

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035133	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Yuma		STREET ADDRESS, CITY, STATE, ZIP CODE 2450 South 19th Avenue Yuma, AZ 85364	
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	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40581</p> <p>Based on documentation, staff interviews, and the facility policy and procedures, the facility failed to ensure that one resident (#27) was not neglected and her basic needs were being met regarding assistance with bathing, nail clipping, hair washing, and monitoring the condition of her skin. The facility also failed to assess the resident's needs after falls and update the care plan with new interventions as needed. The deficient practice could result in further incidents of resident neglect.</p> <p>Findings include:</p> <p>Resident #27 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included Alzheimer's disease, depression, and osteoporosis.</p> <p>The functional goal care-plan initiated April 27, 2022 with a revision date of September 4, 2024 revealed that the resident has limited physical mobility related to Alzheimer's disease, dementia, osteoporosis, osteoarthritis, and weakness. Interventions included that staff will assist with activities of daily living (ADL's) with a 1-2 assist as needed.</p> <p>Review of a shower list dated June 29, 2024 revealed that the resident #27 was bathed and had no new skin issues. It was also observed that the shower list consisted of a list of residents' names and if the residents were bathed. Nail clipping and hair washing was not documented on the shower sheet for any of the residents.</p> <p>The minimum data set (MDS) dated [DATE] included a staff assessment for mental status score of 2 indicating the resident had a severe cognitive impairment. It also included that the resident had skin problems related to skin tear(s). Review of the functional abilities and goals assessment revealed that the resident was dependent on the assistance of helpers for showering, personal hygiene, rolling left to right, and transfers.</p> <p>Review of a shower list dated July 20, 2024 revealed that the resident did not receive a shower and did not refuse. It was observed that the shower list consisted of a list of residents' names and if the residents were bathed. Nail clipping, hair washing and condition of skin was not documented on the shower sheet for any of the residents.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a shower list dated July 27, 2024 revealed that the resident received a shower and there was no documentation regarding the condition of the resident's skin. It was observed that the shower list consisted of a list of residents' names and if the residents were bathed. Nail clipping and hair washing was not documented on the shower sheet for any of the residents.</p> <p>Review of the electronic record for shower documentation dated July 2024 revealed that the resident was bathed July 2, July 16, July 23, and July 30, 2024.</p> <p>Review of the shower list dated August 3, 2024 revealed that the resident received a shower, but did not include the condition of skin. It was observed that the shower list consisted of a list of residents and if the residents were bathed. Nail clipping, hair washing, and condition of skin was not documented on the shower sheet for any of the residents.</p> <p>Review of the shower list dated August 24, 2024 revealed that the resident received a shower, but did not include the condition of skin. It was observed that the shower list consisted of a list of residents and if the residents were bathed. Nail clipping, hair washing, and condition of skin was not documented on the shower sheet for any of the residents.</p> <p>Review of the electronic record for shower documentation dated August 2024 revealed that the resident was bathed August 3 and August 10, 2024.</p> <p>The shower documentation revealed that resident #27 did not received assistance with bathing from July 2, 2024 to July 16, 2024, which was a total of 13 days, and August 3, 2024 to August 10, 2024, which is a total of 6 days. The shower documentation did not reveal that the resident received any assistance with hair washing or nail clipping.</p> <p>Review of the progress notes did not reveal that the resident refused assistance with bathing.</p> <p>An interview was conducted on October 18, 2024 at approximately 11:22 a.m. with the Director of Nursing (DON/staff #1) and the Assistant Director of Nursing (ADON/staff #3). The DON stated that residents should be getting showers twice a week. The ADON/staff # stated that staff track the residents' showers on a shower sheet form and there is an area where staff can document any concerns. She stated that the shower sheet form consists of a list of residents that are supposed to receive a shower on a specific day.</p> <p>An interview was conducted with a Certified Nursing Assistant (CNA/staff #12) on October 18, 2024 at 11:41 a.m., who stated that residents are supposed to be showered at least twice a week, nails clipped, hair washed, lets the nurse know if the resident refused, and should be documented on the shower list. She stated that the resident could be combative at times, so she would give her a bed bath instead of a shower.</p> <p>An interview was conducted with a Licensed Practical Nurse (LPN/staff #20) on October 18, 2024 at 12:02 p. m., who stated that residents are showered twice a week, and that CNA's should report skin issues to the nurse so that they can report it to the Director of Nursing (DON). It is also her expectation that that CNA's also report if the resident refuses care like showers, hair washing, and nail clipping, and that it would be documented in a progress note.</p> <p>(continued on next page)</p>		

