

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER Camelback Post Acute Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 4635 North 14th Street Phoenix, AZ 85014	
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, review of clinical record, and review of facility policy and procedure, the facility failed to ensure care and services regarding oxygen therapy were provided to meet the needs of one of four sampled residents (Resident #3). The deficient practice could result in a resident not receiving necessary respiratory care, and could result in a worsening medical condition and physical harm. Findings include: Resident #3 was re-admitted on [DATE] with diagnoses of cognitive communication deficit, schizophrenia, abnormalities of gait and mobility, acquired absence of right leg below the knee, acquired absence of left toe(s), fracture of shaft of left fibula, atrial fibrillation, end stage renal disease, dependence on renal dialysis, and chronic obstructive pulmonary disease, need for assistance with personal care, and personal history of other mental and behavioral disorders. Physician orders dated November 23, 2025, included: - PRN (as needed) oxygen, to titrate between 1-5 liters per minute via nasal cannula to maintain oxygen saturation over 90%. - Check oxygen saturation every shift. A care plan focus initiated on November 23, 2025, included that Resident #3 was at risk for impaired cognitive function/dementia, or impaired thought processes due to the new environment. Interventions included engaging in simple, structured activities that avoid overly demanding tasks. A care plan focus initiated on November 24, 2025, revealed the resident had oxygen therapy due to hypoxia, with interventions that included: - Oxygen per the physician's orders - Give medications as ordered by the physician, and monitor and document side effects and effectiveness. - Change the resident's position every 2 hours to facilitate lung secretion movement and drainage. - Monitor for signs and symptoms of respiratory distress and report to the physician as needed: respirations, pulse oximetry, increased heart rate, restlessness, diaphoresis, headaches, lethargy, confusion, atelectasis, hemoptysis, cough, pleuritic pain, accessory muscle usage, and skin color. - For residents who should be ambulatory, provide extension tubing or a portable oxygen apparatus. A significant change Minimum Data Set (MDS) assessment dated [DATE], revealed the resident had a Brief Interview for Mental Status (BIMS) score of 13, indicating that the resident was cognitively intact. Section GG Functional Abilities revealed that the resident required substantial/maximal assistance with sit-to-stand and transfers, and the resident did not ambulate. Section O revealed the resident received oxygen therapy while a resident, however, the assessment was blank under the specification of whether the resident was on continuous, intermittent, or high concentration oxygen therapy. A physician's order dated January 14, 2026, included an oxygen concentrator, portable oxygen tank, nasal cannula, nebulizer, conserving device, and also included for continuous oxygen at 2 liters per minute (LPM) via nasal cannula. Despite the new order for continuous oxygen at 2 LPM via nasal cannula, the clinical record revealed no evidence that the order for oxygen as needed from 1-5 LPM from November 23, 2025, was cancelled or further clarified. A physician's order dated January 28, 2026, included a prosthetic appointment at an outside clinic on February 11, 2026, at 1:00 p.m. A Nurse Practitioner / Physician Assistant (NP/PA) progress note dated February 2, 2026, revealed Resident #2's chief complaint was chronic respiratory failure with hypoxia, with chronic obstructive pulmonary disease (COPD) on oxygen. The note included that the resident was on 4 LPM of oxygen therapy. The assessment and plan included supplemental oxygen as (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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