STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035087	A. Building B. Wing	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Mountain Medical and Rehabilitation Center	9155 North Third Street Phoenix, AZ 85020

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interviews, and facility policy, the facility failed to ensure that medications were administered within ordered parameters and in accordance with accepted standards of practice for one of five sampled residents (Resident #10) who were found to have unnecessary medications. The deficient practice had the potential to cause adverse drug effects and place residents at risk for harm from unnecessary medication that was not clinically indicated at the time of administration.Findings include:Resident #10 was admitted to the facility on [DATE], with the diagnosis that included nontraumatic intracerebral hemorrhage, unspecified; type 2 diabetes mellitus with hyperglycemia; and metabolic encephalopathy.A physician's order dated July 22, 2025, for an injection of Lantus subcutaneous solution 100 units/ML (insulin glargine), 20 units subcutaneously at bedtime for diabetes mellitus, and to hold if blood glucose is under a reading of 120. The order was discontinued on November 9, 2025.A quarterly MDS (Minimum Data Set) assessment dated [DATE], revealed that a staff assessment for mental status was completed because Resident #10 had exhibited memory problems and severely impaired cognitive skills. The MDS assessment also revealed that the resident received an injection daily for the 7 days preceding the assessment.A review of the November 2025 MAR (Medication Administration Record), revealed that Lantus Subcutaneous Solution 100 UNIT/ML (insulin glargine), 20 units subcutaneously at bedtime for diabetes mellitus, and to hold if blood glucose is under a reading of 120, had been administered out of ordered parameters on:November 4, 2025, with a blood glucose reading of 117November 5, 2025, with a blood glucose reading of 118A physician's order dated November 9, 2025, was written for injection of Lantus subcutaneous solution 100 units/ML (insulin glargine), 15 units subcutaneously at bedtime for diabetes mellitus, and to hold if blood glucose is under a reading of 120.A review of the November 2025 MAR (Medication Administration Record), revealed that Lantus Subcutaneous Solution 100 UNIT/ML (insulin glargine), 15 units subcutaneously at bedtime for diabetes mellitus, and to hold if blood glucose is under a reading of 120, had been administered out of ordered parameters on:November 16, 2025, with a blood glucose reading of 113November 19, 2025, with a blood glucose reading of 90November 20, 2025, with a blood glucose reading of 98November 22, 2025, with a blood glucose reading of 88November 23, 2025, with a blood glucose reading of 86Further review of the clinical record revealed no evidence that the provider had been notified regarding the resident's blood sugar status or that Lantus had been administered outside of parameters on November 4, 2025, November 5, 2025, November 16, 2025, November 19, 2025, November 20, 2025, November 22, 2025 or November 23, 2025.An interview was conducted on November 25, 2025, at 1:47 PM, with a Registered Nurse (RN/Staff #323), who stated that medications, such as insulin, are to be administered within the ordered parameters set by the provider. The RN also stated that administering insulin outside of orders could cause hypoglycemia, and identified hypoglycemia as low blood sugar, which can exhibit signs and symptoms such as clamminess and a feeling of being cold, and may also lead to a resident being unable to wake up. The RN (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
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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	also stated that the only exception to administering medications out-of-parameter would have been if the provider had ordered it. Staff #323 stated that administering medications outside of the ordered parameters does not meet the facility's expectations.An interview was conducted on November 25, 2025, at 1:58 PM, with the Director of Nursing (DON/Staff #210), who stated when administering medications, staff are expected to complete adequate hand hygiene, to confirm the resident that will be taking the drug, to confirm the route of the medication administration, and to confirm the order of the medication that would be administered. The DON also stated, medications must be administered within the provider ordered parameters which included blood pressure or blood glucose. The DON reviewed the electronic health record for the resident and stated that Lantus Subcutaneous Solution 100 UNIT/ML (insulin glargine), 20 units subcutaneously at bedtime for diabetes mellitus, and to hold if blood glucose is under a reading of 120, had been administered out of ordered parameters on November 4, 2025, with a blood glucose reading of 117 and November 5, 2025, with a blood glucose reading of 118. The DON also stated that Lantus