STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035096	A. Building B. Wing	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haven of Sandpointe, LLC	2222 South Avenue A Yuma, AZ 85364

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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to manage his or her financial affairs. (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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled:16Number of residents cited:13The facility failed to ensure the protection/management of resident funds for 13 of 16 residentsBased on interviews, review of clinical records, facility 5 day report to the state agency (SA) and review of facility policy and procedures, the facility failed to ensure the protection/management of resident trust funds for 13 residents out of 16 (#3, #5, #18, #31, #32, #58, #63, #75, #76, #77, #86, #95, #96, #108, #109, #110). The deficient practice could result in continued misappropriation/exploitation of other residents.Findings Include:Resident #108 was admitted to the facility on [DATE], with diagnoses that included hypertension, dementia, muscle weakness and history of falling.A review of the minimum data set (MDS) dated [DATE] for Resident #108 revealed a brief interview mental status (BIMS) score of 09, which shows moderate cognitive impairment.Resident #75 was admitted to the facility on [DATE], with diagnoses that included dementia without behavioral disturbance, major depressive disorder, myocardial infarction and anxiety disorder.A review of the minimum data set (MDS) dated [DATE], for Resident #75 revealed a brief interview mental status (BIMS) score of 03, which shows severe cognitive impairment.An interview was conducted on August 6, 2025 at 1016 am with Public Fiduciary Lead (PFL), who works under the court appointed Adult Public Fiduciary (APF). On July 27, 2022, the court appointed APF to be the fiduciary over Resident #108. The new administrator, executive director Staff #147 contacted us and informed the office of a situation. He became aware of some inconsistencies, looked and found theft. The police, adult protective services (APS), department of health services (DHS) were contacted and business office manager Staff #148 was terminated.An interview was conducted on August 6, 2025 at 1029 a.m. with APF for Resident #108. Based on a short time, Staff #148 was putting transactions as spending money due to dementia. Some expenses included: digital expense $498.29, flowers at $72, food snack shop Instacart $289.71, coloring books and pencils 1542.45, miscellaneous items- basketball hoop, description not for figurines, cushion covers $1254.38, $810.76 and $4067.69. For Resident #75, expenses included a grill, cupcakes, macaroons, Apple TV, Prime Video, remote control monster trucks, miniature figurines, basketball hoop items, gumball machine, decorations. Restitution total $20,565.93. Food, Amazon, pictures, flowers $1157.82. That was from June 7, 2022 through June 30, 2024. He did not have any clothing or any items. Radio, clothing and a lot of purchases on Amazon totaling $9483.90. Purchases titled as shopping. Shopping sprees on bedding and clothing, $570. Resident #75 did not have a lot. There was a lot of Amazon, door dash, Sunny Skin-tanning place, Instacart, Target shopping for clocks, thermal water bottles, bedding items. Resident #75's purchases were going straight to Staff #148's use. Resident #75 did not have any of those items and we had to purchase bedding and clothing for him after going to his room at the facility to see the purchased items on his account.Review of the facility's 5 day report to the SA, showed that Resident #75's account had multiple purchases from Audible, Amazon and recurring purchases. Resident #75 was unable to be interviewed and a visual review was conducted of his room with none of items charged to his account being found.Resident #5 was admitted to the facility on [DATE], with an original admission date of October 12, 2020, with diagnoses that include respiratory failure, kidney failure, chronic obstructive pulmonary disease (COPD), muscle weakness, hemiplegia and hemiparesis following a cerebral infarction affecting the right dominant side.A review of the minimum data set (MDS) dated [DATE] for Resident #5 revealed a brief interview mental status (BIMS) score of 15, which shows cognitive intact.An interview was conducted on August 8, 2025 at 907 a.m. with Resident #5 and revealed that Resident #5 was informed by the office of a $500 stay at a hotel. Resident #5 did not stay at a hotel and did not have a receipt for a hotel stay. The office did not have the receipt either. The court said that they will have to pay back the money and Staff #148 took other residents' money too.Review of the facility's 5 day report to the SA, showed that a receipt was procured in relation to a hotel stay on April 25, 2024 to April 28, 2024 at the Delta Phoenix Mesa Hotel. It was confirmed that the purchase was made using the resident trust fund debit card and an identical charge was matched to Resident #5's resident account in April. The dates correlated to Staff #148's daughters dance competition that was posted on social media. The dance competition website confirms that the hotel was used for participants that week as well.Resident #63 was admitted to the facility on [DATE], with diagnoses that include type 2 diabetes mellitus, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, major depressive disorder, anxiety.A review of the minimum data set (MDS) dated [DATE] for Resident #63 revealed a brief interview mental status (BIMS) score of 14, which shows cognitive

