STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035072	A. Building B. Wing	07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Phoenix Mountain Post Acute	13232 North Tatum Blvd Phoenix, AZ 85032

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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035072	A. Building B. Wing	07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Phoenix Mountain Post Acute	13232 North Tatum Blvd Phoenix, AZ 85032

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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observations, interviews, facility documentation and policy, the facility failed to ensure that one resident (#435) with an intellectual disability was properly groomed, and provided proper hygiene. The sample size was three residents. The deficient practice could result in the resident being ostracized and ridiculed at the facility, adversely impacting self esteem. Findings include:Resident # 435 was admitted to the facility on [DATE], with diagnoses that included unspecified intellectual disabilities, adjustment disorder with mixed anxiety and depressed mood, pyoderma gangrenosum (a rare, inflammatory skin disease where painful pustules or nodules become ulcers), and psoriasis vulgaris (a chronic inflammatory skin condition characterized by red raised patches, covered with silvery white scales).The Activities of Daily Living (ADL) care plan dated October 1, 2021, revealed that the resident required assistance with self-care and mobility. The care plan goal included the resident being clean and well-groomed. Resistance to Care was care-planned and initiated on January 31, 2024, with a goal of being open to feedback and coping mechanisms A progress note dated April 7, 2025, revealed the resident became upset with her about a shower, and for not allowing the resident to keep a urine-soaked blanket. The quarterly Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview Mental Status (BIMS) score of 15, indicating the resident is cognitively intact. The assessment also revealed the resident has had no adverse behavioral symptoms or rejection of care over the lookback period. The Interim Self-Care assessment revealed the resident was capable of performing activities of independent living independently (requiring no assistance from a helper). An investigation of an anonymous complaint submitted to the Bureau of Long-term Care on June 17, 2025, revealed the complainant's disapproval of the resident being allowed to walk around the facility and dining area with her briefs always soaked. A request for the past three months of the resident's shower sheets was made on July 11, 2025. Repetitive refusals of bad baths/ showers were revealed throughout April 2025 to July 2025. Shower sheets or other documentation supporting the resident having a bath from June 28, 2025 to July 11, 2025, were not provided to the compliance officer before exit. The clinical record does not support the IDT's attempt to re-evaluate the resident's ability to maintain proper bowel and bladder management on a quarterly basis. On July 11, 2025, at approximately 1:25 p.m., the compliance officer, along with the Assistant Director of Nursing (ADON/Staff #43) observed the resident walking down the hallway in a disheveled, ungroomed, and malodorous state. The resident stopped to engage in small talk with the ADON. Upon closer evaluation, a substantial amount of skin flaking was present on clothes and in hair. The resident's clothing had staining, and the resident's walker had a brown dried substance near the hand-grip area. Upon leaving the facility on July 11, 2025, at 3:40 p.m., the compliance officer, along with the Clinical Resource Staff (Staff # 40), observed the resident standing in the facility lobby. The resident state was unchanged from the previous observation.An interview was conducted with Resident # 412 on July 11, 2025, at approximately 1:13 p.m., who voiced familiarity with the resident and stated they let her Resident # 435 walk around all day smelling like piss and sh--, and do nothing about it. It's disgusting! The resident continued that the staff should think about how they would feel if someone allowed their loved one to be walking around like that!. An interview was conducted on July 11, 2025, at approximately 1:25 p.m., with the ADON (Staff # 43), who revealed that the resident is oftentimes resistant to care. The ADON further explained that they work hard to meet the resident's demand, and respect her rights as to when and how she wants things done. The ADON explained that the resident is very independent and refuses to let others assist. After seeing the brown dried matter on the walker, the ADON stated she would instruct staff to assist the resident in getting cleaned up immediately.During an exit conference conducted on July 11, 2024, at approximately 3:30 p.m. with the Director of Nursing (DON/Staff # 01), the DON revealed that the facility is aware that the resident has a long history of being resistant to care, and will continue to find ways to accommodate to help the resident meet care needs. The facility's Dignity and Respect policy, revised September 2024, revealed that residents will be appropriately dressed in clean clothes arranged comfortably on their persons and be well-groomed. The facility's ADL (Activities of Daily Living), Services to carry out policy, reviewed August 2024, dictate that qualified staff will provide necessary services to ensure residents maintain good nutrition, grooming, toileting, and personal oral hygiene. The facility's Bowel and Bladder Management policy, revised July 2013, directs the Interdisciplinary Team (IDT) to re-evaluate on at least a quarterly basis, upon a change of condition, and at other times as appropriate or indicated by the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035072	A. Building B. Wing	07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Phoenix Mountain Post Acute	13232 North Tatum Blvd Phoenix, AZ 85032