Subcutaneous Solution 100 UNIT/ML (Insulin Glargine), 15 units subcutaneously at bedtime for diabetes mellitus, hold if blood glucose is under a reading of 120, had been administered out of ordered parameters on:November 16, 2025, with a blood glucose reading of 113November 19, 2025, with a blood glucose reading of 90November 20, 2025, with a blood glucose reading of 98November 22, 2025, with a blood glucose reading of 88November 23, 2025, with a blood glucose reading of 86The DON further reviewed the clinical record and stated there was no evidence that the provider had been notified regarding the administration of Lantus outside of the ordered parameters, or updated orders from the provider on those dates, or why the medication was administered outside of parameters. The DON stated staff are expected to hold medications when the blood glucose result is outside of the ordered parameters, and to document the occurrence in a progress notes so that the provider can adequately adjust a resident's medication regime if necessary. The DON stated that the risk of administering insulin outside of the blood glucose parameters could result in residents exhibiting signs and symptoms of hypoglycemia. A policy titled, Physician Orders, with the last review date of May 2025, revealed that it is the policy of this facility to accurately implement orders only upon the written order of a person duly licensed. No drugs or biologicals shall be administered except upon the order of a person lawfully authorized to prescribe for and treat human illnesses.A policy titled, Medication Administration - Administration of Drugs, last review date July 2025, revealed that medications must be administered in accordance with the written orders of the attending physician.A policy titled, Medication Administration - Oral, with the last review date of December 2024, revealed that it is the policy of the facility, and that no medication is to be administered without a physician's written order. The policy included that any irregularity in administering must be reported to the doctor, if there is any question in regard to dosage, the person in doubt should not give the drug until information is obtained which clarifies the drug dosage.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled: 154Number of residents cited: 26Based on observation, interview, review of clinical record, and review of facility policy and procedure, facility failed to ensure that residents with an atypical rash received appropriate treatment, isolation, and infection control measures for 24 residents (#155, #36, #50, #185, #186, #41, #51, #53, #54, #55, #85, #188, #99, #180, #189, #106, #9, #123, #190, #150, #153, #14, #31, and #176); failed to ensure staff performed hand hygiene when providing care for one resident (#143); and, failed to ensure enhanced barrier precautions were followed for one resident (#115). The deficient practice could lead to spread of infection.Findings include: Regarding atypical rash -Resident #155 was admitted on [DATE] with diagnoses of acute and chronic respiratory failure with hypoxia, critical illness myopathy, and encounter for attention to tracheostomy. The clinical census lists revealed that Resident #36 and Resident #155 were roommates in September 2025.An NP progress note dated August 12, 2025 revealed Resident #155 had no rash. A change in condition note dated August 18, 2025 included the resident had rashes on arms, hands, back, and abdomen, with raised red bumps. The note also included the provider was notified and new orders for triamcinolone cream for 10 days were received. An NP progress note dated August 18, 2025 indicated that the resident had rash to arms, hands, back, and abdomen, and was started on triamcinolone cream. A physician order dated August 18, 2025 included for COC monitoring due to rashes on abdomen, arms, hands, and back, every shift for 3 days. A medication administration note dated August 19, 2025 revealed Resident #155 had rash that was still visible to abdomen, arms, and back. A medication administration note dated August 20, 2025 included the resident had rashes on arms, hands, back, and abdomen. An annual MDS assessment dated [DATE], revealed a BIMS assessment that was not completed due to the resident being rarely or never understood. The assessment coded no open lesions other than ulcers, rashes, or cuts. An NP progress note dated September 3, 2025 included the resident was seen by the provider; and that, the resident had a rash. The plan was to continue triamcinolone cream as ordered and to monitor the rash. A weekly skin evaluation dated September 4, 2025 revealed no new skin issues; however, the documentation did not indicate whether the resident's rash was still present or has resolved. A weekly skin evaluation dated September 6, 2025 included Resident #155 had an open area to the left buttock. The documentation did not include whether the resident's rash was still present or has resolved. A weekly skin evaluation dated September 11, 2025 revealed no new skin issues