STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035299	A. Building B. Wing	10/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northpark Health and Rehabilitation of Cascadia	2020 North 95th Avenue Phoenix, AZ 85037

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 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** 47954 Based on clinical record review, facility documentation, staff interviews, and facility policy, the facility failed to ensure one resident (#152) was free from neglect, by failing to provide necessary provider prescribed medications. This deficient practice could result in a negative resident outcome from not receiving medications that were physician prescribed and necessary. Findings include: Resident #152 was admitted to the facility on [DATE] with diagnoses that include a MRSA (Methicillin Resistant Staphylococcus Aureus) abscess infection of the spine, Bacteremia, Chronic obstructive pulmonary disorder, Diabetes type 2, Anxiety and Hypertension. A review of the discharge MDS (Minimum Data Set) dated October 10, 2022 noted the resident had a BIMS of 12, indicating mild cognitive impairment. The care plan dated October 23, 2022 revealed the resident had a PICC (Peripherally inserted central catheter) related to an infection, with interventions including Administer IV (intravenous) medications per MD order, monitor for side effects and effectiveness, and to notify the MD as indicated. Review of the physician's orders dated October 7, 2022 showed an order for Teflaro (Ceftaroline Fosamil) 600mg (milligrams), with instructions to give 600mg intravenously two times daily for a spinal abscess. However, a review of the MAR (Medication administration record) revealed that for the resident's entire stay, from October 7, 2022 at 3:24 p.m., to discharge on October 10, 2022 at 5:41 p.m. the resident received no administrations of Teflaro. A physician's note dated October 10, 2022 at 10:26 a.m. revealed the facility provider spoke to the consulting infectious disease doctor following this resident and that the order was for Teflaro 600mg until November 13, 2022 for a total of 40 days. The note further revealed the resident was transferred to North Park for ongoing IV antibiotics, and that the patient had failed on Vancomycin and that it is not an option for treatment, and to continue the Teflaro. (continued on next page)

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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A nursing progress note dated October 9, 2022 at 10:03 p.m. revealed that the resident was on change of condition charting for antibiotic therapy to treat a spinal abscess and bacteremia. However, this resident was only receiving Vancomycin which the provider indicated was not an option for treatment from infectious disease. In an interview conducted with a Licensed Practical Nurse (LPN/staff #98) on November 19, 2023 at 9:15 a. m., the LPN stated that new orders for IV antibiotics are called into the pharmacy by nursing. The LPN Further stated that in the event a medication wasn't delivered or was unavailable, they would notify the provider and the pharmacy to get a stat order or adjust medication as needed. However, no notification to the provider was noted on clinical review. An interview was conducted on October 20, 2023 at 11:29 a.m. with the Director of nursing (staff RN/DON #301). The DON stated that orders transpose automatically when they are put into PCC, except for IV antibiotics and expensive medications. The DON further stated that any medications over $200 would need approval. During this interview the DON accessed the resident's record and stated that the resident received 3 doses of Vancomycin, but not any doses of Teflaro. The DON further stated it was her expectation that the staff notify her and the provider in the event of a drug not arriving on time. A review of facility policy titled 'Pharmacy Services' Dated November 28, 2017 revealed that The facility provides pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of drugs and biologicals) to meet the needs of each resident.

