

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035014	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2026
NAME OF PROVIDER OR SUPPLIER Desert Terrace Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2509 North 24th Street Phoenix, AZ 85008	
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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility documentation, staff interviews, Long Term Care State Operations Manual, and facility policies review the facility failed to ensure that safeguarding of personal funds included a system of written authorization for Resident #8. The deficient practice could result in verbal monetary agreements that do not allow identification and/or investigation of financial misappropriation. Findings included: Resident #8 was admitted to the facility on [DATE], readmitted on [DATE], and had a past medical history that included anxiety disorder, calculus of the ureter, mood affective disorder, and vascular dementia. Review of the MDS (minimum data set) assessment dated [DATE] revealed a BIMS (brief interview of mental status) score of 11, which indicated that Resident #8 was moderately cognitively impaired. Review of the admission Record Documentation Payer Information, revealed Resident #8 was 'Private Pay'. Review of 'Credit Card Authorization Form', revealed it had been completed by Staff #1 on May 28, 2024, and did not include Resident #8's signature. Additionally, there was no time included in the form indicating at what time the form was completed. The verbiage included beside the title of the form included in parenthesis and capitalized, 'please print'. The form was separated in sections which included Resident #8's pertinent information. Cardholders Name: Resident #8; Payment for (description of Services): Private 05/28, 05/29, 05/29, 2024; Credit Card Account Number, Expiration Date, 3 Digit Security Code were all completed; Total Amount to be charged to Credit Card: 450.00; Completed by: Staff #1; Sign: Via Phone. As well, capitalized lettering below the form included, the verbiage I agree to pay above total amount according to card issuer agreement. Review of the Resident Ledger Report dated May 28, 2024 with [NAME] Date of June 30, 2024, revealed a description of previous balance including Room and Board Charges: May 28-31; 2024 with total amount of: 900.00; Payment amount: 450.00; Balance: 450.00; and Total in May 2024. Review of the Resident Activity Report dated May 31, 2024 revealed Account status: Open; System Note: Account generation - Account created; Group: Private; and Amount due (450.00). Review of the Resident Activity Report dated September 2, 2025 at 2:37 PM, revealed a note written which stated, called Resident's Private Fiduciary (RPF); Resident #8 had since passed away; that, RPF stated also claimed that Resident #8 had money taken while being at the facility, so she (RPF) is unable to pay the facility. An interview was conducted on January 20, 2026 at 3:06 PM with Resident's Private Fiduciary (RPF) who stated that she had become Resident #8's financial power of attorney in April 2025. RPF stated that the facility payed themselves from Resident #8's accounts before she was her designated Private Fiduciary; and that, she stated that she had reported to the police, and facility, of fraud occurring in the resident's accounts while Resident #8 was at the facility at that time. RPF stated that Resident #8 had the bed closest to the window, and a nightstand drawer full of mail/financial documents. RPF stated that the mail contained statements and retirement funds; and that, all the mail was just sitting vulnerable to anyone who came into the room. An interview was conducted on January 20, 2026 at approximately 4:38 PM with Assistant Business Manager (ABM/Staff #1) who stated</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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>that her role included helping the manager with billing. ABM stated that residents with insurance will be covered, however since private pay residents are really rare - business office must check to see if they are being covered. ABM confirmed that Resident #8 was not always private pay. ABM stated that she became private pay on May 28, 2024 after her insurance coverage ended on May 27, 2024. ABM stated that later in March 2025, it was suggested by the facility, that a fiduciary should be involved. ABM stated that since the job of the business office is to collect money, they must be aware of how long before residents require assistance with finances. An interview was conducted on January 20, 2026 at approximately 4:38 PM with Business Manager (BM/Staff #10) and ABM/Staff #1. BM stated that her role was to help manage the insurances in the facility and make sure that the facility is getting paid. BM stated that in order to access banking accounts or payment cards, a form needs to be filled-out by the resident and facility staff called, Credit Card Authorization