noted; however, the documentation did not indicate whether the resident's rash was still present or has resolved. A change in condition note dated September 13, 2025 included rash on the resident's body; and, a new order was received to treat Resident #155 for atypical rash. The documentation included that the resident would be administered with Permethrin cream treatment on September 14, 2025, at bedtime. The physician order dated September 13, 2025 revealed the following:COC monitoring related to body rash, every shift for atypical rash for 3 days; and,Permethrin External Cream 5%, to apply to neck to toes topically at bedtime every Sunday for atypical rash, for 1 administration, and to start on September 14, 2025. A medication administration note dated September 14, 2025 revealed Resident #155 had rashes on hands, arms, and back. A medication administration note dated September 15, 2025 included the resident had rashes on abdomen, back, arms, and legs. An NP progress note dated September 17, 2025 revealed the resident had a rash, and continued with Permethrin cream as ordered for atypical rash. The weekly skin evaluations dated September 18 and 25, 2025 included had no new skin issues. The documentation did not indicate whether the resident continued to have a rash or the rash has resolved. A physician order dated September 29, 2025 included for Permethrin External Cream 5%, to apply to neck to toes topically at bedtime (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	every Monday, for 1 administration. Review of the MAR for September 2025, revealed the Permethrin cream treatment was completed on September 14, 21 and 29. The clinical record revealed no documentation of any orders for contact isolation precautions since August 18, 2025. Despite documentation the resident received Permethrin for a rash, there was no evidence found that facility implemented steps in controlling the spread of scabies such as washing of all clothing and bedding used during the days before treatment began; and, items that cannot be washed or dry cleaned were sealed in plastic bag for several days to a week. During an interview and clinical record review conducted with the Nurse Practitioner (NP/Staff #401) on November 24, 2025, at 10:01 a.m., the NP stated that in September 2025 she identified that Resident #155 had an atypical rash and suspected scabies. She stated that she ordered Permethrin cream on September 13, 2025, and expected staff to follow the facility protocol for a suspected scabies infection. An interview was conducted with a charge nurse (Staff #323) on November 25, 2025, at 10:20 a.m. The LPN stated that when a resident develops a new skin condition, nursing staff contact the provider, and any treatment orders are implemented. She stated that if a resident has an atypical rash and was prescribed Permethrin cream, physician order should be in place for contact isolation precautions. The charge nurse said that she knows Permethrin cream is used to treat scabies; and that, residents treated with Permethrin cream should be placed on contact isolation both to prevent staff exposure to the strong medication and to prevent the infection from spreading. A review of the clinical record for Resident #155 was conducted with the charge nurse who stated that she found no physician orders or other evidence that contact isolation precautions were implemented for Resident #155 when the atypical rash was identified on September 13, 2025. In an interview conducted with the Assistant Director of Nursing (ADON/Staff #87) on November 25, 2025, at 10:44 a.m. the ADON stated when isolation precautions are ordered along with Permethrin cream treatment, staff understand that the resident's rash could be contagious. She said that facility providers expect staff to follow a protocol in which residents treated with Permethrin cream are placed on isolation precautions, the cream is applied and left on for 8-12 hours, and the resident's room is deep cleaned. A review of the clinical record was conducted with the ADON who stated that she found no physician orders or other evidence that contact isolation precautions were implemented for the resident from September 13, 2025, when the atypical rash was identified, through September 15, 2025, when the Permethrin cream would have been washed off. Staff #87 also stated that she did not know whether there was any written policy or protocol for staff to follow regarding Permethrin cream treatment. -Resident #36 was re-admitted on [DATE], with diagnoses of anoxic brain damage. The clinical census lists revealed that Resident #36 and Resident #155 were roommates in September 2025. The care plan dated June 4, 2025 revealed the resident had the potential to develop infection related to medical condition due to multiple co-morbidities. Interventions included in-house infectious disease consult and use standard precautions to prevent infection. A weekly skin evaluation dated September 4, 2025 included the resident had no new skin issues. An NP progress note dated