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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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. (continued on next page)

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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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled:16Number of residents cited:13The facility failed to ensure the accounting and records of resident funds for 13 of 16 residentsBased on interviews, review of clinical records, facility 5 day report to the state agency (SA) and review of facility policy and procedures, the facility failed to ensure the accounting and records of resident trust funds for 13 residents out of 16 (#3, #5, #18, #31, #32, #58, #63, #75, #76, #77, #86, #95, #96, #108, #109, #110). The deficient practice could result in continued misappropriation/exploitation of other residents.Findings Include:Resident #108 was admitted to the facility on [DATE], with diagnoses that included hypertension, dementia, muscle weakness and history of falling.A review of the minimum data set (MDS) dated [DATE] for Resident #108 revealed a brief interview mental status (BIMS) score of 09, which shows moderate cognitive impairment.Resident #75 was admitted to the facility on [DATE], with diagnoses that included dementia without behavioral disturbance, major depressive disorder, myocardial infarction and anxiety disorder.A review of the minimum data set (MDS) dated [DATE], for Resident #75 revealed a brief interview mental status (BIMS) score of 03, which shows severe cognitive impairment.An interview was conducted on August 6, 2025 at 1016 am with Public Fiduciary Lead (PFL), who works under the court appointed Adult Public Fiduciary (APF). On July 27, 2022, the court appointed APF to be the fiduciary over Resident #108. The new administrator, executive director Staff #147 contacted us and informed the office of a situation. He became aware of some inconsistencies, looked and found theft. The police, adult protective services (APS), department of health services (DHS) were contacted and business office manager Staff #148 was terminated.An interview was conducted on August 6, 2025 at 1029 a.m. with APF for Resident #108. Based on a short time, Staff #148 was putting transactions as spending money due to dementia. Some expenses included: digital expense $498.29, flowers at $72, food snack shop Instacart $289.71, coloring books and pencils 1542.45, miscellaneous items- basketball hoop, description not for figurines, cushion covers $1254.38, $810.76 and $4067.69. 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Resident #75 did not have any of those items and we had to purchase bedding and clothing for him after going to his room at the facility to see the purchased items on his account.Review of the facility's 5 day report to the SA, showed that Resident #75's account had multiple purchases from Audible, Amazon and recurring purchases. Resident #75 was unable to be interviewed and a visual review was conducted of his room with none of items charged to his account being found.Resident #5 was admitted to the facility on [DATE], with an original admission date of October 12, 2020, with diagnoses that include respiratory failure, kidney failure, chronic obstructive pulmonary disease (COPD), muscle weakness, hemiplegia and hemiparesis following a cerebral infarction affecting the right dominant side.A review of the minimum data set (MDS) dated [DATE] for Resident #5 revealed a brief interview mental status (BIMS) score of 15, which shows cognitive intact.An interview was conducted on August 8, 2025 at 907 a.m. with Resident #5 and revealed that Resident #5 was informed by the office of a $500 stay at a hotel. Resident #5 did not stay at a hotel and did not have a receipt for a hotel stay. The office did not have the receipt either. The court said that they will have to pay back the money and Staff #148 took other residents' money too.Review of the facility's 5 day report to the SA, showed that a receipt was procured in relation to a hotel stay on April 25, 2024 to April 28, 2024 at the Delta Phoenix Mesa Hotel. It was confirmed that the purchase was made using the resident trust fund debit card and an identical charge was matched to Resident #5's resident account in April. The dates correlated to Staff #148's daughters dance competition that was posted on social media. The dance competition website confirms that the hotel was used for participants that week as well.Resident #63 was admitted to the facility on [DATE], with diagnoses that include type 2 diabetes mellitus, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, major depressive disorder, anxiety.A review of the minimum data set (MDS) dated [DATE] for Resident #63 revealed a brief interview mental status (BIMS) score of 14, which shows cognitive