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>The facility policy, Activities of Daily Living dated February 12, 2024 states that A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. It also states to ensure that fingernails are clean and trimmed to avoid injury and infection.</p> <p>-The care-plan initiated May 4, 2021 and a revision date of September 4, 2024 revealed that the resident was at risk for injury from a fall related to weakness, pain, and a history of a fall with a lumber spine fracture. The resident has poor safety awareness. With noted interventions of assist with activities of daily living (ADL's) as needed, call-light within reach, complete fall risk assessment, move resident to common areas for more eyes on supervision, provide medications as ordered, and anticipate and meet the resident's needs.</p> <p>Review of the medication order summary revealed active orders as of February 1, 2024, which included Quetiapine Fumarate tablet 50 mg give one tablet by mouth two times a day related to Alzheimer's disease with a start date of December 28, 2023.</p> <p>Review of a shower list for resident #27 dated June 29, 2024 revealed that the resident was bathed and had no new skin issues.</p> <p>Review of weekly skin assessment dated [DATE] revealed a scab to the left shin.</p> <p>A progress note dated July 8, 2024 revealed a skin tear to the right thumb from bumping the bed table. A new order for foam dressing to right thumb area every three days and as needed until healed.</p> <p>Review of the weekly skin assessment dated [DATE] included a scab to the left shin.</p> <p>The minimum data set (MDS) dated [DATE] included a staff assessment for mental status score of 2 indicating the resident had a severe cognitive impairment. It also included that the resident had skin problems related to skin tear(s). Review of the functional abilities and goals assessment revealed that the resident was dependent on the assistance of helpers for rolling left to right, and transfers.</p> <p>Review of the weekly skin assessment dated [DATE] included a scab to the left shin.</p> <p>Review of progress note dated July 22, 2024 revealed that the resident was found sitting on the floor leaning against her bed. She had pushed the border pillows off the bed and tried to get up on her own. The nurse checked for injuries and none were noted. The physician and guardian were notified.</p> <p>Review of a Fall Risk assessment dated [DATE] revealed that the resident had fallen more than three times in the last 90 days with a score of 24.</p> <p>Review of a shower list dated July 27, 2024 revealed that the resident received a shower and no documentation regarding the condition of the resident's skin.</p> <p>A progress note dated July 28, 2024 revealed that the resident was found on the floor in front of her chair. The resident was unable to tell staff how she ended up on the floor. An assessment was completed, and there were no obvious signs of injury and no pain indicators present. The resident was transferred to her chair by two staff and neuros were started.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Fall Risk assessment dated [DATE] revealed that the resident had fallen 1-2 times in the last 90 days with a score of 20.</p> <p>Review of the progress notes July through August 2024 did not reveal documentation of a fall on August 3, 2024.</p> <p>The medication administration record (MAR) dated July 2024 revealed:</p> <p>-Quetiapine Fumarate tablet 50 mg give 25 mg by mouth two times a day related to Alzheimer's disease dated April 24, 2024 and discontinued July 2, 2024 was administered July 1 and 2, 2024.</p> <p>-Quetiapine Fumarate tablet 50 mg give 25 mg by mouth one time a day dated July 2, 2024 and discontinued July 3, 2024 was administered on July 3, 2024.</p> <p>-Quetiapine Fumarate tablet 50 mg give 25 mg by mouth one time a day dated July 3, 2024 for six days was administered July 4, 2024 through July 9, 2024.</p> <p>-Quetiapine Fumarate tablet 50 mg give 25 mg by mouth one time a day related to Alzheimer's disease dated July 30, 2024 for 6 days, and was administered July 3, 2024.</p> <p>-Also, the MAR revealed that Quetiapine was not administered from July 10, 2024 through July 30, 2024.</p> <p>Review of a Fall Risk assessment dated [DATE] revealed that the resident had fallen 1-2 times in the last 90 days with a score of 16.</p> <p>Review of the shower list dated August 3, 2024 revealed that the resident received a shower, but did not include the condition of skin.</p> <p>A progress note by the Social Services Director dated August 8, 2024 revealed that the resident was visited by the case manager from the public fiduciary office. The case manager expressed concerns regarding reoccurring falls and skin tears/bruising. She requested an explanation for the skin tears and bruising. The Social Services Director explained that some falls are unwitnessed and nursing are unable to record when some skin tears and bruising happened. The case manager requested that she be contacted when the resident has a fall or is sent out to hospital. The Social Services Director will update the Director of Nursing, Assistant Director of Nursing, and nursing staff. A care conference will be scheduled soon.