficient practice could result in resident's food preferences not accommodated and places the resident at risk for nutritional complications.</p> <p>Findings include:</p> <p>Resident #17 was admitted [DATE] with diagnoses of fractured right femur with closed fracture with routine healing, type 2 diabetes mellitus, and cognitive communication deficit.</p> <p>The physician order dated July 13, 2024 included for a diet order of regular diet, regular texture and thin consistency.</p> <p>The nutrition assessment dated [DATE] revealed the resident followed a gluten free diet.</p> <p>Review of the clinical record revealed no evidence of a physician order for a gluten-free diet for resident #17.</p> <p>The nutrition care plan dated July 19, 2024 included the resident had a potential and/or was at risk for inability to maintain nutrition. Interventions included resident food preferences, food selections, portion sizes honored via selective menu per resident request and to provide food in a form that is acceptable and culturally acceptable.</p> <p>An admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 13 indicating the resident was cognitively intact. The MDS assessment did not code for any nutritional approaches; and, nutritional status did not trigger for care planning.</p> <p>The social services progress note dated July 25, 2024 included the resident had a BIMS score of 15 indicating the resident had intact cognition.</p> <p>A late entry physician progress note dated July 25, 2024 included the resident was alert and oriented. Plan was to maximize nutrition and mobility.</p> <p>Review of the diet roster by wing dated August 15, 2024 revealed that resident #17 had regular diet and regular texture.</p> <p>During an interview conducted on August 14, 2024 at 9:41 a.m. resident #17 stated that he was gluten free but would pasta and bread. he resident stated that the facility should have gluten free food.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on August 15, 2024 at 11:00 a.m. with cook (staff #93) who stated that if a resident had a preference or was on a gluten free diet, this will be honored. The cook stated that in order to honor the resident's preference, the kitchen staff must be made aware by either the nursing staff or the RD (Registered Dietitian). The cook stated that the dietician evaluates the resident's preferences and allergies; and, this information is then sent to the kitchen and it gets printed out to the kitchen's diet roster, which is a sheet of paper that tells him their residents' food textures, allergies, preferences, and dislikes.</p> <p>An interview was conducted on August 15, 2024 at 2:47 pm with registered nurse (RN/staff #401) who stated that the appropriate diet order or information for a new resident was taken from the hospital verbal report, discharge orders, packet received from the hospital and from the speech therapist. The RN stated that resident preferences and/or allergies were reported to the kitchen, as soon as staff finds out about it; and, the resident's diet order/information will be updated in the clinical record. Further, the RN stated that nutrition assessment was done during admission of the resident. Regarding resident #17, the RN stated that the nutrition assessment for resident #17 initiated on July 15, 2024 revealed that the resident followed a gluten free diet; however, the RN stated that the diet order for resident #17 was for a regular diet.</p> <p>The facility policy on Diets Available on the Menu revealed that diet will be offered as ordered by the physician or his/her designee. If the RDN or designee finds through nutritional assessment that the diet order is not appropriate for the resident, she/he will recommend and/or, as designated by the physician, order a more appropriate diet. In an effort to individualized diets and provide residents with their preferences, these preferences can be combined with the main diet order to achieve desired results.</p>		

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<p>F 0844</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>48932</p> <p>Follow rules about disclosure of ownership requirements and tell the state agency about changes in ownership and/or administrative personnel.</p> <p>Based on review of facility documentation, State Agency (SA) Licensing database, and staff interview, the facility failed to ensure written notification of a change in administrator was made to the SA at the time of the change. The deficient practice could result in inaccurate contact information in the SA licensing database.</p> <p>Findings include:</p> <p>Review of the list of current facility staff revealed that staff #114 was listed as the Administrator.</p> <p>A copy of an email confirmation dated February 2, 2024 from the State nursing care institution administrator (NCIA) board revealed that they received the administrator's notice of appointment.</p> <p>The personnel file for the administrator revealed a hire date of February 25, 2024.</p> <p>A review of the monthly quality assurance meeting sign sheets from January through June 2024 revealed that the staff #114 signed in as the administrator.</p> <p>Review of the SA licensing database revealed that the administrator (staff #114) was not the administrator on record.</p> <p>An interview was conducted on August 16, 2024 at 11:14 a.m. with the administrator (staff #114) who stated that she became the administrator of the facility on February 25, 2024; and that, a notification regarding an administrator change was made to the State NCIA board. However, the administrator was not able to say whether a notification was made to the SA as well. Further, the administrator stated that the expectation was that a notification of the Administrator change was to happen within 30 days of the change; and, if that did not take place, she would be at risk of losing her license and the facility would be out of compliance.</p>		