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47954 Based on clinical record review, facility documentation, staff interviews, and facility policy, the facility failed to ensure one resident (#152) was treated according to professional standards. This deficient practice could result in a negative resident outcome. Findings include: Resident #152 was admitted to the facility on [DATE] with diagnoses that include a MRSA (Methicillin Resistant Staphylococcus Aureus) abscess infection of the spine, Bacteremia, Chronic obstructive pulmonary disorder, Diabetes type 2, Anxiety and Hypertension. A review of the discharge MDS (Minimum Data Set) dated October 10, 2022 noted the resident had a BIMS of 12, indicating mild cognitive impairment. The care plan dated October 23, 2022 revealed the resident had a PICC (Peripherally inserted central catheter) related to an infection, with interventions including Administer IV (intravenous) medications per MD order, monitor for side effects and effectiveness, and to notify the MD as indicated. Review of the physician's orders dated October 7, 2022 showed an order for Teflaro (Ceftaroline Fosamil) 600mg (milligrams), with instructions to give 600mg intravenously two times daily for a spinal abscess. However, a review of the MAR (Medication administration record) revealed that for the resident's entire stay, from October 7, 2022 at 3:24 p.m., to discharge on October 10, 2022 at 5:41 p.m. the resident received no administrations of Teflaro. An interview conducted with a Licensed Practical Nurse (LPN/staff #98) stated that the pharmacy is linked to the facility PCC, except controls and IV antibiotics. She states she usually calls in the antibiotics. The LPN further states if a medication does not arrive as expected she would notify the provider of a missed dose and get a 1-time order, and that they would notify the pharmacy to address the missing medication. An interview was conducted on October 20, 2023 at 11:29 a.m. with the Director of nursing (staff RN/DON #301). The DON stated that IV antibiotics aren't transposed automatically, and that they can be missed if there isn't someone to approve them when they are over $200. During this interview the DON accessed the resident's record and stated that the resident received 3 doses of Vancomycin, but not any doses of Teflaro. The DON further stated it was her expectation that the staff notify her and the provider in the event of a drug not arriving on time. A review of facility policy titled 'Physician's Orders' revised August 1, 2023 revealed that staff are to notify the attending physician when issues arrive with medication administration or treatments.

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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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47910 Based on observations, staff interviews, clinical record review, and policy review, the facility failed to ensure that care and services were provided to prevent the development of pressure ulcers for two residents (#39 and #26). Findings include: 1. Resident (#26) was admitted on [DATE] with diagnosis that included encounter for orthopedic aftercare following surgical amputation, acquired absence of left leg below knee, type 2 diabetes mellitus with foot ulcer, uncomplicated, local infection of the skin and subcutaneous tissue, unspecified, other idiopathic peripheral autonomic neuropathy, peripheral vascular disease, unspecified, arteriosclerotic heart disease of native coronary artery without angina pectoris, heart failure, unspecified, other acute osteomyelitis, left ankle and foot Review of the MDS dated [DATE] revealed resident had a Brief Interview for Mental Status (BIMS) assessment with a score of 15 indicating intact cognition. Review of the MDS revealed no mood or behaviors exhibited, further review of the MDS revealed resident requires extensive assistance of one-person physical assist for bed mobility, two plus person physical assist with transfers, extensive one-person physical assist with locomotion on and off the unit, extensive-one person physical assist with dressing, extensive-one person physical assist with toilet use, limited assistance-one person physical assist with personal hygiene. Review of the Section J of the MDS further revealed resident has shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring), shortness of breath or trouble breathing when sitting at rest, shortness of breath or trouble breathing when lying flat. Review of the physician's orders revealed the following PREVENTATIVE CARE: (Bilateral upper/lower extremities) Apply house moisturizer Q Mon/Wed/Fri every day shift every Mon, Wed, Fri for Application of ointment, Skilled Wound Care Dr. to Evaluate and Treat as needed, Bilateral buttocks - barrier cream each shift for ppx every shift, Bilateral heels - paint with skin prep daily for ppx every day shift, Sacro coccyx - cleanse w nswc, apply triad paste, apply bordered foam dressing every day shift for wound care AND as needed for soilage/dislodgement, Low Air Loss Mattress: check for functioning q shift every shift for Review of the Physicians orders revealed the facility discontinued the pressure reducing device for bed Other Discontinued 10/19/2023 Start Date 9/22/2023 6:00 PM. Review of the Care Plan date initiated 09/22/2023, revision on 10/13/2023 revealed the following: Skin: Potential for alteration in skin/tissue integrity related to diabetes mellitus, peripheral vascular disease, limited mobility, decreased sensation to extremities. [NAME] will have skin intact; Apply moisturizing lotion to extremities with evening cares and PRN.; Apply protective barrier cream after each incontinence and/or with AM & PM cares. Encourage good nutrition and hydration in order to promote healthier skin. Low Air Loss Mattress. Off load heels or use prevalon boots when in bed. Turn and reposition as needed/ Back to bed schedule. Weekly licensed nurse skin assessment. Report alterations as indicated. