

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Foothills Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2250 North Craycroft Road Tucson, AZ 85712	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48932</p> <p>Based on clinical record review, interviews, facility documentation and policy review, the facility failed to ensure a colostomy care order was in place for one resident (#1) in accordance with professional standards of care. The deficient practice could result in residents not receiving the needed services for colostomy care.</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses that included anoxic brain damage, acute respiratory failure, use of a gastrostomy tube, and tracheostomy tube.</p> <p>On April 30, 2025, a review of Resident #1's orders revealed no orders for colostomy care.</p> <p>Review of Resident #1's care plan did not identify him having a colostomy bag or that colostomy care was needed.</p> <p>A review of Resident #1's progress notes revealed a note, Respiratory Vent Note, dated February 16, 2025 at 8:05 PM indicating that Resident #1 had a distended abdomen that was hard to the touch.</p> <p>Review of progress note, dated February 17, 2025 at 2:02 PM, revealed Resident #1 was sent out to an acute care facility for further evaluation.</p> <p>A review of a progress note, dated February 28, 2025 at 7:49 PM, revealed Resident #1 was readmitted to the facility; and that, Resident #1 had a midline incision at abdomen approximated with staples. Colostomy with liquid stool in it. Mother notified of resident's return.</p> <p>A review of the acute care facility's documentation revealed that Resident #1 had a total colectomy with ileostomy on February 18, 2025.</p> <p>A review of the facility's Point of Care Bowel/Bladder Report revealed inconsistencies in the number of times a day the resident was checked -- included several days where Resident #1 was not checked and recorded as 'No Bowel/Bladder Data Recorded':</p> <p>-April 10, 2025</p> <p>-April 15, 2025</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-April 17, 2025</p> <p>-April 18, 2025</p> <p>-April 19, 2025</p> <p>-April 22, 2025</p> <p>-April 24, 2025</p> <p>-April 25, 2025</p> <p>-April 29, 2025</p> <p>A review of the Medication Administration Record (MAR) for April revealed no order for colostomy care.</p> <p>An interview was conducted with Certified Nursing Assistant (CNA/Staff #54) on May 1, 2025 at 9:34 AM. Staff #54 stated that for residents who have a colostomy bag, they are checked every two hours and then the bag is changed when it is full or when it starts to come off. Staff #54 confirmed that Resident #1 had a colostomy bag. Staff #54 stated that she checks Resident #1 often because his bag does not stick well due to him being hairy in the area of the bag; and that, she had not observed his bag pop or him soiling himself with feces.</p> <p>An interview was conducted on May 1, 2025 at 9:56 AM with Registered Nurse (RN/Staff #91) who stated that colostomy bags are changed as needed depending on how quickly it gets filled. However, the bags are checked every two hours. Staff #91 confirmed that Resident #1 had a colostomy bag. Staff #91 stated that residents do not need an order for colostomy bag, however that they do need an order for colostomy care. Staff #91 was asked to locate an order for colostomy care for Resident #1 and confirmed that she was not able to locate one in the Electronic Health Record (EHR). Staff #91 stated that the risks of not having an order for colostomy care may result in patients not getting checked and the bag wouldn't get changed. She added that this would lead to the resident getting an infection.</p> <p>An interview was conducted on May 1, 2025 at 10:17 AM with the Director of Nursing (DON/Staff #166) who stated that residents' orders for the colostomy bags are often lumped together with orders for colostomy care. Staff #166 was asked to locate an order for colostomy care or a colostomy bag for Resident #1. Staff #166 acknowledged that she was unable to locate one in the EHR. Staff #166 stated that not having an order for the colostomy care did not meet her expectations and that possible risks for not having the order would be the residents not getting the care they needed. She added that this could lead to them getting sick and, something detrimental could happen to the residents.</p> <p>A secondary review of Resident #1's orders revealed an order, dated May 1, 2025 at 10:53 AM, created by staff #166. The order was for Colostomy: Change and care PRN and was instructed to be done every shift and as needed.</p> <p>A review of a policy titled, Medication, Treatment, and Other Orders, last reviewed in January 2025, stated Medications, treatments, and other orders will be consistent with principles of safe and effective order prescribing. Facility staff shall follow physician's orders as prescribed.</p>		