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled:26Number of residents cited:2The facility failed to protect the resident's right to be free from verbal and physical abuse in 2 of 26 residents.Based on closed record review, resident and staff interviews, as well as review of facility documentation and policy, and through observation of current practice, the facility failed to protect the resident's right to be free from verbal and physical abuse in 2 of 26 residents.Findings include:- Regarding Resident #26:Resident #26 was initially admitted to the facility on [DATE] and remains in the facility with medical diagnoses that included: end-stage renal disease, dementia, muscle weakness, glaucoma, lack of coordination, and anxiety disorder.The quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 10, indicating moderate cognitive impairment. The MDS revealed that the resident demonstrated no hallucinations, delusions, physical or verbal behaviors toward others or other behaviors not directed to others including physical symptoms such as hitting or scratching of self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming or disruptive sounds. The MDS revealed that the resident demonstrated rejection of care 1-3 days and demonstrated no exit-seeking behaviors. The MDS further revealed that the resident used a manual wheelchair and documented no functional impairment of upper or lower extremities.However, a review of the resident's comprehensive care plan dated 5/12/2025 revealed that resident #26 had impaired functional mobility with an associated goal to remain free from complications of impaired range of motion through the next review date and an intervention to report and document any decline in function and refer to therapy as needed.The care plan further revealed that the resident had a visual impairment requiring glasses to improve visual acuity. The care plan revealed that the resident exhibited a behavior of touching another resident's arm that was perceived to be inappropriate and was redirected. The resident also reportedly refused to go to bed on time, refused to be changed, and refused to be toileted despite staff encouragement and assistance. The care plan revealed that the resident had impaired thought processing due to dementia with an associated goal of communicating basic needs on a daily basis and interventions for the care team to communicate with the resident, family, and caregivers regarding the resident's capabilities and needs. Additional related interventions included discussion of concerns about confusion, engage resident in simple, structured activities that avoid overly demanding tasks, keep routine consistent, report changes in cognitive function specifically, changes in decision making ability, memory, recall and general awareness, difficult expressing self, difficulty understanding others or changes in mental status or level of consciousness to MD and to use task segmentation to support short-term memory deficits.A review of progress notes dated 5/14/2024 revealed that the resident was involved in a small altercation with another resident; however, the resident had no memory of the event and had no complaints or concerns reported to staff.A review of physician orders revealed no issues or concerns specific to this allegation.A review of the resident's Medication Administration Record (MAR) and Treatment Administration Record (TAR) revealed no omissions or inconsistencies. - Regarding Resident #107:Resident # 107 was initially admitted to the facility on [DATE] and discharged on 2/18/2025 with diagnoses that included: chronic obstructive pulmonary disease, age-related osteoporosis with current pathological fracture of the vertebrae, bipolar disorder, atherosclerotic heart disease, chronic diastolic heart failure, morbid obesity, hypertensive heart disease, difficulty in walking, retention of urine, due to obstructive and reflux uropathy, depression, anxiety disorder and non-ST elevation myocardial infarction (NSTEMI).A review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Mental Status Interview (BIMS) score of 14, indicating no cognitive impairment. The MDS revealed that the resident had no hallucinations, delusions, verbal behaviors directed towards others, and no behavioral symptoms not directed toward others, such as hitting or scratching of self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming or disruptive sounds. The MDS further stated that the resident exhibited physical behavioral symptoms directed toward others, such as hitting, kicking, pushing, scratching, grabbing, or abusing others sexually on 1-3 days, and revealed that the resident demonstrated no rejection of care or exit-seeking behaviors. The MDS further revealed that the resident used a manual wheelchair and indicated no functional impairment of upper or lower extremities. The MDS revealed that resident #107 had an indwelling urinary catheter, smoked, and used oxygen through a nasal canula.A review of the resident's Comprehensive Care

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from the wrongful use of the resident's belongings or money. (continued on next page)

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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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled:14Number of residents cited:97The facility failed to ensure residents are free from misappropriation for 14 of 97 residents.Based on interviews, review of clinical records, facility 5 day report to the state agency (SA) and review of facility policy and procedures, the facility failed to ensure 14 residents out of 16 (#3, #5, #18, #31, #63, #75, #76, #77, #86, #95, #96, #108, #109, #110) were free from misappropriation by a staff member (#148). The deficient practice could lead to misappropriation of resident money and belongings by other staff members.