</p> <p>A progress note by the (ADON/staff #3) dated August 9, 2024 revealed that the resident's Seroquel was discontinued on a trial basis leading to agitation, falls and behaviors this last month; Seroquel was reinitiated.</p> <p>The weekly skin assessment date August 21, 2024 revealed bruises on the bilateral lower legs and on top of the left foot; skin tear(s) to the right forearm; and scab to the left shin.</p> <p>Review of the shower list dated August 24, 2024 revealed that the resident received a shower, but did not include the condition of skin.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The minimum data set (MDS) dated [DATE] revealed one fall, which included an injury.</p> <p>The medication administration record (MAR) dated August 2024 revealed:</p> <p>-Quetiapine Fumarate tablet 50 mg give 25 mg by mouth one time a day related to Alzheimer's disease dated July 30, 2024 for 6 days, and was administered August 1, 2024 through August 5, 2024</p> <p>-Quetiapine Fumarate tablet 50 mg give 25 mg by mouth one time a day dated August 23, 2024 and discontinued August 29, 2024 was administered.</p> <p>-Also, the MAR revealed that Quetiapine was not administered August 6, 2024 through August 23, 2024, or from August 29, 2024 through August 31, 2024.</p> <p>An email dated November 13, 2024 from the Director of Nursing (DON/staff #1) included that she was unable to find any interdisciplinary team meeting (IDT) notes regarding falls that occurred on July 22, 2024, July 28, 2024, and August 2, 2024; and she is not sure that the previous DON was getting these done. They have since started IDT meetings and notes on all incidents.</p> <p>An interview was conducted on October 18, 2024 at approximately 11:22 a.m. with the Director of Nursing (DON/staff #1) and the Assistant Director of Nursing (ADON/staff #3). The DON stated that nurses and CNAs are required to complete training on fall prevention. If a resident falls, staff are to take vitals, contact the physician for instructions, start neuros and document if the event is witnessed or unwitnessed. The DON stated that when falls occur, they discuss the cause and preventions that can be implemented the next morning during the standup meeting, but she doesn't know if the meeting is documented. She stated that it is her expectation that new interventions are implemented and the care plan is updated and the purpose of the care plan is so all staff know what interventions are to be implemented. She stated that a Fall Risk Assessment is completed after every fall and a score above ten requires a care plan with interventions to be developed and updated as after each fall. The details regarding each fall should be documented in a progress note. She stated that resident #27 fell on [DATE], July 28, 2024, and August 2, 2024; she reviewed the progress notes and stated that there was no documentation of an IDT meeting occurring after each fall and the care plan was not updated with any new interventions. The ADON stated that there was not an intervention for non-skid socks in the fall care plan. She also stated that a skin assessment should have been completed after each fall and it was not done. At 10:18 a.m., the MDS Coordinator (MDS/staff #27) joined the meeting and stated that she has never attended an IDT meeting after a resident has fallen. She stated that she completes the care plan when the resident is admitted and it is her expectation that the care plan is updated with new interventions when a resident has fallen.</p> <p>An interview was conducted with a Certified Nursing Assistant (CNA/staff #12) on October 18, 2024 at 11:41 a.m., who stated that she has been trained on falls and the resident is for assessed for bruising, skin tears, and other injuries when a fall occurs. She stated that if a resident is found on the floor, staff are to assume there was a fall and go get the nurse, so the nurse can assess for injuries. She stated that that resident #27 falls a lot, and that the resident has slipped out of out of her chair. She stated that residents are supposed to get showers twice a week and staff should look for bruises and skin tears during this time.</p> <p>(continued on next page)</p>		

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>An interview was conducted with a Licensed Practical Nurse (LPN/staff #20) on October 18, 2024 at 12:02 p. m., who stated that she was trained on falls and when a resident falls, she is supposed to take the vitals, assess the skin, start neuros, notify the physician and document everything in a progress note. She also stated that residents are showered twice a week, and that CNA's should report skin issues to the nurse so that they can report it to the DON. She stated that she has not attended an interdisciplinary meeting (IDT) after a resident falls or updated a care plan with new interventions after a resident has fallen.</p> <p>The facility policy, Area of Focus: Fall Management dated December 4, 2023 states the facility will assess the resident upon admission/readmission, quarterly, with change in condition, and with any fall event for any fall risks and will identify appropriate interventions to minimize the risk of injury related to falls. Upon completion of the other interdisciplinary team's admission and readmission assessments, the interdisciplinary team will review any additional fall risk indicators and revise the</p> <p>resident's care plan as indicated.</p>		