

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: 035092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER Bella Vita Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5125 North 58th Avenue Glendale, AZ 85301	
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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, hospital discharge documentation review, staff interviews, and review of facility policies and procedures, the facility failed to ensure physician-ordered services were provided in accordance with professional standards of practice for one (#16) of three sampled residents by failing to implement and coordinate physician-directed oncology follow-up appointments identified on the hospital discharge plan. The deficient practice had the potential to result in delayed evaluation, diagnosis, monitoring, and treatment of the resident's medical condition. Findings include: Hospital discharge documentation dated May 3, 2026, revealed Resident #16 had a scheduled oncology laboratory appointment on May 5, 2026, at 9:30 a.m. and a scheduled oncology follow-up appointment with his oncologist on May 8, 2026, at 9:00 a.m. Resident #16 was admitted to the facility on [DATE], with diagnoses that included acute on chronic systolic congestive heart failure, chronic obstructive pulmonary disease (COPD), and monoclonal gammopathy. Review of Resident #16's physician orders, Medication Administration Record (MAR), and Treatment Administration Record (TAR) revealed no physician orders, appointment documentation, transportation arrangements, or other evidence indicating that the oncology laboratory appointment scheduled for May 5, 2026, or the oncology appointment scheduled for May 8, 2026, had been entered into the facility's clinical record, communicated to staff, or implemented following admission to the facility. Review of Progress Notes for Resident #16 revealed no documentation indicating the resident attended either appointment, was transported to or from either appointment, refused either appointment, or that either appointment was cancelled or rescheduled. Census records indicated Resident #16 remained in the facility until discharge on [DATE]. On June 2, 2026, at 3:15 p.m., an interview was conducted with Admissions Licensed Practical Nurse (LPN/Staff #88). Staff #88 stated that when a newly admitted resident arrives from the hospital, the facility receives discharge orders that include medications, treatments, and follow-up appointments. Staff #88 stated those orders are entered into the facility's electronic health record system. Staff #88 further stated that when follow-up medical appointments are identified, transportation services are arranged to ensure the resident is transported to and from the appointment. Upon review of Resident #16's clinical record, Staff #88 confirmed that no orders for the laboratory appointment scheduled for May 5, 2026, or the oncology appointment scheduled for May 8, 2026, had been entered into the clinical record. Staff #88 further confirmed there was no documentation indicating the appointments had been completed, cancelled, or rescheduled. On June 3, 2026, at 9:00 a.m., an interview was conducted with the Director of Nursing (DON/Staff #33). Staff #33 stated it was her expectation that hospital discharge orders are transcribed into the clinical record for each newly admitted resident and that follow-up medical appointments are discussed with the resident or resident representative and coordinated by the facility. Upon review of Resident #16's clinical record, Staff #33 confirmed the resident did not attend the laboratory appointment scheduled for May 5, 2026, or the oncology appointment scheduled for May 8, 2026. Staff #33 stated this did not meet her expectations and placed the resident at risk for not receiving follow-up evaluation and treatment from his oncology provider. The facility policy titled Documentation and Charting, reviewed July 2023, revealed it is the policy of the facility to provide a complete account of the resident's care, (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 035092	Facility ID: 035092 If continuation sheet Page 1 of 2

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	treatment, response to care, and progress toward care goals. The facility policy titled Resident Rights, reviewed June 2025, revealed residents have the right to contact with providers of their choice and to be fully informed in advance about their care and treatment.		