September 12, 2025 revealed Resident #36 had no rashes. A change in condition note dated September 13, 2025 included a new order was received to treat Resident #36 preventatively for atypical rash; and that, the resident would receive Permethrin cream treatment on September 14, 2025, at bedtime. The documentation also included that there were no rash was noted at the time. The physician order dated September 13, 2025 included for the following:COC monitoring due to atypical rash prophylaxis, every shift for 3 days; and,Permethrin External Cream 5%, to apply to neck to toes topically at bedtime for atypical rash prophylaxis, for 1 administration. Review of the MAR for September 2025 revealed the Permethrin cream was documented as administered on September 14, 2025. A medication administration note dated September 15, (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2025 revealed Resident #36 was s/p Permethrin cream treatment from September 14, 2025; and, was showered in the morning. However, despite documentation the resident received Permethrin, there was no evidence found that the resident's clothing, towels and beddings were washed; and, items that cannot be washed or dry cleaned were sealed in plastic bag for several days to a week. There was no documentation found in the clinical record that the resident was placed on any contact isolation precautions. A facility deep cleaning log for September 2025 revealed that the room shared by Resident #36 and Resident #155 was not deep cleaned until September 16, 2025 (approximately 2 days after permethrin was administered on September 14, 2025). The documentation also included that the room was due to a recurring schedule, and not specified due to the room coming off of isolation. -Resident #50 was admitted to the facility on [DATE], and re-admitted to the facility on [DATE], with diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, end stage renal disease, and cognitive communication deficit. A quarterly minimum data set (MDS) assessment dated [DATE], revealed Resident #50 had a brief interview for mental status (BIMS) assessment score of 12, indicating moderate cognitive impairment. Section M revealed no open lesions other than ulcers, rashes, or cuts coded. A daily skilled note dated July 3, 2025 included that Resident #50 had no active symptoms effecting the integumentary system observed, and no active skin condition(s) or treatments observed. A physician progress note dated July 14, 2025, revealed Resident #50 complained of itching, and the plan included to consult dermatology to evaluate. A physician order dated July 14, 2025, included for a dermatology appointment as soon as possible. A Physician Progress Note dated July 16, 2025, revealed Resident #50 still continued to have a rash and will be started on Permethrin cream awaiting dermatology appointment. A Change in Condition Note dated July 16, 2025, revealed Resident #50 was monitored for atypical rash, was showered this shift, and to be treated tonight with Permethrin cream. Also, the note revealed isolation precautions were in place.The physician order dated July 16, 2025, included for:Change of condition (COC) monitoring due to atypical rash, every shift for three days; and,Permethrin External Cream 5% (anti-parasitic medication) to apply to entire body neck down at bedtime, to leave on for 8-12 hours, and then to wash off, every Wednesday for atypical rash, for 3 weeks. The order was discontinued on August 6, 2025. A medication administration note dated July 17, 2025, revealed the Permethrin cream treatment was administered to the resident. A medication administration note dated July 18, 2025, revealed Resident #50 went to the hospital for a hernia repair on July 17, 2025. The admission note dated July 22, 2025 revealed the resident was re-admitted to the facility and had a rash on upper back and neck. The care plan dated July 22, 2025 revealed the resident had the potential to develop infection related to complex medical condition/diagnoses; and, had the potential for skin breakdown. Interventions included to administer medications/treatment as ordered, to follow facility policy and procedure for line listing, summarizing and reporting infections, to follow facility policy and procedures for transmissible infection screening/precautions, contact/droplet isolation as necessary or as ordered by the physician and maintain standard precautions when providing resident care. A daily skilled note dated July 23, 2025, revealed Resident #50 had no active symptoms effecting the integumentary system observed, and no active skin condition(s) or treatments observed. A physician order dated July 27, 2025 included an order to schedule dermatology consult due to skin itching. A Change in Condition Note dated July 28, 2025, revealed Resident #50 had no skin issues prior to transportation to gastrointestinal follow-up appointment, and no new skin issues noted upon transport back to the facility. A nurse practitioner (NP) progress note dated August 1, 2025 revealed Resident #50 