STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035068	A. Building B. Wing	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pueblo Springs Rehabilitation Center	5545 East Lee Street 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, interviews, and review of facility policies, the facility failed to ensure that medications were available as ordered for one resident (resident #5). The deficient practice could result in residents not receiving medications that are physician ordered and necessary. Findings include:-Resident #5 was admitted to the facility on [DATE] with diagnoses that include cirrhosis with liver failure, ascites, weakness, difficulty in walking, edema and diabetes mellitus type 2. A review of the admission MDS (Minimum Data Set) assessment dated [DATE] noted the resident had a BIMS of 15, indicating no cognitive impairment. The care-plan initiated [DATE] revealed the resident has hypotension related to medication use, with a goal of remain free of complications through the review date and noted interventions of administer medications as ordered, and monitor for side effects and effectiveness.The care-plan initiated [DATE] revealed the resident has oxygen therapy related to cirrhosis, with a goal of no signs and symptoms of poor oxygen absorption and noted interventions of administer medications as ordered by physician, and monitor for side effects and effectiveness.Review of the physician's orders dated [DATE] revealed Rifaximin oral tablet 200mg milligrams with provider instructions to give 1 tablet by mouth one time a day for liver cirrhosis.A review of progress notes dated [DATE] at 10:23 a.m. revealed that Rifaximin 200mg was not given and coded as Other / see nursing notes, due to pending order. A review of progress notes dated [DATE] at 07:12 a.m. revealed that Rifaximin 200mg was not given and coded as Other / see nursing notes, due to pending delivery from pharmacy. A review of progress notes dated [DATE] at 10:27 a.m. revealed that Rifaximin 200mg was not given and coded as Other / see nursing notes, due to unavailable. A review of progress notes dated [DATE] at 09:12 a.m. revealed that Rifaximin 200mg was not given and coded as Other / see nursing notes, however, no reason was documented. A review of progress notes dated [DATE] at 09:04 a.m. revealed that Rifaximin 200mg was not given and coded as Other / see nursing notes, due to pending. A review of progress notes dated [DATE] at 09:26 a.m. revealed that Rifaximin 200mg was not given and coded as Other / see nursing notes, however, no reason was documented. A review of progress notes dated [DATE] at 07:10 a.m. revealed that Rifaximin 200mg was not given and coded as Other / see nursing notes, due to pending. A review of progress notes dated [DATE] at 08:38 a.m. revealed that Rifaximin 200mg was not given and coded as Other / see nursing notes, due to pending order. Review of the physician's orders dated [DATE] revealed Rifaximin oral tablet 550mg milligrams with provider instructions to give 1 tablet by mouth one time a day for liver cirrhosis.A review of progress notes dated [DATE] at 09:28 a.m. revealed that Rifaximin 550mg was not given and coded as Other / see nursing notes, due to pending pharmacy order. A review of progress notes dated [DATE] at 08:30 a.m. revealed that Rifaximin 550 mg was not given and coded as Other / see nursing notes, however, no reason was documented. A review of progress notes dated [DATE] at 10:36 a.m. revealed that Rifaximin 550mg was not given and coded as Other / see nursing notes, however, no reason was documented. A review of provider progress notes dated [DATE] at 11:57 a.m. revealed pt states started feeling tremors and feeling her mind is more foggy. Has not received Rifaximin. Will discuss with nursing what needs to be done for (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	pharmacy to send medication. A review of progress notes dated [DATE] at 08:27 a.m. revealed that Rifaximin 550mg was not given and coded as Other / see nursing notes, however, no reason was documented. A review of progress notes dated [DATE] at 09:10 a.m. revealed that Rifaximin 550mg was not given and coded as Other / see nursing notes, however, no reason was documented. A review of progress notes dated [DATE] at 09:28 a.m. revealed that Rifaximin 550mg was not given and coded as Other / see nursing notes, however, no reason was documented. A review of provider progress notes dated [DATE] at 4:56 p.m. revealed Pt seen in room today. Still waiting on Rifaximin. Wanting suppository from staff. Pain controlled. Continue current rehab plan of care. A review of progress notes dated [DATE] at 10:10 a.m. revealed that Rifaximin 