

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035266	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Advanced Healthcare of Mesa		STREET ADDRESS, CITY, STATE, ZIP CODE 5755 East Main Street Mesa, AZ 85205	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Based on clinical record review, staff interview, the Resident Assessment Instrument (RAI) manual, and facility failed to properly complete a Discharge Minimum Data Set (MDS) assessment for Resident #31. The deficient practice could result in delayed identification of potential risks and care needs of the residents.</p> <p>Findings include:</p> <p>Resident #31 was admitted into the facility on July 05, 2024 with a diagnosis of surgical wound infections, peritoneal abscess, elevated white blood cell count, chronic obstructive pulmonary disease, and epigastric pain.</p> <p>MDS revealed that the resident had been discharged to a short-term general hospital.</p> <p>Progress notes for resident #31 revealed that residents had been discharged home with Home Health services with discharge summary, and medication review on July 19, 2024.</p> <p>Resident #31 was discharged on July 05, 2024; however, MDS and progress notes there was a discrepancy between progress notes, and MDS.</p> <p>An interview was conducted on October 17, 2024 at 1:19PM with RN/MDS Coordinator (Registered Nurse & Minimum Data Set) (Staff #9) review with progress notes and states that resident #31 was discharged to home health and that the resident never went to the hospital. RN MDS (Staff # 9) had reviewed resident MDS and stated that on the MDS it is revealed that resident has been discharged to a short term hospital. RN MDS Coordinator (staff # 9) stated that the MDS was inaccurate and that this is not part of the facility expectation.</p> <p>An interview was conducted on October 17 at 1:56 PM with DON (Director of Nursing) staff # 48 stated that this resident came in here for rehab , and when resident # 31 was discharged and they went home. In the MDS it gives you 4 option to pick from in regard to the resident discharge in this case RN MDS coordinator (staff # 9) had selected option 1 instead of opinion 4. The facility expectation would be that they are supposed to follow the Medicare Guide that applies to all staff.</p> <p>Review of the facility Policy titled, Patient Assessment revealed, that any individual who completes any part of the assessment on RAI will sign and certify the accuracy of that part of the assessment they have completed.</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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