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035072	A. Building B. Wing	07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Phoenix Mountain Post Acute	13232 North Tatum Blvd Phoenix, AZ 85032

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, clinical record review, interviews, and facility documentation and policy, the facility failed to ensure that one resident (# 382) received necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new skin impairments. The sample size was three residents. The deficient practice could result in the development, or worsening of skin impairments.Resident # 382 was admitted to the facility on [DATE], with diagnoses that included paraplegia, neurogenic bowel and bladder (damaged nerves adversely affect bowel and bladder control), Type 2 Diabetes Mellitus, anxiety, and neoplasm of bone/soft tissue/ and skin. The resident's Activity of Daily Living (ADL) Self-care Performance Deficit care plan, initiated on October 19, 2019, goal for the resident to be clean and well-groomed through the review date. The resident's Pressure/Skin care plan, initiated on November 3, 2019, revealed the resident was to receive a low-air-loss mattress, mobility bars, and pressure-relieving/reducing device on the chair. A progress note dated January 3, 2022, revealed that an offloading mattress was included in the wound care orders.An order for a low-air-loss mattress was initiated on February 10, 2022. The Medication Administration Record (MAR)/Treatment Administration Record (TAR) did not support offloading mattress documentation from January 3, 2022, until February 9, 2022. The resident's shower sheets were reviewed for February 2022 through May 2022 and revealed the following:- No bathing activity occurred between February 2-7, 2022.- No bathing activity occurred between February 9-15, 2022. - No bathing activity occurred between February 17-21, 2022. - No bathing activity occurred between February 23-27, 2022.- Excluding the refusal on March 8, 2022, no bathing activity occurred between March 4, 2022 - March 14, 2022. - There is no clinical documentation supporting bathing activity that occurred during the month of April 2022.- No bathing activity occurred between May 4, 2022-May 8, 2022- No bathing activity occurred between May 10-17, 2022. A vascular clinic note dated April 19, 2022, revealed a positive prognosis for resident wound healing. The provider notes supported that the right and left lower extremity wounds had the capacity to heal. The resident's quarterly Minimum Data Set (MDS) assessment, dated April 23, 2022, revealed that the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. The assessment indicated the resident required physical help with bathing. The assessment further indicated the resident had Moisture Associated Skin Damage (MASD) and required a pressure-reducing device for bed. The progress note dated May 16, 2022, revealed the following status of the resident's wounds:Wound #7 Left, Lateral Thigh is an Abrasion and has received a status of Not Healed.Wound #8 Buttock bilateral buttocks is a MASD and has received a status of Not HealedWound #9 Right, Plantar Foot is a Diabetic Ulcer and has received a status of Not Healed. Wound #12 Right, Posterior Heel is an Arterial Ulcer and has received a status of Not Healed. A shower sheet dated March 8, 2022, revealed the resident refused bathing. The clinical record does not reflect any other episodes when the resident requested showers less than twice a week. An interview was conducted with Licensed Practical Nurse (LPN/ Staff #2) on May 28, 2025, at 1:22 p.m. The LPN revealed that residents with severe incontinence are checked on hourly. The LPN further elaborated the importance of knowing your resident and their clinical diagnosis to anticipate needs. In addition, the LPN revealed that showers are scheduled twice a week, and if a resident requests more than that, the staff will provide the opportunity. In regard to skin assessments, those are documented in the electronic medical record weekly under the skin assessments tab. An interview was conducted with Resident #204, who voiced aggravation, stated, I don't appreciate having to sit and wait in my own piss for over an hour, the CNAs (Certified Nurse Assistant) never want to work! They will come into your room and turn off your call light, and tell you they will be right back, but they never do! It can be an hour or two when you put your light back on to remind someone to come change you. I am afraid of getting sores! Luckily, I move better than most here, otherwise I would have had one by now! An interview was conducted with the Wound Care Nurse (WCN/Staff # 92) on May 29, 2025, at approximately 9:20 a.m. The WCN revealed Incontinence Associated Dermatitis (IAD/ a form of MASD) is when the skin has prolonged contact with an incontinent episode. The WCN explained one of the best ways to minimize MSRD is by keeping the resident clean and dry and maintaining good hygiene practices. An interview was conducted with the Wound Care Physician (WCP/Staff#40) on May 30, 2025, at 8:40 a.m. The physician revealed that not keeping a resident clean and dry can lead to MASD. The physician continued is one of the best ways to keep a resident is supporting good hygiene practices, and making sure soiled and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035072	A. Building B. Wing	07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Phoenix Mountain Post Acute	13232 North Tatum Blvd Phoenix, AZ 85032