had a rash and pruritus; and, had a pending dermatology consult. The documentation did not include any treatment order for the rash and pruritus. The weekly (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	skin evaluation dated August 6, 2025, and signed August 12, 2025, revealed the resident had no new skin issues. However, the assessment did not indicate of whether the rash that was identified on August 1 was still present or not. However, a late entry NP progress note dated August 12, 2025, revealed the resident had a rash/pruritis and a pending dermatology consult. A physician order dated August 13, 2025, included to schedule dermatology appointment with a specified provider on August 27, 2025 at 4:00 P.M. The appointment/procedure note dated August 13, 2025, revealed Resident #50 had a dermatology consult, had a rash noted to upper back, abdomen, and neck, and rash to body, returned with new orders for triamcinolone cream (corticosteroid cream) to be applied to affected areas as needed for itching, and to schedule follow-up appointment to dermatology on August 27, 2025. A weekly skin evaluation dated August 13, 2025, revealed the resident had no new skin issues noted. The assessment did not indicate any rash present. The physician orders dated August 18, 2025, included for the following:COC monitoring for atypical rash, every shift for three days;Permethrin External Cream 5%, to apply neck to toes topically in the evening for atypical rash for one day on August 18, 2025 and on August 25, 2025; and,Ivermectin Oral Tablet (anti-parasitic medication) to give 21 mg by mouth one time a day for Atypical rash for 2 Days, on August 19 and 26, 2025. Review of the Medication Administration Record (MAR) for August 2025 revealed that Resident #50 was administered with Permethrin cream treatment on August 18; and, Ivermectin oral tablets on August 19, 2025. The NP progress note dated August 19, 2025 included atypical rash; and that, the resident had followed up with dermatology who recommended Ivermectin and Permethrin cream treatment. The note did not document what the resident was diagnosed with or treated for. A nursing note dated August 19, 2025 revealed Resident #50 was found with blood from self-inflicted scratches to left forearm and to right chest; and that, the wound nurse provided treatment. According to the documentation, the resident was alert and oriented and reported that he scratched himself because he was itching. The weekly skin evaluation dated August 19, 2025 included that the resident had self-inflicted to right upper chest and left forearm area. The assessment did not include details on what the resident self-inflicted; and, did not indicate whether the resident had a rash or not. However, the medication administration note dated August 19, 2025 revealed Resident #50 had rash over his complete body. A weekly skin evaluation dated August 20, 2025 revealed the resident had a skin problem on the right rear right shoulder and, had self-inflicted to right upper chest and left forearm. However, the documentation did not include description of the skin problem, what was self-inflicted, and, whether or not the resident's rash over his body has resolved or not. The medication administration note dated August 20, 2025 included that Resident #50 had rash over his complete body, with spot areas on the neck/face. Per the documentation, the resident reported that he had he had less itchiness after cream treatment and shower; and that, he was started on antibiotic for his rash on this date. A medication administration note dated August 21, 2025, revealed the resident's rash was resolving slowly. Review of the Medication Administration Record (MAR) for August 2025 revealed that Resident #50 was administered with Permethrin cream treatment on August 25; and, Ivermectin oral tablets on August 26, 27, and 29, 2025. The weekly skin evaluation dated August 27, 2025 revealed the resident had no new skin issues. The assessment did not include whether the resident had the rash or that the rash previously identified had resolved. A nursing note dated August 28, 2025 revealed Resident #50 had a rash on the back and complained of itching. The NP progress note dated August 29, 2025 revealed that Resident #50 reported pain of 2/10 and itching from previous scabies infection; and that, the provider notified the nurse of the resident's itching. A physician order dated August 31, 2025 indicated for Permethrin External Cream 5%, to apply neck to toes topically one time only for atypical rash for one day, and to shower 8-10 hours post (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	treatment. Despite documentation the resident received Permethrin and Ivermectin for a rash, there was no evidence found that facility implemented steps in controlling the spread of scabies such as washing of all clothing and bedding used during the days before treatment began; and, items that cannot be washed or dry cleaned were sealed in plastic bag for several days to a week. A physician order dated