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted with resident (#26) on October 19, 2023 at 09:37 AM. Resident (#26) stated he has had the same mattress that was currently on his bed since he was admitted to the facility. An interview was conducted with (LPN, staff #10) on October 19, 2023 at 09:42 AM who stated that the resident is not on a low air loss mattress. Staff #10 then reviewed the orders for resident (#26) and confirmed that resident (#26) has a current order for an air loss mattress that was ordered on 09/22/2023. Staff f #10 then stated the risks of not having the low air loss mattress as ordered could cause the residents wound to become worse if he is unable to move about. An interview was conducted with Chief Nursing Officer (CNO, staff #301) on October 19, 2023 at 9:57 AM. Staff # 301 reviewed the orders for resident (#26) confirming the resident did have an order for a low air loss mattress. Further review of the MAR/TAR by Staff #301 confirmed that nursing staff are documenting that the low air loss mattress is functional. She then stated it is her expectation that staff are following physicians' orders and properly documenting. She further stated the risks associated with not having the air loss mattress as ordered could cause worsening of a wound. 48812 2. Resident #39 was admitted to the facility on [DATE], with diagnoses that included Peripheral Vascular Disease and Acute Osteomyelitis of the Left Ankle and Foot. Review of the Minimum Data Set (MDS) completed on September 25, 2023 showed a Brief Interview for Mental Status (BIMS) had a score of 15 which indicated no cognitive impairment. An admission Nursing Evaluation dated September 21, 2023, revealed the resident was alert and oriented to person. The Braden Scale showed a score of 17, indicating the resident was a mild risk for pressure ulcers. A Skin Risk Evaluation dated September 21, 2023, revealed a Braden Scale score of 17, indicating the resident was a mild risk for pressure ulcers. A Visual Skin Assessment form revealed the resident's skin was not intact and that he had an unstageable pressure injury to the coccyx measuring 0.2 cm (centimeters) x 0.2 cm x 0.1 cm, no warmth, no odor, and no drainage. The skin care plan dated September 20, 2023, revealed the resident was at risk for pressure ulcers. The goal was for the resident's wounds to show signs of healing and remain free from infection. Interventions included applying moisturizing lotion to extremities with evening care and Pro Re Nata (PRN), applying protection barrier cream with each incontinence and with AM and PM care, avoiding friction and sheering, using a turn sheet for repositioning, and a low air loss mattress. A review of the current pressure ulcer care plan revealed the resident was admitted with an unstageable pressure ulcer to the coccyx area that had resolved. A review of the Physician Order Sheet form dated September 21, 2023, revealed the following orders dated September 21, 2023. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Weekly skin check: evaluate skin impairments, skin health, and nail and foot care. Document results on the evaluation, as scheduled daily, shift every Saturday for skin integrity. -Low Air-loss mattress: check for functioning every q shift for pressure-reducing device for bed. The order for the skin care was transcribed onto the TAR (treatment administration record) and administered as ordered. The order for the los air loss mattress was transcribed into the TAR. During an interview was conducted with the resident on October 17, 2023, at 11:25 a.m., he stated that his mattress was supposed to be changed out, but this had never happened. During an interview with a Licensed Practicing Nurse/Wound Nurse (LPN/staff#300) conducted on October 19, 2023, at 8:45 am, he stated that per the clinical record, the resident was at risk for pressure ulcers and that the physician had ordered an order for a low air loss mattress. He further stated that per the clinical record, the resident had received the low-air loss mattress and was checked for functionality each shift. An observation with staff #59 was conducted during the interview. A regular mattress was observed covered with a clean linen sheet. When asked if the mattress that the resident had on his bed was indeed a low air loss mattress, he stated that it was not as per the order and that the resident currently had a regular mattress. An interview was conducted with the Director of Nursing (DON/staff #301) on October 19, 2023 at 9:30 a.m. She stated that per the clinical record, the resident had an order from the physician for a low-air loss mattress and that, per the (TAR) it was being checked every shift. Staff #301 also stated that the physician would administer treatments as ordered per facility policy and her expectations. The DON was informed that the resident did not have a low air loss mattress per the physician's order. The policy regarding the Prevention and Treatment of Pressure Ulcers and Other Skin Alterations, revised on July 13, 2018, included that residents will receive services to prevent new pressure injuries and the necessary treatment to promote the healing of pressure injuries. The policy further defined the following terms: Based upon assessment and the resident's clinical condition, interventions include providing appropriate, pressure-redistributing, support services.