Form. BM stated that this form is always required, and needs to be completely filled out every time the business office runs a monetary transaction. BM stated that by signing the form, the residents are agreeing to give requested information. BM stated that she recalled Resident #8; and, confirmed that her insurance coverage had ended on May 27, 2024. BM stated that on May 28, 2024, Resident #8 had decided to remain in the facility as private pay. BM stated that initially because Resident #8 knew her account information there was no need to help her out with any fiduciary. BM stated she recalled that on May 28, 2024, Resident #8 had an appointment, and although was not physically in the facility at that time -- had insisted in paying the business office over the phone. BM confirmed that on the authorization form, dated May 28, 2024, the line requiring a signature had the words, via phone documented by the ABM. ABM stated that the facility staff did not document the exchange or communication of consent had with Resident #8 anywhere other than with the verbiage, via phone in the signature section of the Credit Card Authorization Form. An interview was conducted on January 21, 2026 at 10:16 AM with Administrator (Staff #20), ABM, and BM. BM confirmed that the Credit Card Authorization Form dated May 28, 2024 was an original copy of the originally completed form by the facility. Another interview was conducted on January 22, 2026 at 2:21 PM with Administrator/Staff #20 who stated that moving forward the facility staff would begin documenting authorization information at the same time as the charges; and that, the 'Credit Card Authorization Forms' would no longer be used because a better system would be in place that is clearer. Review of, State Operations Manual, Appendix PP (Rev 232; Issued 07-23-25), S483.10(f)(10)(i)-(ii), revealed guidance to assure that facility staff are not using oral requests by residents as a way to avoid obtaining written authorization to hold, manage, safeguard and account for resident's funds. The facility must have a system to document the date, time, amount, and who the funds were received from or dispersed to. The facility managing the resident's financial affairs includes money that an individual gives to the facility for the sake of providing a resident with a non-covered service. Review of Job Description titled, Assistant Business Office Manager documentation (dated 11/21/2022), revealed in section resident rights - develop practices to ensure that resident funds are maintained in accordance with current federal and state regulations and guidelines. Review of the facility policy titled, Accounts Receivable Policy and Procedure (revised 1/1/2026), revealed policy establishes a comprehensive framework of internal controls governing cash handling, payment processing, and deposit procedures; ensure accuracy, promote accountability, and uphold financial integrity; the executive director (ED) will be responsible for ensure that there are internal controls and segregation of duties in the business office.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, resident and staff interviews, and policy review, the facility failed to ensure policies prohibiting financial misappropriation were implemented for Resident #8. The deficient practice could result in lack of measures that prevent financial misappropriation of residents. Findings included: Resident #8 was admitted to the facility on [DATE], readmitted on [DATE], and had a past medical history that included anxiety disorder, calculus of the ureter, mood affective disorder, and vascular dementia. Review of the MDS (minimum data set) assessment dated [DATE] revealed a BIMS (brief interview of mental status) score of 11, which indicated that Resident #8 was moderately cognitively impaired. Review of the admission Record Documentation Payer Information, revealed Resident #8 was 'Private Pay'. Review of the Resident Activity Report dated April 22, 2025, at 14:52, revealed a note written by Business Manager (BM/Staff #10). Staff #10 which stated called Resident #8's Private Fiduciary (RPF); RPF stated she filed a Victim of Fraud claim in behalf of patient; According RPF patient account has been drained with \$265,000.00; RPF is stating that Police is investigating; And RPF also asked for facility to be part of the investigation. RPF is asking for copy of all statements since 01/2024 - to current; A copy where Resident #8 is approved to stay Private at the facility; Staff #10 stated, yes; and that, would be in touch by email and phone call. Review of the Resident Activity Report dated April 22, 2025, at 14:58, revealed another note written by BM/Staff #10 who stated, I talked to the ED (Staff #100) about the phone call with RPF; Explained that RPF had filed a Victim of Fraud claim in behalf of the patient with the police; Explained RPF is asking for facility staff to be investigated for fraud; and that, Staff #100 stated he will reach out