-Findings include:Resident #108 was admitted to the facility on [DATE], with diagnoses that included hypertension, dementia, muscle weakness and history of falling.A review of the minimum data set (MDS) dated [DATE] for Resident #108 revealed a brief interview mental status (BIMS) score of 09, which shows moderate cognitive impairment.Resident #75 was admitted to the facility on [DATE], with diagnoses that included dementia without behavioral disturbance, major depressive disorder, myocardial infarction and anxiety disorder.A review of the minimum data set (MDS) dated [DATE], for Resident #75 revealed a brief interview mental status (BIMS) score of 03, which shows severe cognitive impairment.An interview was conducted on August 6, 2025 at 1016 am with Public Fiduciary Lead (PFL), who works under the court appointed Adult Public Fiduciary (APF). On July 27, 2022, the court appointed APF to be the fiduciary over Resident #108. The new administrator, executive director Staff #147 contacted us and informed the office of a situation. He became aware of some inconsistencies, looked and found theft. The police, adult protective services (APS), department of health services (DHS) were contacted and business office manager Staff #148 was terminated.An interview was conducted on August 6, 2025 at 1029 a.m. with APF for Resident #108. Based on a short time, Staff #148 was putting transactions as spending money due to dementia. Some expenses included: digital expense $498.29, flowers at $72, food snack shop Instacart $289.71, coloring books and pencils 1542.45, miscellaneous items- basketball hoop, description not for figurines, cushion covers $1254.38, $810.76 and $4067.69. 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Resident #75 was unable to be interviewed and a visual review was conducted of his room with none of items charged to his account being found.Resident #5 was admitted to the facility on [DATE], with an original admission date of October 12, 2020, with diagnoses that include respiratory failure, kidney failure, chronic obstructive pulmonary disease (COPD), muscle weakness, hemiplegia and hemiparesis following a cerebral infarction affecting the right dominant side.A review of the minimum data set (MDS) dated [DATE] for Resident #5 revealed a brief interview mental status (BIMS) score of 15, which shows cognitive intact.An interview was conducted on August 8, 2025 at 907 a.m. with Resident #5 and revealed that Resident #5 was informed by the office of a $500 stay at a hotel. Resident #5 did not stay at a hotel and did not have a receipt for a hotel stay. The office did not have the receipt either. The court said that they will have to pay back the money and Staff #148 took other residents' money too.Review of the facility's 5 day report to the SA, showed that a receipt was procured in relation to a hotel stay on April 25, 2024 to April 28, 2024 at the Delta Phoenix Mesa Hotel. It was confirmed that the purchase was made using the resident trust fund debit card and an identical charge was matched to Resident #5's resident account in April. The dates correlated to Staff #148's daughters dance competition that was posted on social media. The dance competition website confirms that the hotel was used for participants that week as well.Resident #63 was admitted to the facility on [DATE], with diagnoses that include type 2 diabetes mellitus, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, major depressive disorder, anxiety.A review of the minimum data set (MDS) dated [DATE] for Resident #63 revealed a brief interview mental status (BIMS) score of 14, which shows cognitive

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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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Number of residents sampled:16Number of residents cited:13The facility failed to ensure the implementation of abuse misappropriation policy for 13 of 16 residentsBased on interviews, review of clinical records, facility 5 day report to the state agency (SA) and review of facility policy and procedures, the facility failed to ensure the implementation of their abuse/misappropriation policy for 13 residents out of 16 (#3, #5, #18, #31, #32, #58, #63, #75, #76, #77, #86, #95, #96, #108, #109, #110). The deficient practice could result in continued misappropriation/exploitation of other residents.Findings Include:An interview was conducted on August 7, 2025 at 3:12 p.m. with Certified Nursing Assistant (CNA) Staff #63 and revealed that when a resident has concerns over missing money or items, the staff will check with the business office, look in the resident room, then if can not find it, report it to the group.An interview was conducted on August 7, 2025 at 3:22 p.m. with Licensed Practical Nurse (LPN) Staff #5 and revealed that when a resident says they are missing money or items, you go with the resident to their room, ask when they last had it. Then go to the manager, business office or ask the CNAs. Investigate what happened, notify the administrator, Director of Nursing (DON), report to the state and ombudsman.An interview was conducted on August 7, 2025 at 3:38 p.m. with business office manager Staff #130 and revealed that about 1.5 years into the job as the assistant in the business office, Staff #130 noticed that things were not okay with the trust account. Staff #130 did not report because the previous executive director would have fired Staff #130 before getting everything straightened out, due to the friendship between the former executive director and staff #148. Staff #130 stated that it was a personal opinion because that type of thing only happens in the movies. Staff #130 also revealed that if you do not report any suspicion of misappropriation, you can get in trouble, it will affect the residents, and