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035072	A. Building B. Wing	07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Phoenix Mountain Post Acute	13232 North Tatum Blvd Phoenix, AZ 85032

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, clinical record review, interviews, and facility documentation and policy, the facility failed to ensure hospice services was contacted for a significant change in condition for resident #83. The deficient practice could result appropriate hospice services not being provided to the resident. Findings include:Regarding Resident #83:Resident # 83 was admitted to the facility on [DATE], with diagnoses that included hepatic encephalopathy (the loss of brain function when a damaged liver doesn't remove toxins from the blood), dementia, and anxiety. The resident was admitted to hospice on March 31, 2025, with a terminal diagnosis of atherosclerotic heart disease of native coronary artery without angina pectoris. An observation on May 29, 2025, at 10:27 a.m. revealed the resident quietly lying in bed with his brief visible. In addition, a bowl of spilled cereal and milk, another bowl, and a cup were on the bed by the wall in the resident's bed. Crumbs were also present on the resident's gown. An observation was conducted on May 29, 2025, at 11:06 a.m. with the Assistant Director of Nursing (ADON/Staff #43) of the resident in the bed, brief still showing, food on clothing, bowl of spilled cereal and milk, and an additional bowl. A panel discussion was conducted on May 29, 2025, at 1:45 p.m. with the Director of Nursing (DON/ Staff # 01) and the Assistant Director of Nursing. The panel revealed if a resident has been determined to be dependent for eating, the facility's expectation during meals is that the resident is being assisted by staff. Some interventions that would be included in a care plan for a resident who requires total dependence on meals would include one on one assistance with meals, or some just says assistance, the intervention will depend upon the need. In regard to the resident being left in the state, found. With breakfast ending around 8:30 a.m. and the resident in the current state at 11:06 a.m., what dignity issues can arise? In the matter of dignity and safety, those are addressed throughout his care plan, so it is about the combative behavior with staff, then they will step away, and go back for it later. The facility expectation revealed if the resident was in a calmer they would finish the meal. expectation. The facility's expectation was to go back when the resident was calmer, try to finish the meal, and clean up the resident. The panel voiced being unable to locate documentation in the clinical record supporting the combative episode at breakfast. An interview was conducted with CNA staff # 99 on May 29, 2025, at 4:04 p.m., revealing that the resident was combative that morning and made a mess with the breakfast and dishes on the bed. We are encouraged to walk away and let the resident calm down before reattempting. The CNA revealed her supervising nurse was informed, and that housekeeping was contacted to clean up the mess. An interview was conducted with the resident's hospice Registered Nurse (RN) on May 30, 2025, at 10:59 a.m. The RN revealed that hospice was not contacted regarding the resident having a combative episode. The RN further explained that whenever there is a change, especially as the one described, the facility was supposed to let hospice know. The RN voiced great concern about this matter and will follow up immediately with the facility. The RN revealed that informing the hospice when a change of condition occurs is imperative to be able to collaborate with their team to help the resident. An order for a regular diet, mechanical soft was initiated on May 27, 2025.The Activities of Daily Living (ADL) Self Care Performance Deficit care plan-initiated April 30, 2025, encouraged the resident to participate to the fullest extent possible with each interaction. The admission Minimum Data Set (MDS) dated [DATE], revealed that the resident had a Brief Interview for Mental Status (BIMS) score of 00, indicating the resident was severely cognitively impaired. The Self-Care functional abilities score for eating is listed as Dependent.Documentation supporting the MDS change to eating alone or with minimal assistance was requested on May 30, 2025, at 13:00. The facility failed to fulfill the request. A request to view video surveillance of the resident's hall between 8:15 a.m. to 10:45 a.m. on May 29, 2025, was requested on 5/30/25 at 9:50 a.m. The facility was unable to fill the request.A request for documentation supporting the CNA's account of the combative episode was requested, however the facility was unable to fill the request. The facility's contractual agreement with the Hospice provider reveals the Hospice and facility intends to implement a collaborative relationship in compliance with all relevant state and federal laws which will facilitate access to Hospice care services. In addition, item 4.8 of the agreement revealed that the facility is to immediately notify Hospice if a significant change in a Hospice patient's physical, mental, social, or emotional status occurs. The facility's Change of condition reporting policy, reviewed 09/2024, revealed that all changes in resident condition will be communicated to the physician and resident representative and documented The facility's End of Care: Hospice policy, reviewed 09/2024, revealed collaborating with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035072	A. Building B. Wing	07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Phoenix Mountain Post Acute	13232 North Tatum Blvd Phoenix, AZ 85032

