

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>01/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PUEBLO NORTE SENIOR LIVING COMMUNITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7100 EAST MESCAL STREET SCOTTSDALE, AZ 85254</b>	
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 0658  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Ensure services provided by the nursing facility meet professional standards of quality.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, staff interviews, and policy review, the facility failed to ensure services met professional standards of quality, by failing to ensure physician's orders [REDACTED].#22). The deficient practice could result in complications related to hypoglycemic episodes. Findings include: Resident #22 was admitted to the facility on (MONTH) 22, (YEAR), with [DIAGNOSES REDACTED]. Review of the care plan initiated (MONTH) 23, (YEAR) revealed the resident was at risk for alteration in blood sugar levels, [DIAGNOSES REDACTED] and/or [MEDICAL CONDITION]. The goal was that the resident will have decreased risks for developing any signs or symptoms of [DIAGNOSES REDACTED] and/or [MEDICAL CONDITION]. Interventions included providing the resident medication, blood sugar checks/labs as ordered and notifying the healthcare practitioner as requested of the results and any adverse drug reactions. Review of the current physician orders [REDACTED], an initial date of (MONTH) 11, (YEAR) that for blood sugars less than 70, give 4 ounces of orange juice, recheck the blood sugar in 15 minutes, and repeat giving 4 ounces of orange juice until the blood sugar was greater than 70. Continued review of the clinical record revealed the orders were transcribed onto the Medication Administration Records (MARs) except for the order to give 4 ounces of orange juice, recheck the blood sugar in 15 minutes, and repeat giving 4 ounces of orange juice until the blood sugar was greater than 70 for blood sugar readings less than 70, which was transcribed onto the Treatment Administration Records (TARs). The quarterly Minimum Data Set assessment dated (MONTH) 25, 2019 revealed a Brief Interview for Mental Status score of 15 which indicated the resident had intact cognition. The assessment included the resident was diabetic and received insulin injections during the look-back period. Review of the MAR for (MONTH) 2019 revealed the resident's blood sugar reading was 44 on (MONTH) 3 at 5:00 a.m., 62 on (MONTH) 3 at 5:30 p.m., 61 on (MONTH) 11 at 7:30 a.m., 52 on (MONTH) 12 at 5:00 a.m., 55 on (MONTH) 12 at 7:30 a.m., and 59 on (MONTH) 25 at 11:30 a.m. The MAR for (MONTH) 2019 revealed the resident's blood sugar reading was 60 on (MONTH) 8 at 11:30 a.m., 47 on (MONTH) 16 at 5:30 p.m., and 58 on (MONTH) 19 at 11:30 a.m. Review of the MAR indicated [REDACTED] The MAR indicated [REDACTED] However, review of the clinical record including the MARs and TARs revealed no evidence the physician orders [REDACTED]. During an observation conducted on (MONTH) 8, 2020 at 08:06 a.m., a Licensed Practical Nurse (LPN/staff #8) was observed telling resident #22 that his blood sugar was 48 and getting orange juice for the resident. An interview was conducted on (MONTH) 8, 2020 at 09:08 a.m. with staff #8 as she was entering the resident's room with an insulin pen. She stated she had just rechecked resident #22's blood sugar and that it was now 149 and she can now administer the resident's morning insulin. During an interview conducted on (MONTH) 8, 2020 at 10:12 a.m. with a Registered Nurse (RN/staff #2), the RN stated orange juice and snacks are offered to a resident who has a low blood sugar and who is alert and oriented. The RN stated that any time the blood sugar is below 70, they notify the physician and that it is not dependent upon whether they are able bring the resident's blood sugar up or not. An interview was conducted with staff #8 and staff #2 on (MONTH) 8, 2020 at 10:32 a.m. Staff #8 stated that when a resident has a low blood sugar, she would check to see what the physician had ordered for low blood sugars. She also stated that they would recheck the blood sugar within an hour. Staff #8 stated that resident #22 had orders to administered orange juice for a low blood sugar and that she had rechecked his blood sugar within an hour. After reviewing the physician order, staff #8 stated that she was unaware of the order to recheck resident #22's blood sugar in 15 minutes. Staff #2 said the order to recheck the blood sugar is on the TAR and that the order should be on the MAR. In an interview conducted with the Director of Nursing (DON/staff #48) on (MONTH) 8, 2020 at 11:13 a.m., the DON stated the expectation is that staff follow their policy regarding residents that are diabetic which includes following physician orders. After reviewing the physician order [REDACTED]. The facility's policy titled Blood Glucose Monitoring with an effective date of (MONTH) 1, 2019, revealed that if the blood sugar is out of established ranges ordered by the health care practitioner, the test should be repeated, the health care practitioner should be promptly notified of the results and treatment should be provided as ordered by the health care practitioner. The policy included the reading from the glucose meter, date and time of the test, and any physician notifications or treatment provided should be documented in the progress/treatment records or the Blood Glucose Monitoring Record.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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.