will continue to happen if you do not speak up.An interview was conducted on August 8, 2025 at 09:46 a.m. with Executive Director (ED) Staff #147 and revealed that when there is an allegation of misappropriation in the facility, you notify the four main parties. State Agency (SA), police, Adult Protective Services (APS) and the Ombudsman. Also, the Power of Attorney (POA) and guardian. Three residents were listed on the 5 day report to the SA (Residents #5, #63 and #75). The following day the police started their investigation. The police started asking for more documents. The policy states we should be reporting those (misappropriation). The findings were reported to the supervisor of Staff #147. An interview was conducted on August 13, 2025 at 10:17 a.m. with Director of Nursing (DON) Staff #126 and revealed that when an allegation of abuse/misappropriation occurs, you make sure the resident is safe, then notify the appropriate entities and start investigating. Abuse, neglect and misappropriation training is done at least annually and any time there is a concern or allegation.An interview was conducted on August 13, 2025 at 10:31 a.m. with ED Staff #147 and revealed that to make sure this does not happen again, they have implemented a system with two business office managers. One of the managers will do the resident trust, then signs off. Then the other manager will review and then sign off. Training on abuse and misappropriation continues, following the policy. If you don't report it, it can continue if abuse and misappropriation is not reported.Review of the facility policy Resident Rights/Dignity: Abuse, Neglect, Exploitation and Misappropriation Prevention Program, Version 051123 (Policies and Procedures in effect on January 1, 2024), revealed that section 2 reads: Develop and implement policies and protocols to prevent and identify: theft, exploitation or misappropriation of resident property. Section 8. Identify and investigate all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident property. Section 9. Investigate and report any allegations with timeframes required by federal requirements.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Number of residents sampled:16Number of residents cited:13The facility failed to ensure the reporting of alleged violations for 13 of 16 residents.Based on interviews, review of clinical records, facility 5 day report to the state agency (SA) and review of facility policy and procedures, the facility failed to ensure the reporting of misappropriation/exploitation for 13 residents out of 16 (#3, #5, #18, #31, #32, #58, #63, #75, #76, #77, #86, #95, #96, #108, #109, #110). The deficient practice could result in continued misappropriation/exploitation of other residents.Findings Include:An interview was conducted on August 7, 2025 at 3:38 p.m. with business office manager Staff #130 and revealed that about 1.5 years into the job as the assistant in the business office, Staff #130 noticed that things were not okay with the trust account. Staff #130 did not report because the previous executive director would have fired Staff #130 before getting everything straightened out, due to the friendship between the former executive director and staff #148. Staff #130 stated that it was a personal opinion because that type of thing only happens in the movies. Staff #130 also revealed that if you do not report any suspicion of misappropriation, you can get in trouble, it will affect the residents, and will continue to happen if you do not speak up.An interview was conducted on August 8, 2025 at 09:46 a.m. with Executive Director (ED) Staff #147 and revealed that when there is an allegation of misappropriation in the facility, you notify the four main parties. State Agency (SA), police, Adult Protective Services (APS) and the Ombudsman. Also the Power of Attorney (POA) and guardian. Three residents were listed on the 5 day report to the SA (Residents #5, #63 and #75). The following day the police started their investigation. The police started asking for more documents. The policy states we should be reporting those (misappropriation). An interview was conducted on August 13, 2025 at 10:31 a.m. with ED Staff #147 and revealed that to make sure this does not happen again, they have implemented a system with two business office managers. One of the managers will do the resident trust, then signs off. Then the other manager will review and then sign off. Training on abuse and misappropriation continues, following the policy. If you don't report it, it can continue if abuse and misappropriation is not reported.An interview was conducted on August 13, 2025 at 10:17 a.m. with Director of Nursing (DON) Staff #126 and revealed that when an allegation of abuse/misappropriation occurs, you make sure the resident is safe, then notify the appropriate entities and start investigating. Abuse, neglect and misappropriation training is done at least annually and any time there is a concern or allegation.Review of the facility policy Resident Rights/Dignity: Abuse, Neglect, Exploitation and Misappropriation Prevention Program, Version 051123 (Policies and Procedures in effect on January 1, 2024), revealed that section 2 reads: Develop and implement policies and protocols to prevent and identify: theft, exploitation or misappropriation of resident property. Section 8. Identify and investigate all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident property. Section 9. Investigate and report any allegations with timeframes required by federal requirements.