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on interviews, facility documentation and policy, the facility failed to ensure patient care equipment was maintained according to manufactures recommendations and kept in safe operating condition. The deficient practice could result in a resident not receiving basic life support with an Automated External Defibrillator (AED). Findings Include: An observation was conducted with the Executive Director (Staff # 07) on May 28, 2025 at 12:00 p.m. of the facility's Core Crash Cart. The defibrillator is stored in the bottom drawer of the Core Crash Cart with a blinking green light. The crash cart daily checkoff list is located on top of the cart. According to an invoice dated December 20, 2021, the facility acquired the AED machine. According to the user manual, version DAC-A580-EN-DL, the Operator's Checklist should be used as a basis for routine maintenance. The manual includes specific maintenance tasks that are recommended to be performed on a regular basis to ensure machine readiness. The 2024 Facility Assessment revealed ways of ensuring an adequate supply of equipment revealed the facility can also rent specialized or additional equipment on any given day through a variety of local vendors. The Phoenix Mountain Nursing Center Emergency Cart Checklist from April 2024 through June 2024 failed to support the presence of an AED on the list, and that daily checks on the machine were being performed. Facility documentation provided by the Assistant Director of Nursing (Staff # 43), undated, revealed the AED showed signs of malfunction on May 11, 2025, and that a confirmation email was received on May 15, 2024 instructing the facility to remove the AED from use until a new battery was available. An email dated May 28, 2025 at 12:42 p.m. addressed to the ADON, revealed the replacement of the battery pack and instructions was originally sent on May 15, 2024 at 1:48 p.m. The facility documentation failed to support the daily equipment check of the AED machine. The facility documentation also failed to support the use of the manufacturers recommended way to document the functioning of the defibrillator. Review of a complaint filed with the Arizona Department of Health on May 13, 2024 revealed Emergency Medical Services (EMS) arrived to assist a resident in cardiac arrest. The rescue team reported concern that the facility's AED was not in operational order. An interview conducted on May 28, 2025 at 1:22 p.m. with the customer service representative for the manufacturer revealed the date of contact for the malfunctioning AED was on May 15, 2025, and after troubleshooting a replacement battery was decided as part of the solution. An interview was conducted with a representative from the local Emergency Medical Services department on May 29, 2025 at approximately 3:02 p.m. The representative revealed appreciation for the investigation into this matter, and felt inoperable lifesaving equipment at a healthcare facility is definitely of concern. A panel discussion was conducted on May 30, 2025 at 12:28 p.m., with the Director of Nursing (Staff #01) and the ED. Both parties revealed that in August of 2024, the AED was added to the crash cart log checklist. They also explained that in February 2025, service for the AED was added to the monthly maintenance checklist. Both parties revealed that an AED is not a requirement in the nursing home, however the panel acknowledged the facility is responsible for maintaining patient care equipment in working order. The panel also agreed that the AED was intended for resident emergency use. A second interview was conducted on May 30 at 1:22 p.m. with the manufacturer's customer service representative. The representative re- verified that the manufacturer was not contacted until May 15, 2024 at 10:00 a.m. The representative explained that during customer calls, a ticket is immediately opened and timestamped in their system. The facility's Cardiopulmonary Resuscitation policy, revised December 2023, revealed Basic Life Support includes early cardiopulmonary resuscitation, and rapid defibrillation with an automated external defibrillator, if available. A crash cart policy was requested on May 28, 2025, but notice was given on May 28 2025 at 13:48 that there was not a corresponding policy. However, the procedure is for the night staff nurses check daily.