

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 06/25/2025
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on staff interviews, facility documents and the facility policy and procedures, the facility failed to complete a thorough investigation. The deficient practice could result in allegations not being substantiated. Based on staff interviews, facility documents and the facility policy and procedures, the facility failed to complete a thorough investigation. The deficient practice could result in allegations not being substantiated. Findings include: Review of the 5 day investigation dated June 13, 2025 revealed that (Resident #3) reported to (staff #11) that another nurse (staff #42) has verbally abused her and attempted to hit her awhile back. This document included that 3 residents had been interviewed, however, interviews with staff were not included. An interview was conducted on June 25, 2025 at 2:53 P.M. with the Director of Nursing (DON/staff #18) who said when an allegation is made, the facility has to make sure the resident is safe, separate them, suspend the alleged perpetrator, and do a skin check. She said that she would interview staff, interview the resident and interview other residents. The DON said that she was on vacation during this incident. An interview was conducted on June 25, 2025 at 3:00 P.M. with the Administrator (staff #31) who said the facility did interviews with the resident and the case manager did an interview with resident. She said that they do not have interviews with staff. This Administrator said that staff was spoken to but it was not written down. A policy titled Preventing, Reporting and Investigating Abuse/Neglect dated July 2023, all reports shall be promptly and thoroughly investigated by facility management. The individual conducting the investigation will, as a minimum: Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident.</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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