September 1, 2025, included for a dermatologist consult for a rash. Continued review of the MAR for September 2025 revealed Permethrin cream treatment was administered September 1, 2025; and, revealed Ivermectin was administered to the resident on September 2, 2025. A weekly skin evaluation dated September 3, 2025 revealed the resident had no new skin issues. The assessment did not include documentation of a rash. The dermatology visit note dated September 9, 2025 revealed that the visit was a follow-up for scabies, evaluated during a visit on August 27, 2025. The documentation included that the resident had scaly pink patches located on the left pretibial region, negative scrapings; and that, resident still had significant itchiness which was common post scabies infection. Impression included Sequelae of other specified infectious and parasitic disease and an associated diagnosis was Post-Scabetic Dermatitis. The note revealed that the resident had additional counseling that scabies was an infestation of mites that is very contagious; and that, household contacts should be treated, contaminated clothing should be isolated x 72 hours and washed and dried on high heat, and to contact the office if scabies fails to resolve after two weeks of treatment. The weekly skin evaluation dated September 10, 2025 revealed the resident had no new skin issues noted; and, did not include whether the resident's rash was still present or not. A physician order dated September 10, 2025 included for triamcinolone acetonide external cream 0.1 % apply to torso, bilateral upper extremities topically every 12 hours for atypical rash for 2 weeks. Despite documentation of a diagnosis of scabies or post-scabetic infection, the late entry NP progress note dated September 20, 2025 included an assessment of atypical rash, pruritus and chronic itching. Plan included to continue triamcinolone cream as ordered, and atarax (anti-itching medication) as needed, and that, dermatology consult was pending. The documentation included that the resident was followed up with dermatology and recommendation included Ivermectin and Permethrin cream. A late entry NP progress note dated September 25, 2025 revealed the resident's atypical rash was resolved. Despite a diagnosis of scabies or post-scabetic infection, and treatment, the clinical record no evidence that the resident was placed on any isolation precautions.-Resident #185 was admitted on [DATE] with diagnoses of rheumatoid arthritis, cognitive communication deficit, and critical illness myopathy. The care plan dated May 12, 2025 included the resident had a potential for skin breakdown. Interventions included to administer medications/treatment as ordered and to follow facility policies/protocols for the prevention/treatment of skin breakdown. A quarterly MDS assessment dated [DATE], revealed the resident had a BIMS score of 11 indicating resident had moderate cognitive impairment. Section M revealed resident had no open lesions other than ulcers, rashes, or cuts. A daily skilled note dated June 30, 2025 included there were no active symptoms effecting the integumentary system observed, and no active skin condition(s) or treatments observed for Resident #185. A medication administration note dated July 1, 2025 revealed a change of condition for a rash that was discovered during resident's bath today; and that, the rash was on left breast, upper back, and upper chest area. The documentation also included that the rash was reported to the provider who ordered nystatin treatment, and Benadryl for itching. However, the NP progress note dated July 2, 2025 revealed that the resident had no rashes on the skin. The medication administration note dated July 2, 2025 included that the resident continued on change of condition related to rash to the left breast, upper back and upper chest. The nursing note dated July 3, 2025 revealed that resident continued to be on change of condition related to rash to the left (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	breast, upper back and upper chest; and that, the rash were still visible. A medication administration note dated July 3, 2025 revealed the resident's rash was still present, there were bumps scattered in initially reported areas, and red. The documentation included that nystatin (antifungal) was applied 3x on shift to affected extremities and itching medication was provided for comfort. The NP progress notes dated July 4 and 9, 2025 revealed that the resident had no rashes on the skin. The daily skilled note dated July 10, 2025 included that the resident had an active symptom of a recurring rash which was located on the arms, back and chest; and that, the skin condition was not a new onset condition. The medication administration notes dated July 19, 2025 included that resident complained of itching, and were administered with medications for itching, and the physician was notified. The NP progress notes dated July 19 and 22, 2025 revealed that the resident had no rashes on the skin.The daily skilled note dated July 