550mg was not given and coded as Other / see nursing notes, however, no reason was documented. A review of progress notes dated [DATE] at 08:54 a.m. revealed that Rifaximin 550mg was not given and coded as Other / see nursing notes, however, no reason was documented. A review of progress notes dated [DATE] at 09:10 a.m. revealed that Rifaximin 550mg was not given and coded as Other / see nursing notes, however, no reason was documented. A review of progress notes dated [DATE] at 09:08 a.m. revealed that Rifaximin 550mg was not given and coded as Other / see nursing notes, however, no reason was documented. A review of progress notes dated [DATE] at 08:33 a.m. revealed that Rifaximin 550mg was not given and coded as Other / see nursing notes, due to pending pharmacy delivery. A review of progress notes dated [DATE] at 09:27 a.m. revealed that Rifaximin 550mg was not given and coded as Other / see nursing notes, due to Pending Auth. A review of progress notes dated [DATE] at 4:08 p.m. revealed that the resident on observation was lethargic, vital signs taken, blood pressure was 64/41, pulse 110, respirations 12, temperature 98.3, blood sugar 189, resident refusing to take oral fluids, and that the provider, and ADON said to call 911 and send resident to the hospital. The note concludes that the resident was taken to the local hospital and that the next of kin was called with no response. An interview conducted with a Licensed Practical Nurse (LPN/staff #35) on [DATE] at 9:30 a.m. Staff #35 stated that resident #5 was young, and had a lot of liver issues. Staff #35 stated she wasn't sure why the medication was changed from 200mg to 550mg, but that she assumes it was because of cost. Staff #35 stated it happens occasionally, when it's an expensive medication they don't want to fill it. Staff #35 further stated that rifaximin is very expensive. Staff #35 stated that when they don't have a medication she notifies the management and notify the doctor, then the doctor and management address the issue. Staff #35 accessed the clinical record for resident #5 during this interview and pulled up the resident's administration record. Staff #35 stated that resident #5 was here for a little while and that resident #5 didn't receive any doses of rifaximin because we didn't have the medication. When asked why the medication was not available staff #35 stated they will tell me needs a prior auth or something special. Staff #35 further stated that there is no real alternative to this medication, and that it's important to get medications as ordered because the conditions can get worse without them, or you could end up in the hospital. Staff #35 concluded that yes, the resident should have gotten this medication. An interview conducted with a Licensed Practical Nurse (LPN/staff #45) on [DATE] at 9:30 a.m. Staff #45 stated the name of the pharmacy the facility uses, and that when medications are ordered by the provider they are delivered by the pharmacy several times a day. Staff #45 stated that if a medication is out, the process is to notify management, and then the doctor, to see if they want to change things, discontinue the order, or put it on hold. Staff #45 stated that medications typically don't come if they are super expensive. Staff #45 stated that not getting necessary medications could lead to the resident getting sicker or ending up in the hospital. An interview was conducted on [DATE] at 12:28 p.m. with the Director of nursing (DON/staff #70). Staff #70 stated that resident #5 was here on a skilled stay with Medicare A as a payer source. Staff #70 stated that the resident did not get rifaximin while in the facility. She further stated that the order was changed to 550mg from 200mg and was still not delivered because it needed an authorization because it's a high cost med. Staff #70 continued that the resident eventually rolled long term care as a payer source but that they didn't obtain a carve out for the medication, which would have reduced (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the cost. Staff #70 stated that it fell through the cracks. Staff #70 concluded that not receiving these medications can cause the patient to become worse, and that resident #5 was sent to the hospital, and later expired. A review of facility policy titled ?Pharmaceutical services' reviewed [DATE] revealed it is the policy of this facility to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biological) to meet the needs of each resident. A review of facility policy titled ?Medication administration' reviewed [DATE] revealed it is the policy of this facility that medications shall be administered as prescribed by the attending physician.