to Staff #200 for advice. Review of the Resident Activity Report dated September 2, 2025 at 14:37 PM, revealed a note written which stated, called Resident's Private Fiduciary (RPF); Resident #8 had since passed away; that, RPF stated also claimed that Resident #8 had money taken while being at the facility, so she (RPF) is unable to pay the facility. An interview was conducted on January 20, 2026 at 3:06 PM with Resident's Private Fiduciary (RPF) who stated that she had become Resident #8's financial power of attorney in April 2025. RPF stated that the facility payed themselves from Resident #8's accounts before she was her designated Private Fiduciary; and that, she stated that she had reported to the police, and facility, of fraud occurring in the resident's accounts while Resident #8 was at the facility at that time. RPF stated that Resident #8 had the bed closest to the window, and a nightstand drawer full of mail/financial documents. RPF stated that the mail contained statements and retirement funds; and that, all the mail was just sitting vulnerable to anyone who came into the room. An interview was conducted on January 20, 2026 at approximately 4:38 PM with Assistant Business Manager (ABM/Staff #1) who stated that her role included helping the manager with billing. ABM stated that residents with insurance will be covered, however since private pay residents are really rare - business office must check to see if they are being covered. ABM confirmed that Resident #8 was not always private pay. ABM stated that she became private pay on May 28, 2024 after her insurance coverage ended on May 27, 2024. ABM stated that later in March 2025, it was suggested by the facility, that a fiduciary should be involved. ABM stated that since the job of the business office is to collect money, they must be aware of how long before residents require assistance with finances. An interview was conducted on January 21, 2026 at 10:16 AM with Administrator (Staff #20) who stated was the operations manager prior to becoming administrator in December 2025 at the facility. Staff #20 stated that when the allegations were made by the RPF, he and the previous administrator (Staff #100) went over the allegations together with RPF, however he would reach out to previous administrator (Staff #100) for further details on what had</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>been documented by the facility at that time. An interview was conducted on January 21, 2026 at approximately 10:31 PM with Business Manager (BM/Staff #10). BM stated that the facility provides abuse training often. Staff #10 state that the different types of abuse included physical, verbal, sexual, financial, and neglect. Staff #10 stated that if she is made aware of abuse allegations - will immediately inform the administrator at the time it was shared with her. Staff #10 confirmed that when the RPF made the allegation of fraud about Resident #8 on April 22, 2025, she relayed the information to the previous administrator at the time Staff #100. An interview was conducted on January 21, 2026 at 10:16 AM with Administrator (Staff #20) who stated had spoken to the previous administrator Staff #100 and that looking back at the allegations of fraud it looked like nothing was done. Staff #20 stated that after speaking with Staff #100, previous administrator had determined that there was nothing to investigate. Review of the facility incident report submitted on January 21, 2026 at 5:40 PM, revealed that on 01/21/2026 (Wednesday) at around 1001, during interview of (Business Office Manager) with Surveyor regarding discharged Resident #8, it was brought to the attention of Staff #20 (Administrator) that resident's private fiduciary had filed a Victim of Fraud Claim on behalf of the resident. Facility initiated investigation upon knowledge of allegation. Another interview was conducted on January 22, 2026 at 8:14 AM with Administrator (Staff #20) who stated he would be conducting a 5-day investigation after facility had filed their self-report regarding the allegations of fraud made by RPF about Resident #8 in April 22, 2025. Review of the facility policy titled, Abuse: Prevention of and Prohibition Against (revised October/2025), revealed it is the policy of the facility that each resident has the right to be free from abuse, neglect, misappropriation or resident property, and exploitation; Identification facility staff with knowledge of an actual or potential violation of this policy must report violation to his or her supervisor or the Facility administrator immediately; The Facility will assist staff in identifying abuse, neglect, and exploitation of residents, and misappropriation of resident property; All allegations of abuse, neglect, misappropriation or resident property, and exploitation will be promptly and thoroughly investigated by the administrator or his/her designee; The investigation will include the following: an interview with the person(s) reporting the incident, resident(s), witnesses to the incident, review of the resident's medical record, interview with staff member (on all shifts) who may have information regarding the alleged incident, review of all circumstances surrounding the incident; and that, the investigation, and the results of the investigation, will be documented.