26, 2025 included no active symptoms and active skin condition or treatment observed. The clinical record revealed documentation that the resident continued to complain of itching and continued to receive PRN (as needed) medications for itching. A Daily Skilled Note dated August 1, 2025, revealed there were no active symptoms effecting the integumentary system observed, and no active skin condition(s) or treatments observed for Resident #185. A nursing note dated August 2, 2025, revealed resident complained of itching at times, was on change in condition related to atypical prophylaxis (preventative treatment) and would receive Permethrin cream treatment tonight. A physician order dated August 2, 2025, included for Permethrin External Cream 5%, to apply to head to toes topically for atypical rash prophylaxis for 1 day, and to shower 8-10 hours post-treatment. A medication administration note dated August 5, 2025 resident continued on change in condition related to atypical rash prophylaxis; and that, the resident was scheduled for Permethrin cream. Another medication administration note dated August 5, 2025 revealed Resident #185 refused the Permethrin cream treatment, the provider was notified and there were no further orders. The NP progress note dated August 5, 2025 included that skin was warm and dry; and that itching was stable. The documentation did not include whether the resident had a rash or not. Despite the documentation of resident's continued complain of itching, continued administration of PRN medications for itching, and resident's refusal of the Permethrin cream, the clinical record revealed no documentation that the resident was placed on any contact isolation precautions from August 2 through 10, 2025. A late entry physician progress note dated August 9, 2025 included that skin was warm and dry; and that, itching was stable. The documentation did not include whether the resident had a rash or not. The medication administration notes dated August 11, 2025 included that the resident had itchiness, had red bumps; and that, the physician was notified. A Change in Condition Note dated August 11, 2025, revealed Resident #185 had red blotchy rash on bilateral arms and chest with no open areas at this time. Per the documentation, the provider was notified, and new orders for hydrocortisone cream (steroid cream) to help with the itching was received. A physician order dated August 11, 2025, included for COC monitoring for a rash to upper body and itching for 3 days.The medication administration note dated August 12, 2025 revealed resident continued on change of condition monitoring related rash to the chest and upper body. The documentation included that hydrocortisone was applied and had a positive effect. A Late Entry NP Progress Note dated August 12, 2025 revealed that the resident complained of a rash and itching on the upper extremity and was started on hydrocortisone ointment. A Late Entry NP Progress Note dated August 14, 2025 included skin was warm and dry; and that, itching was stable. The documentation did not include whether the resident had a rash or not. A Medication Administration Note dated August 14, 2025, revealed Resident #185 remained on Change of condition related to rash upper body and itching; and that, the resident was given hydrocortisone cream which was effective. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035087	A. Building B. Wing	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Mountain Medical and Rehabilitation Center	9155 North Third Street Phoenix, AZ 85020

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further, the documentation included that the rash remained present. A Medication Administration Note dated August 15, 2025, revealed the resident had a rash on chest and arms and received hydrocortisone medication for itchiness. The skin/wound note dated August 20, 2025 included that the resident went for an appointment and that there were no new skin issues noted. A late entry NP progress notes dated August 24 and 27, 2025 included skin was warm and dry; and that, itching was stable. The documentation did not include whether the resident had a rash or not. The clinical record revealed documentation that the resident continued to complain of itching and continued to receive PRN (as needed) medications for itching. A physician order dated August 31, 2025 included for a dermatology consult for pruritis. The late entry physician progress note dated September 4, 2025 revealed skin was warm and dry. Plan was for regular skin assessment and preventative care as per facility protocol.A weekly skin evaluation dated September 5, 2025, revealed Resident #185 had no new skin issues noted. The assessment revealed no evidence of whether the rash was still present or not. The appointment/procedure note dated September 11, 2025 revealed skin assessment included generalized rash; and that, Resident #185 went to a dermatology appointment and returned at 10:16 a.m. with new orders from the dermatologist. Per the documentation, it was