STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035076	A. Building B. Wing	01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Osborn Health and Rehabilitation	3333 North Civic Center Plaza Scottsdale, AZ 85251

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, staff interviews, and review of facility policies and procedures, the facility failed to acquire or obtain Levothyroxine, a routine medication, for one resident (#155) to treat the resident's medical condition. The sample size was 2. The deficient practice could result in resident's medical condition not appropriately treated and would place the resident at risk for illnesses. Findings Include:Resident #155 was admitted to the facility on [DATE] with diagnoses that included hypothyroidism (low thyroid hormone), Alzheimer's Disease, depression and epilepsy (seizure).The comprehensive care plan dated January 8, 2026, revealed that the resident was at risk for impaired cognitive function or impaired thought processes, had activities of daily living self-care performance deficit, and had nutritional problem or potential nutritional problem related to Epilepsy, Alzheimer's disease, Hypothyroidism, Depression, high blood pressure, and difficulty swallowing. The interventions included to administer medications as ordered and monitor/document for side effects and effectiveness.Review of the Interdisciplinary Team (IDT)-Brief Interview for Mental Status (BIMS) dated January 9, 2026, revealed a score of 8.0, indicating that resident was moderately impaired.Review of order dated January 7, 2026, revealed an order for Levothyroxine Sodium tablet 25 MCG (microgram) give 1 tablet by mouth in the morning for low thyroid hormone. The Medication Administration Record (MAR) for January 2026, revealed a transcribed order for Levothyroxine Sodium tablet 25 MCG give 1 tablet by mouth in the morning for low thyroid hormone with an order date of January 7, 2026.In addition, the January MAR revealed that Levothyroxine Sodium tablet 25 MCG give 1 tablet by mouth in the morning for low thyroid hormone was scheduled to be administered at 6:00 AM. Review of the MAR revealed that the medication was administered on January 8, 2026 through January 10, 2026.A physician admission progress note dated January 8, 2026 revealed per documentation, Assessment/Plan: #Hypothyroid cont levothyroxine.Further review of January 2026 MAR revealed that Levothyroxine Sodium tablet 25 MCG was not administered from January 11, 2026 through January 15, 2026.Review of the nursing progress note eMAR-Medication Administration Note dated January 11, 2026 through January 15, 2026, revealed that Levothyroxine Sodium tablet 25 MCG give 1 tablet by mouth in the morning for low thyroid hormone, per documentation, the medication was on pending delivery. Despite a documentation of pending delivery of the medication, there was no documentation in the progress note regarding notification of the resident's provider that Levothyroxine Sodium tablet 25 MCG give 1 tablet by mouth in the morning for low thyroid hormone was not being administered since January 11, 2026 through January 15, 2026 due to medication delivery status, of pending delivery.Additional physician progress note reviewed dated January 12, 2026 through January 16, 2026, revealed per documentation an Assessment/Plan: #Hypothyroid cont levothyroxine.Additional review of nursing progress notes titled eMAR-Medication Administration Note dated January 16, 2026, at 5:20 AM, revealed per documentation, Levothyroxine Sodium tablet 25 MCG give 1 tablet by mouth in the morning for low thyroid hormone was on pending delivery. There was no documentation notifying the provider of the medication not being administered due to pending delivery.A document provided by the facility for list of medication in their automated dispensing (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	system/medication storage was reviewed, and the document revealed that levothyroxine 25 MCG was not stored in the automated dispensing/medication storage.Review of facility document titled Packing Slip revealed a shipping/delivery document from the pharmacy dated January 7, 2026, for Resident #155 revealed Levothyroxine Sodium tablet 25 MCG was not one of the medications listed on January 7, 2026, delivery.According to the National Institute of Diabetes and Digestive and Kidney Diseases, reviewed March 2021, Hypothyroidism, also called underactive thyroid, is when the thyroid gland doesn't make enough thyroid hormones to meet your body's needs. Thyroid hormones control the way your body uses energy, so they affect nearly every organ in your body, even the way your heart beats. Without enough thyroid hormones, many of your body's functions slow down. Some common symptoms of hypothyroidism include fatigue, weight gain, trouble tolerating cold, joint and muscle pain, dry skin or dry thinner hair, slowed heart rate, and depression. Hypothyroidism is treated by replacing the hormones that your own thyroid can no longer make. You will take levothyroxine, a thyroid hormone medicine identical to a hormone a healthy thyroid makes. Usually prescribed in pill form. Your doctor may recommend taking the medicine in the morning before eating. Your doctor will adjust your dose if needed. Each time your dose is adjusted, you'll have another blood test. Once you've reached a dose that's working for you, your doctor will probably repeat the blood test in 6 months and then once a year. Your hypothyroidism most likely can be completely controlled with thyroid hormone medicine, as long as you take the recommended dose as instructed. Never stop taking your medicine without talking with your doctor first. An interview was conducted on January 16, 2026, at 10:14 AM, with a licensed practical nurse (LPN/Staff #50). Staff #50 stated that regarding medication administration, the medications were distributed to the residents based on the physician orders. Regarding a new admitted resident, Staff #50 stated that the admission staff will help with admitting the new resident. For instance, if a new resident comes from another facility the admission staff will order the medication from the pharmacy. She said that usually the orders were already submitted to the pharmacy before the new resident arrives to the facility. Further, while waiting for the new resident's medication to be delivered, if a medication is needed right away for the new resident, she said that she will get the medication from the automated medication storage (pyxis). She said that if the medication was not available, she will notify the doctor, get an order to hold, or maybe to reschedule the the medication at a different time until the medication arrives from the pharmacy. Staff #50 reiterated that she would let the doctor know about the medication not being available. Further, she said that in the resident's