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, resident and staff interviews, and policy review, the facility failed to ensure that alleged violations concerning financial misappropriation were reported in accordance with state law for Resident #8. The deficient practice could result in continued financial abuse to residents. Findings included: Resident #8 was admitted to the facility on [DATE], readmitted on [DATE], and had a past medical history that included anxiety disorder, calculus of the ureter, mood affective disorder, and vascular dementia. Review of the MDS (minimum data set) assessment dated [DATE] revealed a BIMS (brief interview of mental status) score of 11, which indicated that Resident #8 was moderately cognitively impaired. Review of the Resident Activity Report dated April 22, 2025, at 14:52, revealed a note written by Business Manager (BM/Staff #10). Staff #10 which stated called Resident #8's Private Fiduciary (RPF); RPF stated she filed a Victim of Fraud claim in behalf of patient; According RPF patient account has been drained with \$265,000.00; RPF is stating that Police is investigating; And RPF also asked for facility to be part of the investigation. RPF is asking for copy of all statements since 01/2024 - to current; A copy where Resident #8 is approved to stay Private at the facility; Staff #10 stated, yes; and that, would be in touch by email and phone call. Review of the Resident Activity Report dated April 22, 2025, at 14:58, revealed another note written by BM/Staff #10 who stated, I talked to the ED (Staff #100) about the phone call with RPF; Explained that RPF had filed a Victim of Fraud claim in behalf of the patient with the police; Explained RPF is asking for facility staff to be in investigated for fraud; and that, Staff #100 stated he will reach out to Staff #200 for advice. Review of the Resident Activity Report dated September 2, 2025 at 14:37 PM, revealed a note written which stated, called Resident's Private Fiduciary (RPF); Resident #8 had since passed away; that, RPF stated also claimed that Resident #8 had money taken while being at the facility, so she (RPF) is unable to pay the facility. An interview was conducted on January 21, 2026 at 10:16 AM with Administrator (Staff #20) who stated was the operations manager prior to becoming administrator in December 2025 at the facility. Staff #20 stated that when the allegations were made by the RPF, he and the previous administrator (Staff #100) went over the allegations together with RPF, however he would reach out to previous administrator (Staff #100) for further details on what had been documented by the facility at that time. An interview was conducted on January 21, 2026 at approximately 10:31 PM with Business Manager (BM/Staff #10). BM stated that the facility provides abuse training often. Staff #10 state that the different types of abuse included physical, verbal, sexual, financial, and neglect. Staff #10 stated that if she is made aware of abuse allegations - will immediately inform the administrator at the time it was shared with her. Staff #10 confirmed that when the RPF made the allegation of fraud about Resident #8 on April 22, 2025, she relayed the information to the previous administrator at the time Staff #100. An interview was conducted on January 21, 2026 at 10:16 AM with Administrator (Staff #20) who stated had spoken to the previous administrator Staff #100 and that looking back at the allegations of fraud it looked like nothing was done. Staff #20 stated that after speaking with Staff #100, previous administrator had determined that there was nothing to investigate; and that, the allegations of fraud were not reported to the state agency. Review of the email dated January 21, 2025 at 1:20 PM, revealed that the facility had no self-reports regarding Resident #8. The document was signed and dated by Director of Nursing (Staff #40). Review of the facility policy titled, Reporting Reasonable Suspicion of a Crime (revised October/2025), revealed that the Facility seeks to protect its residents from being subjected to incidents of crime, and to ensure that any such incidents (or reasonable suspicion of such incidents) are reported in a timely</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>manner to the State Survey Agency (SSA) and local law enforcement; Some examples of crimes include (but are not limited to): Fraud and forgery. Review of the facility policy titled, Abuse: Prevention of and Prohibition Against (revised October/2025), revealed it is the policy of the facility that each resident has the right to be free from abuse, neglect, misappropriation