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	035096	A. Building B. Wing	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haven of Sandpointe, LLC	2222 South Avenue A Yuma, AZ 85364

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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews and policy review, the facility failed to ensure that medications were not left at the bedside for three residents (#86 and #93). The deficient practice could result in harm to the residents, and/or visitors who have access to medications. Findings include: -Resident #93 was admitted on [DATE] diagnosis included pneumonia, acute and chronic respiratory failure with hypoxia, acute and chronic respiratory failure with hypercapnia, chronic combined systolic (congestive) and diastolic (congestive) heart failure, and type 2 diabetes mellitus. The quarterly Admissions Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14 indicating that resident is cognitively intact. Resident #93 care plan did not address that resident is able to self-administer medication Review of the physician’s orders revealed no orders to self-administer medications. Review of progress note revealed no interdisciplinary meeting for self-administer medication. Review physician’s orders had start order of July 08, 2025 at 11:15AM for Wound care, abdomen, cleanse with Bath Wipes, pat dry, apply a liberal amount of miconazole nitrate 2% powder topical every shift as needed. Review of the assessments revealed not assessed to self-administer medications. An observation was conducted on August 05, 2025 at 10:37AM in Resident #190’s room and revealed that the resident was lying in his bed, table on the side of resident 93’s bed there was red tube laying with cap closed. Resident #93 stated that it is tube for rash and itchiness. He stated that sometimes staff members the tube very close to him or on the table. Immediately staff member was called. An interview was conducted on August 05, 2025 at 12:38 PM with Certified Nurse Assistance (CNA/staff #111), who identified the red tube as 3 oz of antifungal powder. Staff #111 stated this is not supposed to be left at the bedside. She stated that risk would having antifungal powder left on bedside would be that other resident could grab the powder and not being applied properly. An interview was conducted on August 05, 2025 at 12:42 AM with the Licensed Practical Nurse (LPN/staff #146), who identified the tube as antifungal powder. She stated that it is not supposed be left at the bedside. The risk of having antifungal powder left at the beside would that resident could misuse it and resident can administer incorrectly. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted on August 13, 2025 at 11:43AM with Director of Nursing (DON/ Staff #126), who stated that their facility process is not have any medication left at the bedside. DON stated that if resident wants to self-administer, they would first require assessment, safe box will be given to resident to store medication, then resident will be educated to let the nurse know when they took the medication so they put on the chart. She stated that resident #93 does not have self-administer orders to use antifungal cream and no assessment is done for him. DON stated that antifungal cream should not been left at the bedside. She stated that there will risk pose to having antifungal powder left at the bedside such as another resident getting hold of it and intended resident can use it inappropriately. Staff #126 stated that having medication left at the bedside does not meet their facility policy. Reviewed the policy titled “Administering Medication” Revised date January 1, 2024 revealed Residents may self-administer their own medications only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined that they have the decision-making capacity to do so safely. A review of the Clinical and Med-Pass Policies: Medications effective January 1, 2024, revealed that topical medications used in treatments are recorded on the resident’s treatment record (TAR). The policy further revealed that residents may self-administer their own medications only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined that they have the decision-making capacity to do so safely. -Resident # 86 was admitted on [DATE], discharged on September 16, 2022 and readmitted on [DATE] with diagnosis including: cerebral palsy, hypothyroidism, abnormal results of lever function studies, hyperlipidemia, essential hypertension, allergic rhinitis, Type II Diabetes with hyperglycemia, diabetic retinopathy and polyneuropathy, obstructive sleep apnea, pancytopenia, iron deficiency anemia, non-alcoholic steatohepatitis, unspecified cirrhosis of the liver, diverticulosis of intestine, limitation of activities due to disability, other reduced mobility, abnormal posture, muscle weakness, personal history of COVID-19 and chronic superficial gastritis without bleeding. The resident remains at the facility. A review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 15, which indicated no cognitive deficits. The Patient Health Questionnaire (PHQ-2) revealed a score of 00, indicating no need for further mood assessment. Section E of the MDS revealed that the resident exhibited no delusions, hallucinations, physical or verbal behaviors, and no wandering or rejection of care. The MDS revealed no deficits in functional abilities of the upper or lower extremities; however, due to the diagnosis of Cerebral Palsy, the resident used an electric wheelchair for mobility purposes. The MDS revealed that the resident required set-up assistance for eating, substantial assistance with oral hygiene and upper body dressing, and dependence in lower body dressing and footwear application. A review of physician orders revealed use of mobility bars for bed mobility, full code status, incentive spirometry, chest percussion using percussion cup to assist in breaking up secretions and wound care to buttocks that specified: apply stoma powder, wipe away excess, cover with triad paste every shift and after incontinent episodes to prevent moisture-associated skin damage (MASD), and shearing every shift. There were no observed changes in medication orders. A review of physician orders revealed no orders for self-administered medications. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the comprehensive care plan dated June 27, 2025, revealed that the resident had bowel and bladder incontinence and was at risk for skin breakdown. The care plan further revealed that the resident had potential for functional decline due to the diagnosis of Cerebral Palsy, and goals that included that the resident would be free of complications related to hypertension, diabetes mellitus, and anemia. Further, the care plan revealed no evidence that the resident was authorized to self-administer medications. A review of the resident’s skin care assessment dated [DATE] revealed a new skin abrasion to the right buttocks area with no pressure injury. A review of the resident’s Treatment Administration Record revealed no deficits in incontinence or skin care treatments. A review of the resident’s Medication Administration Record revealed no deficits in medication administration. An observation was conducted on August 5, 2025 at 12:05 PM that revealed an unlabeled medication cup approximately 1/2 full of thick, white ointment located on an overbed table holding a number of the resident’s personal items at the resident’s bedside. The resident stated that she believed it contained triad cream that was used following the changing of incontinent briefs to treat a “shear” injury. Also observed on the bedside was a bottle of ketoconazole shampoo that was labeled with an illegible prescription label. An interview was conducted with Certified Nursing Assistant (CNA), Staff # 42, on August 5, 2025 at 12:10 PM. The CNA stated that residents cannot have medications at the bedside and that if they were seen, they would be removed from the room and taken to the nurse or a medication technician in the hall. Staff # 42 stated that it is the practice of staff to check for medications at bedside during tray checks, and defined medication as tablets, inhalants, or topicals. The CNA stated that the risk of finding medications at the bedside is that someone else may take them. An interview was conducted with Licensed Practical Nurse (LPN), Staff #146, on 8/5/2025 at 1215 PM. The LPN stated that medications at bedside could be anything that the doctor ordered that has an intervention and outcome. However, the LPN stated that no over-the-counter medicines are allowed at bedside. Staff # 146 stated that medications at the bedside that are unlabeled do not meet her expectations as the risk could lead to the medication not being taken for the intended purpose, drug interactions, or other residents taking the medication. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Upon return to the room on August 5, 2025 at 12:38 PM, the medication cup containing the medication was observed to be in the resident’s wastebasket below the overbed table where it was previously located. Staff #87, Certified Medication Assistant (CMA), was asked to accompany the surveyor to identify the medication in the waste basket. An interview was conducted with the CMA, who stated that in her role, she checks medication, removes it from the medication cart, and carries it to the resident to administer it. Staff #87 stated that if she found unlabeled medication at the bedside, she would ask the nurse or ‘toss it’ but would not discard the medication in the resident’s room. When asked to identify the substance in the medication cup, the CMS stated that it appeared only to be zinc used as a skin barrier, as it “looks like bottom cream, but I cannot be certain.” The CMA stated that because she was not sure what the medication was, she could not identify the potential risk to the resident, but stated that she did not believe that it would cause harm. An interview was conducted on August 6, 2025 at 09:20 AM with Registered Nurse (RN), Staff # 108 who stated that medication administration is guided by the six rights of medication administration. The RN stated that she checks three times before administering medications; first checking the medication order, then checking the medication when removing it from the cart, and finally checking again when leaving the cart before taking it to the resident. Staff # 108 stated that if the medication is for oral administration, she would assess the resident’s ability to swallow and position them or crush the medication if needed and indicated. The RN stated that when using topical medications, she obtains the medication from the designated medication in the medication cart, and if a large tube or tub, places a small amount into a medication cup to take with her into the room. If the medication is in a small tube or container and the resident is in a private room, the medication may be taken into the room. The RN stated that following administration of the topical medication, she would throw the medication cup and gloves into the resident’s trash can and then bag the trash and remove it by carrying it to place in the trash in the dirty utility room. Staff # 108 stated that finding medication in a resident’s room would not meet her expectations, as the risk to residents would be that the resident may apply the medication to an area that didn’t need it, or someone could remove it and use it when it was not ordered. An interview was conducted with the Director of Nursing (DON), Staff # 32, on August 7, 2025 at 11:21 AM, who stated that the resident must be assessed for their ability to self-administer medications correctly. If they pass the assessment, orders are obtained and the item is care planned and reviewed quarterly, or sooner if there is a change in condition. Medications need to be secured at all times, and residents are not allowed to administer narcotics or any medications that could pose a danger to themselves or others. Having unlabeled medications at the bedside would not meet her expectations. The DON stated that the risk of this would be that someone else could find and use them when they were not prescribed.

