

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

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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 07/10/2026
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, clinical record review, and review of facility policy and procedure, the facility failed to ensure two residents (#31 and #135) were provided written notice of discharge including contact information for the ombudsman prior to the discharge, and that the notice of discharge was sent to the ombudsman prior to the resident's discharge. The deficient practice could result in residents and their representatives being unaware of their appeal and advocacy rights and could prevent the ombudsman from reviewing and advocating for safe and appropriate discharge planning before the discharge occurred. Findings include: - Regarding Resident #135: Resident #135 admitted to the facility December 22, 2025, with diagnoses that included acute kidney failure, type 2 diabetes mellitus, chronic obstructive pulmonary disease, bipolar disorder, encephalopathy, and schizophrenia. An admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #135 had a Brief Interview for Mental Status (BIMS) assessment score of 12, indicating moderate cognitive impairment. A Notice of Medicare Non-Coverage (NOMNC) signed by Resident #135 and dated January 5, 2026, revealed the resident's insurance coverage of the current stay would end on January 7, 2026. The notice did not include an effective date of discharge, the reason for discharge, the location of discharge, nor contact information for the state ombudsman. The clinical record was reviewed, and revealed no evidence of any other discharge notice provided to the resident. A Discharge summary dated [DATE], revealed the resident was discharging to her home, and that the reason for discharge was that Resident #135's health had improved sufficiently, and the resident no longer needed the services of the facility. The documentation revealed the planned discharge date was that same day, January 8, 2026. The note revealed the phone number and email contact information for the state ombudsman. - Regarding Resident #31: (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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #31 was admitted to the facility on [DATE] with diagnoses including sepsis due to streptococcus, group a, cellulitis of left lower limb, unspecified intracranial injury with loss of consciousness, encephalopathy, type 2 diabetes mellitus, anxiety disorder, unspecified dementia, schizophrenia, chronic post-traumatic headache, unsteadiness on feet, altered mental status, cognitive communication deficit, severe sepsis without septic shock, and need for assistance with personal care. An interim payment assessment Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #31 had a Brief Interview for Mental Status (BIMS) assessment score of 6, indicating severe cognitive impairment. Review of the clinical record for Resident #31 revealed that Resident #31 was issued a Notice of Medicare Non-Coverage (NOMNC) indicating that Resident #31's last day of coverage for skilled services was July 2, 2026. Under additional information, a handwritten statement revealed Not cognitively able to sign. Under the signature line it was revealed that verbal notification was given to Resident #31's daughter on June 30, 2026. At the bottom of the form, it is written that the document was rescinded. The notice did not include an effective date of discharge, the reason for discharge, the location of discharge, nor contact information for the state ombudsman. Another NOMNC was entered into the clinical record for Resident #31. This NOMNC indicated that Medicare coverage for Resident #31 would end on July 6, 2026. Under the signature line, the document revealed that verbal notification was given to Resident #31's daughter on July 2, 2026. The notice did not include an effective date of discharge, the reason for discharge, the location of discharge, nor contact information for the state ombudsman. The clinical record was reviewed, and revealed no evidence of any other discharge notice provided to the resident or the resident's representative. Review of the Discharge Summary for Resident #31, dated July 7, 2026, revealed he was discharging home with the assistance of a community health provider. The note revealed the phone number and email contact information for the state ombudsman. An interview was conducted with the state ombudsman on July 9, 2026, at 2:09 p.m. The ombudsman stated that the facility typically notified her of resident discharges on the day of discharge or after the resident had already left the facility. The ombudsman stated that advance notification was not routinely provided. The ombudsman stated that timely notification would allow the ombudsman's office the opportunity to review discharge plans, assist residents with concerns regarding the discharge, and advocate for alternative discharge options when appropriate. An interview was conducted on July 10, 2026, at 10:33 a.m., with a case manager (Staff #61), who stated she was responsible for coordinating discharges for residents receiving skilled services. Staff #61 stated her duties included communicating with residents and their representatives, arranging discharge destinations, coordinating home health services, transportation, and durable medical equipment. Staff #61 stated that the Notice of Medicare Non-Coverage (NOMNC) was the only discharge-related notice routinely provided to residents and/or their representatives before discharge. (continued on next page)		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Staff #61 stated no separate written discharge notice was issued. Staff #61 stated that notification to the state ombudsman was typically sent by email after the resident had discharged because discharge plans could change prior to the resident leaving the facility. Staff #61 stated that delaying notification until after discharge could prevent the ombudsman from addressing resident concerns or assisting with discharge planning before the discharge occurred. Staff #61 reviewed the NOMNC and confirmed the document did not contain contact information for the state ombudsman. Staff #61 stated residents received ombudsman contact information on the discharge summary, which was provided on the day of discharge. Staff #61 further stated she became aware in February 2026 that the ombudsman was to receive notification regarding resident discharges. Staff #61 reviewed her email correspondence and confirmed notification regarding Resident #31's discharge was sent to the ombudsman on July 8, 2026 at 3:37 p.m. An interview was conducted with the Director of Nursing (DON / Staff #43) on July 10, 2026, at 2:04 p.m., who stated the case manager (Staff #61) was responsible for notifying residents and resident representatives of planned discharges. The DON stated the process included communicating with the resident and any designated representative, such as a power of attorney or emergency contact, regarding the discharge plan. The DON stated the facility utilized the NOMNC form to document discharge notification and that the form was signed by the resident and/or representative and uploaded into the medical record. The DON stated the NOMNC included information regarding insurance coverage dates and appeal rights. The DON stated she was aware the case manager provided discharge notifications to the state ombudsman but was unsure whether those notifications were required to occur before discharge. The DON stated residents should receive written discharge notice containing ombudsman contact information prior to discharge and stated this process was the responsibility of the case manager. The DON also stated ombudsman contact information was included on the discharge summary provided to residents on the day of discharge.		