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47954 Based on clinical record review, interviews, and review of facility policies, the facility failed to ensure that medications were available as ordered for one resident (#152). The deficient practice could result in not receiving medications that are physician ordered and necessary. Findings include: Resident #152 was admitted to the facility on [DATE] with diagnoses that include a MRSA (Methicillin Resistant Staphylococcus Aureus) abscess infection of the spine, Bacteremia, Chronic obstructive pulmonary disorder, Diabetes type 2, Anxiety and Hypertension. A review of the discharge MDS (Minimum Data Set) dated October 10, 2022 noted the resident had a BIMS of 12, indicating mild cognitive impairment. The care plan dated October 23, 2022 revealed the resident had a PICC (Peripherally inserted central catheter) related to an infection, with interventions including Administer IV (intravenous) medications per MD order, monitor for side effects and effectiveness, and to notify the MD as indicated. Review of the physician's orders dated October 7, 2022 showed an order for [NAME] (Centerline Foamily) 600mg (milligrams), with instructions to give 600mg intravenously two times daily for a spinal abscess. However, a review of the MAR (Medication administration record) revealed that for the resident's entire stay, from October 7, 2022 at 3:24 p.m., to discharge on October 10, 2022 at 5:41 p.m. the resident received no administrations of [NAME]. Further record review revealed no evidence that the physician or pharmacy were notified that the medication was not available. An interview conducted with a Licensed Practical Nurse (LPN/staff #98) on November 19, 2023 at 9:15 a.m., the LPN stated that new orders for IV antibiotics are called into the pharmacy by nursing. The LPN Further stated that if a medication wasn't available, they would notify a provider and the pharmacy to get a stat order or adjust medication as needed. An interview was conducted on October 20, 2023 at 11:29 a.m. with the Director of nursing (staff RN/DON #301). During this interview the DON accessed the resident's record and stated that the resident received no doses of [NAME] for this resident stay. The DON further stated it was her expectation that the staff notify her and the provider in the event of a drug not arriving on time. A review of facility policy titled 'Pharmacy Services' Dated November 28, 2017 revealed that the facility provides pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of drugs and biological) to meet the needs of each resident.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47910 Based on clinical record review, staff interviews, and policy review, the facility failed to ensure that physician orders were transcribed correctly into the electronic record for two resident (#26 and #39). Findings include: 1. Resident (#26) was admitted on [DATE] with diagnosis that included encounter for orthopedic aftercare following surgical amputation, acquired absence of left leg below knee, type 2 diabetes mellitus with foot ulcer, uncomplicated, local infection of the skin and subcutaneous tissue, unspecified, other idiopathic peripheral autonomic neuropathy, peripheral vascular disease, unspecified, atherosclerotic heart disease of native coronary artery without angina pectoris, heart failure, unspecified, other acute osteomyelitis, left ankle and foot A physician's order was written on September 22, 2023, for a Low Air Loss Mattress to be checked for functionality every shift. A review of the TAR Treatment Administration Record for September through October 2023, revealed the order was transcribed and that it was being checked every shift for functionality. An interview was conducted with (LPN, staff #10) on October 19, 2023 at 09:42 AM (LPN, staff #10) completed an observation of resident (#26) mattress stating the mattress he is on is not a low air loss mattress. (LPN, staff #10) reviewed the orders for resident (#26) and confirmed that resident (#26) has a current order for an air loss mattress that was ordered on 09/22/2023 and was being checked for its functionality every shift. (LPN, staff #10) stated the risks of not having the low air loss mattress as ordered could cause the residents wound to become worse if he is unable to move about. An interview was conducted with Chief Nursing Officer (CNO, staff #301) on October 19, 2023 at 09:57 AM. who reviewed the orders for resident (#26) confirming the resident did have an order for a low air loss mattress. Further review of the MAR/TAR by Staff #301 confirmed that nursing staff are documenting every shift per physicians' orders that the low air loss mattress is functional. She further stated it is her expectation that staff are following physicians' orders and properly accurately documenting what they have completed. The CNO was informed that the resident did not have a low-air loss mattress per the physician's order. 