MAR profile, it would be documented as hold until the medication arrived from the pharmacy. She also stated that some medications issues may involve insurance prior authorization, and if no prior authorization from the insurance, the pharmacy will notify or email the facility. Staff #50 stated that once she is notified of a medication delivery issue, she will document it in the nurses' progress notes, including notifying the doctor. She said that the importance of documenting was to inform the doctor because if the doctor was not informed regarding medication not administered pending pharmacy delivery, for instance, if it was a blood pressure medication, it could be a health risk for the resident. Staff #50 stated that it is her job to provide the medication to her residents. Staff #50 stated that if the resident had a history of hypothyroid, and the resident was on levothyroxine, she said that she would notify the doctor about the medication not available. She said that the resident with hypothyroid and takes levothyroxine, their thyroid level could change, and it depends on how long the medication was not taken. She also said to involve the management staff if she cannot get a hold of the pharmacy, the reason why the resident's medication was not getting delivered, or if it was an insurance issue. Further, Staff #50 stated that the pharmacy delivers medication to their facility few times a day, and once the pharmacy delivery courier arrives, there is a sheet stapled outside the bag, she opens the bag, she checks the list of medications being delivered, and then signs the sheet making sure the resident's name, right medication and the quantity delivered were correct. She said that she wants to make sure that what is on the delivery paper is what she was signing for, and everything matches.On January 16, 2026, at 11:39 AM, a telephonic interview (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was conducted with a pharmacy technician (Staff #88). Regarding the Levothyroxine Sodium tablet 25 MCG for Resident #155, the pharmacy technician stated that a nurse called for refill at 11:00 AM today and will have the medication going out today. Staff #88 stated that she did not find any record of the that medication ever dispensed prior to today's date. She said that today was the first time the medication will be send out. During the telephonic interview, another staff, Staff #42 stated that the medication, Levothyroxine Sodium tablet 25 MCG, had an original prescription date of January 7, 2026; the medication was requested to be sent to the facility this morning at 11:00 AM; and will be delivered later in the afternoon. Further, Staff #42 stated that regarding pharmacy process, the facility will request refills using either through the electronic record, through a fax machine, and the last resort was calling the pharmacy for refills. Staff #42 stated that the pharmacy receives the medication ordered directly from the facility when the facility staff enters the medication ordered through the electronic medical record. Regarding the medication Levothyroxine Sodium Tablet 25 MCG for Resident #155, Staff #42 stated that when they received the order for levothyroxine 25 MCG from the facility, the medication was marked under profile only which means that the medication was not needed right away, and the medication was placed on hold until the facility request a refill.A telephonic interview was conducted on January 16, 2026, at 2:00 PM with an attending physician and also the Medical Director of the facility (Staff #911). The attending physician stated that in the facility, the intake nurse views the transferred orders for their new residents, and then he verifies the orders. Regarding Resident #155, he stated that Resident #155 has dementia; was living in a memory care; has a history of hypothyroidism and is on levothyroxine medication; and was admitted to the facility for rehabilitation. Further, the attending physician stated that the levothyroxine is used to treat hypothyroidism; the resident should take the medication every day; and it will take time to see changes in the resident when the medication was not being taken. He said that unlike a blood pressure medication, if the medication was not taken, you can see changes in the resident right away. The attending physician stated that the nurse notified him of the pending delivery of the levothyroxine medication. Further, the attending physician stated that it was not uncommon in a skilled nursing facility for a medication not arriving when requested from pharmacy, sometimes just wait for it to arrive. He said that if it is critical, he would make changes; if it's a long acting medication, it can be skipped for few days; he will make a note such as OK to hold medication until meds come in; or he will make urgent change because resident needs it. The attending physician stated that the impact for Levothyroxine not administered was mostly nothing since it is a long acting hormone; if missed a few days, it takes a long time to see changes in the blood test. He said, for instance, if he will check a thyroid test tomorrow, there will be not much change in the blood test. He said that he would not suspect change in the clinical outcome of the resident. The signs and symptoms will take sometimes to see, changes such as changes in the resident's level of alertness, vital signs, and appetite. He said that he was told that the medication was coming in today.An interview was conducted on January 16, 2026, at 2:30 PM with the Director of Nursing (DON/Staff #333). Regarding the admission process, the DON stated that when their new residents arrive, the resident's medications are reviewed; sometimes changes are made by the provider; and then their pharmacy delivers the medication. The DON stated that if the medications ordered did not arrive from the pharmacy, there is a standing order in the resident's electronic medical record under the order tab to okay to hold med pending delivery. Further, she said that if the medication was still pending delivery, the DON stated that she expects the staff to call the pharmacy and ask where the resident's medications are or notify the provider. Regarding Resident #155 Levothyroxine medication, she said that on admission, all orders were communicated to the pharmacy through the resident's electronic medical record system; Resident #155's Levothyroxine medication was administered the first 3 days of admission, and after that, the progress notes from January 11, 2026 through January 16, 2026, the medication was on pending delivery. The DON said that the medication order was placed on January 7, 2026; Resident #155's levothyroxine medication was not listed on the delivery sheet dated January 7, 2026; the provider was notified at (continued on next page)

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