or resident property, and exploitation; Identification facility staff with knowledge of an actual or potential violation of this policy must report violation to his or her supervisor or the Facility administrator immediately; The Facility will assist staff in identifying abuse, neglect, and exploitation of residents, and misappropriation of resident property; Allegations of abuse, neglect, misappropriation of resident property, or exploitation will be reported outside the Facility and to the appropriate State or Federal agencies in the applicable timeframes, as per this policy and applicable regulations. Review of the facility policy titled, Abuse: Prevention of and Prohibition Against (revised November 23, 2016), revealed the Grievance Official will immediately report all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property to the Administrator; and as required by State law.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records and policy, observations, and staff interviews the facility failed to ensure that medications were not left at the bedside for one Resident #12. The deficient practice could result in harm to the residents, and/or visitors who have access to medications. Findings include: Resident #12 was admitted to the facility on [DATE], readmitted on [DATE], and had a past medical history that included Type 2 Diabetes Mellitus with Diabetic Neuropathy, Chronic Obstructive Pulmonary Disease, Dementia, and Major Depressive Disorder. Review of the quarterly MDS (minimum data set) assessment dated [DATE] revealed a BIMS (brief interview of mental status) score of 13, which indicated that Resident #12 was cognitively intact. Review care plan for Resident #12 revealed no plan allowing resident to self-administer medication. Review of the physician's orders revealed no orders allowing Resident #12 to self-administer medications were documented. Review of electronic medical records, including progress notes and assessments, revealed no interdisciplinary meeting allowing Resident #12 to self-administer medication. Room observation was conducted twice on January 22, 2026 at 10:38 AM which revealed two medications located at the bedside near Resident #12. The names on the two medications included: Fluticasone Propionate Suspension 50 MCG/ACT, and Bacitracin Zinc 400 units. An interview was conducted on January 22, 2026 at 10:38 AM with Resident #12. Resident #12 confirmed that one of the medications was hers; and that, it was the medication that she uses every other day on her toes. Additionally, Resident #12 stated that the other medication was a nasal spray and uses it once in a while. Another observation was conducted on January 22, 2026 at 10:54 AM in conjunction with the Director of Nursing (DON/Staff #40) which revealed the two medications at the bedside near Resident #12. An interview was conducted on January 22, 2026 at 10:54 AM with DON inside Resident #12's room. DON confirmed that residents without orders to self-administer should not have medications left out. DON stated that medications at bedside, would not be ideal. DON stated that the risks included that medications can be taken at a different time than scheduled; and that, it would not meet the facility's expectations. DON reviewed the electronic medical records on the medication cart located near the room, and confirmed that Resident #12 did not have any order to self-administer the medication at the bedside at that time. Review of the facility policy titled, Self-Administration of Medications (revised 04/2023), revealed if resident desires to participate in self-administration, the interdisciplinary team will assess and periodically re-evaluate the resident based on change in the resident's status. The residents cognitive, communication, visual, and physical ability to carry out this responsibility will be evaluated. If the interdisciplinary team determines that this resident is unable to carry out this responsibility (this would be dangerous to resident or others), the interdisciplinary team may withdrawal this right. If the resident is a candidate for self-administration of medications, this will be indicated in the chart. Resident will be instructed regarding proper administration of medication by the nurse. Storage and location of drug administration (e.g., resident's room, nurses' station, or activities room) will comply with state and federal requirements for medication storage. Review of the facility policy titled, Medication Access and Storage, E kit access (revised 07/2017), revealed it is the policy of this facility to store all drugs and biological in locked compartments under proper temperature controls. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications: Only licensed nurses, the consultant pharmacist and those lawfully authorized to administer medications (e.g., medication aides) are allowed access to</p> <p>(continued on next page)</p>		

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