48812 2. Resident #39 was admitted to the facility on [DATE], with diagnoses that included Peripheral Vascular Disease and Acute Osteomyelitis of the Left Ankle and Foot. A physician's order was written on September 21, 2023, for a Low Air Loss Mattress to be checked for functionality every shift. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the TAR (Treatment Administration Record) for September through October 2023, revealed the order was transcribed and that it was being checked every shift for functionality. During an interview with a Licensed Practicing Nurse/Wound Nurse (LPN/staff #300) conducted on October 19, 2023, at 8:45 AM, he stated that per the clinical record, the resident was at risk for pressure ulcers and that the physician had ordered an order for a low air loss mattress. He further stated that per the clinical record, the resident had received the low-air loss mattress and was checked for functionality each shift. When asked if the mattress that the resident had on his bed was indeed a low air loss mattress, he stated that it was not as per the order and that the resident currently had a regular mattress. An observation with a Certified Nursing Assistant (staff #59) was conducted during the interview on October 19, 2023 at 8:45 AM. A regular mattress was observed covered with a clean linen sheet at that time. An interview was conducted with the Chief Nursing Officer (CNO/staff #301) on October 19, 2023 at 9:30 a. m. She stated that per the clinical record, the resident had an order from the physician for a low-air loss mattress and that, per the TAR it was being checked every shift. The CNO was informed that the resident did not have a low-air loss mattress per the physician's order. An interview was conducted on October 19, 2023 with a Physical Therapist (staff #38) who also stated that the staff would administer treatments as ordered per facility policy and her expectations. She also noted that she expected that staff be documenting treatment in the resident record wholly and accurately. The policy regarding the Prevention and Treatment of Pressure Ulcers and Other Skin Alterations, revised on July 13, 2018, included that residents will receive services to prevent new pressure injuries and the necessary treatment to promote the healing of pressure injuries. The policy further defined the following terms: Based upon assessment and the resident's clinical condition, interventions include providing appropriate, pressure-redistributing, support services.

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 47910 Based on staff interview, facility policy, and review of the Center for Disease Control (CDC) recommendations, the facility failed to ensure that their Infection Preventionist had completed the specialized training in Infection Prevention and Control prior to assuming the role as Infection Preventionist. The deficient practice could result in improper infection prevention practices within the facility. Findings include: A review of the Licensed Practical Nurse/Infection Preventionist's (LPN, staff #300) personnel/training record conducted on October 20, 2023 at 10:40 AM, revealed that staff #300 had not completed all the Center for Medicare and Medicaid (CMS) recommended specialized training topic. He had not been awarded a certificate for the CMS and CDC developed training titled The Nursing Home Infection Preventionist Training Course. During an interview with the Staff #300 conducted on October 20, 2023 at 10:40 AM, he stated that he has been the IP since April 2023. When asked if he had completed the Nursing Home Infection Preventionist Training Course, he presented a certificate with a completion date of July 16, 2023. Staff #300 stated that he finished the course and had also attended an Infection Preventionist Summit on July 8, 2023. He stated there was not a dedicated person with specialized training performing the duties as Infection Preventionist and that he was being trained by the Regional Clinical (RC) staff, but was unable to provide documentation that the RC was working at least part-time in the interim. Review of the facility policy titled Infection Prevention and Control Program revised October 15, 2022, indicated the facility designates an Infection Preventionist (IP) to coordinate the Infection Prevention and Control Program. The IP has clinical professional training and has specialized training in infection prevention and control. The CMS QSO policy memo dated March 11, 2019, noted that effective November 28, 2019 the final requirement for infection control prevention and control training for nursing home included specialized training in infection prevention and control for individuals responsible for the facility's Infection Prevention and Control Program. The memo further noted that CMS and CDC collaborated on the development of a free on-line training course in infection prevention and control for nursing home staff. It noted that the course is approximately 19 hours and is comprised of 23 modules. In order to receive the certificate of completion, learners must complete all modules and pass a post-course exam.