STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035071	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Palms Post Acute	6461 East Baywood Avenue Mesa, AZ 85206

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, interviews, review of facility documentation, and the facility's policy and procedures, the facility failed to ensure assessments accurately reflected one resident's, #108, status. The census was 145. The deficient practice could lead to residents not receiving personalized care that fits their needs.Findings include:Resident #108 was admitted to the facility on [DATE] with diagnoses of a fracture of the right humerus, muscle weakness, and type 2 diabetes.An admission assessment, completed on February 4, 2026, revealed the resident was alert and oriented to person, place, time, and situation. An admission Minimum Data Set (MDS), dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 00 which indicated severe cognitive impairment.Review of the admission Note in the clinical record revealed an entry, dated February 4, 2026 at 8:19 P.M. indicated that the resident was admitted to the facility with a primary diagnosis of GLF (ground level fall). It further stated that upon arrival, Resident #108 was alert and oriented x4 (person, place, time and situation).Review of the NP/PA (Nurse Practitioner/Physician's Assistant) Progress Note, dated February 5, 2026 at 5:30 P.M.) indicated that the resident was alert and oriented x3 (person, place, and time).Review of a Daily Skilled Note, dated February 6, 2026 at 6:21 P.M. indicated Resident #108 was alert and oriented x3. It was also noted that there were no active symptoms or treatments affecting the resident's level of consciousness, cognition, sleep, mood or behavior.Further review of the Progress Notes in the clinical chart did not reveal charting related to Resident #108's cognitive status, confusion or inability to participate in assessments due to altered level of consciousness.The Care Plan, initiated on February 4, 2026 and revised on February 10, 2026, indicated there was a focus on Resident #108's risk of impaired cognitive function/dementia or impaired thought process related to him being newly admitted to the facility. Interventions included identifying oneself at each interaction, facing the resident when speaking to him and making eye contact, and reducing distractions.An interview was conducted with Resident #108 on February 18, 2026 at 11:59 A.M. During the interview, the resident did not exhibit any signs of confusion and was able to stay on the topic at hand. An interview was conducted with Resident #108's roommate, Resident #139, on February 18, 2026 at 12:05 P.M. Resident #139 shared that since he shared a room with Resident #108, they have been able to have conversations on a variety of topics. He further shared that he had not experienced Resident #108 showing signs of confusions during their conversations.An interview was conducted with Certified Nursing Assistant (CNA/Staff #123) on February 18, 2026 at 12:10 P.M. Staff #123 recalled that when she first worked with Resident # 108, she didn't have much information about him and his mobility level. She further recalled Resident #108 telling her that he could walk and she felt that he was pretty with it. Staff #123 further indicated that during her time in working with him, he was alert, able to follow conversations and exhibited no altered level of consciousness.An interview was conducted with Registered Nurse (RN/Staff #196) on February 18, 2026 at 12:19 P.M. Staff #196 indicated that she was familiar with Resident #108 and that he is able to tell you what is going on. She also described Resident #108 as someone who is adamant about the medications he is and is not taking as he wants to manage his own healthcare. She also describes him as groggy when he first wakes up but is able to engage once he comes to. After checking the clinical chart, she added (continued on next page)

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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	that he is his own Power of Attorney (POA).An interview was conducted on February 19, 2026 at 2:05 P.M. with the MDS Coordinator/Staff #43. Staff #43 explained that while she is responsible for the MDS assessment packet, there are multiple staff members who each do their portions of the assessments and it is all consolidated together. She indicated that Social Services will typically do the BIMS assessments. Once they complete that part, she will review it and if she saw a red flag, she will either review it with Social Services or discuss it with the other MDS coordinator. Staff #43 shared that she knew of Resident #108 but had never interacted with him. When asked to review Resident #108's BIMS, she shared that the BIMS was a 00. When asked to review Progress Notes when the resident arrived to the facility, she shared that she had never seen anyone who was alert and oriented x4 and have a BIMS of 00, however, she added that anything is possible. Staff #43 explained that it was important that the assessments of the residents are accurate because it helps with figuring out where the resident is at in terms of their medical and functional status and where their baseline is. Everything needs to be accurate because you want to know everything you can about the resident to provide accurate care to them. She added that personalized care helps the residents.An interview was conducted with Social Services (SS/Staff #7) on February 19, 2026 at 2:48 P.M. Staff #7 explained that he does the BIMS assessments on Residents and it is a snapshot of the resident's cognitive status. He shared that sometimes residents come in and they are groggy or confused about where they are and when that happens, he will assess the residents later when they are more alert. He shared that he was familiar with Resident #108 and when he first arrived to the facility, he was hard to arouse so Staff #7 continued to do his rounds. Staff #7 further shared that he ended up doing the BIMS assessment with Resident #108 a few days later and he scored a 00 because Staff #7 was not able to get his attention. Staff #7 was asked what the Nurses' progress notes revealed about the resident's cognitive status when the resident arrived. After looking at the clinical chart, Staff #7 shared that when the resident arrived on the 4th, he was alert and oriented x4. Staff #7 then shared that since the resident had arrived to the facility in the evening on the 4th, he would have gone to see the resident on the morning of the 5th. When asked what the clinical record noted about the resident's cognitive status on the 5th, Staff #7 indicated that a note done by the NP said the resident was alert and oriented x3. Staff #7 shared that it could have been that every time he went to see the resident, he was hard to arouse.An interview was conducted with the Director of Nursing (DON/Staff #22) on February 20, 2026 at 10:59 A.M. Staff #22 explained that it was important that assessments accurately reflect the residents because it is important to paint a good picture of what is going on. He also explained that when residents first arrive, they might appear confused that first day or two, which is why they do a baseline and comprehensive. He stated that assessments are a living document because it is an ongoing document. He further stated that the BIMS assessment are a brief snapshot of the resident at that time and he is not going to refer to it when reviewing the residents' status. He explained that he is going to refer to the nursing and provider documents instead. He further explained that because of this, there is no risk to the residents for having an inaccurate BIMS assessment. Staff #22 shared that he was not familiar with Resident #108 and he has never attempted to engage with him. After looking at the clinical chart, Staff #22 indicated that his BIMS assessment was a 00 while the progress note completed during the admission on indicated the resident was alert and oriented x4. He also shared that a note entered on February 5, 2026 indicated the resident was alert and oriented x4. Staff #22 indicated that he did not have a reasonable explanation of why the BIMS was a 00 when several progress notes indicated the resident was alert and oriented.Review of the facility's Policy and Procedure titled, Resident Assessments: Assessments, Frequency of revealed it was last reviewed in March 2025. The policy indicated that resident assessments will be developed and reviewed on a timely basis.