okay to initiate Permethrin cream and triamcinolone cream related to atypical rash and according to the orders of the primary physician. It also included that the resident was to be creamed tonight and PPE (personal protective equipment) in place. The physician orders dated September 11, 2025 included the following:COC monitoring for atypical rash, for three days;Contact and droplet isolation for atypical rash, every shift until September 12, 2025; and,Permethrin External Cream 5%, to apply to neck to toes topically at bedtime every Thursday for atypical rash, for 3 administrations. The weekly skin evaluations dated September 12 and 19, 2025, revealed Resident #185 had no new skin issues; and, documentation whether the rash was still present or not. The MAR for September 2025 revealed Resident #185 was administered Permethrin cream treatment on September 11, 18, and 25, 2025. The weekly skin evaluations dated September 26, 2025, revealed Resident #185 had no new skin issues; and, documentation whether the rash was still present or not. Despite documentation the resident received Permethrin for a rash, there was no evidence found that facility implemented steps in controlling the spread of scabies such as washing of all clothing and bedding used during the days before treatment began; and, items that cannot be washed or dry cleaned were sealed in plastic bag for several days to a week. -Resident #186 was admitted to the facility on [DATE] with diagnoses of acute infarction of the large intestine, heart failure, and cognitive communication deficit. The admission note dated August 19, 2025 included that resident #186 was alert and oriented and skin assessment was completed by 2 nurses. Per the documentation, the resident had a surgical incision to the abdomen with staples and had generalized bruising. The documentation did not include any rash. The care plan dated August 19, 2025 included the resident had a potential for skin breakdown. Interventions included to administer medications/treatments as ordered and to follow facility policies/protocols for the prevention/treatment of skin breakdown. The NP progress note dated August 20, 2025 revealed skin was warm and dry. The care plan dated August 20, 2025 included the resident had a potential to develop infection related to complex medical conditions/diagnoses. Interventions included to follow facility policy and procedures for transmissible infection screening/precautions, contact/droplet isolation as necessary or as ordered by the physician and maintain standard precautions when providing resident care. An admission MDS assessment dated [DATE], revealed the resident had a BIMS score of 13 indicating resident had intact cognition. The assessment also coded that the resident had no open lesions other than ulcers, rashes, or cuts. The NP progress note dated August 29, 2025 revealed skin was warm and dry; and that, skin had no rash, pruritus, abrasions or (continued on next page)

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	035087	A. Building B. Wing	11/25/2025

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	ulcerations. The daily skilled noted dated August 31, 2025 included the skin was warm, had no active symptoms affecting the integumentary system observed. Active symptom was a surgical wound located at the mid-abdomen. The documentation did not include any rash. The daily skilled noted dated September 1, 2025 included the skin was warm, had no active symptoms affecting the integumentary system observed; and, the documentation did not include any rash. The weekly skin evaluation dated September 2, 2025 included the resident had no new skin issues noted. A Daily Skilled Note dated September 5, 2025 revealed the resident had no active symptoms effecting the integumentary system observed and no active skin condition(s) or treatments observed. A late entry NP progress note dated September 5, 2025 revealed that Resident #186 had no rash, pruritus, or abrasions. However, the physician orders dated September 5, 2025, included for:COC monitoring for atypical rash prophylaxis (a preventative treatment to prevent infection):Contact and droplet isolation, every shift for 1 day, starting September 5, 2025; and,Permethrin External Cream 5%, to apply to neck to toes topically at bedtime for prophylactic treatment for 1 day. A medication administration note dated September 5, 2025 revealed Resident #186 was on COC (change of condition) monitoring for atypical rash every shift for three days; and that, the resident had been showered to prepare for the cream procedure that night, and was awaiting the dose to arrive from the pharmacy. Review of the MAR for September 5, 2025 revealed that Permethrin was documented as administered on September 5, 2025. The medication administration note dated September 6, 2025 included the resident was continued on COC monitoring related to atypical rash prophylaxis, Permethrin cream was applied, and the resident was to be scheduled for a shower. Another medication administration note dated Septembe