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and policy review, the facility failed to ensure food items were labeled and dated, and food was prepared under sanitary conditions. The deficient practice could increase the risk of foodborne illness.Findings include:Regarding food labeling and dating:During the initial kitchen observation conducted on August 5, 2025, at 10:52 a.m., a small, light-colored round cake was found in the walk-in freezer. Upon inspection of the cake, it was noted that the cake was past its expiration date of 7/24. Additionally, a clear, plastic bag containing French toast sticks and another clear, plastic bag containing cinnamon rolls were found not marked with use-by or expiration dates. Upon verification that the cake had expired and the bags containing the French toast sticks and cinnamon rolls were undated, the three items were immediately removed from the freezer and disposed of in the trash.An interview with the Dietary Aide (staff #100) was conducted on August 5, 2025, at 10:58 a.m. He was asked about the policy regarding dates listed on food items. He responded that everything should be labeled and should have a use-by date. He was then asked what the concern is if an item is not used by the expiration date. He responded that the food could go bad. He was then asked what risk that was to the resident. He responded that the resident could get sick.An interview with Dietary Manager (staff #26) was conducted on August 7, 2025, at 1:16 p.m. She was asked what the expectation is for food storage. She replied that all food must be dated. They get it, put it up, mark it, date it, first in, first out. If it is taken out of the box, it has to be dated. She was then asked if there is a risk if the food is not dated. She replied yes. When asked what the risk is, she said that whoever eats it could get sick. She was then asked what if there was something past the expiration date. She said that it would get thrown out. When asked if there was a risk if the expired food was eaten, she responded that someone could get sick. The Executive Director (Staff #147) was interviewed on August 7, 2025, at 1:29 PM. The Executive Director was asked what his expectations were for food storage. His response was making sure that things were dated or labeled, items defrosting are on the bottom shelf, making sure things that could drip are on the bottom shelf, making sure things aren't mixed, and making sure containers are closed completely. He was then asked what the risk is if items aren't properly dated in the fridge or freezer, to which he replied foodborne illness and adverse reactions. When asked what should be done if a food item was discovered that had expired in 2024, he responded that it should be discarded. The facility's policy titled Food Storage and Date Marking states that dates for items will be checked prior to use, and expired items discarded. Furthermore, the policy indicated that all foods will be checked to ensure that they are consumed by their use-by dates or discarded. Regarding kitchen sanitation and conditions:During a puree observation on August 7, 2025, at 11:05 AM, a cook (Staff #54) was observed to use a bare hand to remove the blades of a Ninja brand blender after it was used to puree noodles. When the incident was noted, the kitchen staff immediately disposed of the contaminated food and took the Ninja blender and blades to be washed and sanitized. She then stated that she usually wears gloves. She then attempted to make a puree a second time using the Robot Coup. Upon completion of the puree cycle on the Robot Coup, the food was then transferred to a container. She then removed the blades from the Robot Coup with a bare hand. When the second incident was noted, the kitchen staff immediately disposed of the contaminated food and took the Robot Coup blender and blades to be washed and sanitized. The dry Ninja brand blender was then used, and the puree was completed without incident. An interview with Dietary Manager (staff #26) was conducted on August 7, 2025, at 1:16 p.m. [NAME] was asked what the expectations are for the puree process. She responded that her expectations are that they do exactly as trained. She was then asked what that entails, to which she said, always wear gloves. The equipment has to be clean and dry. When she was asked what the risk is of putting your hand in a turned-off food processor, she answered cross-contamination.The Executive Director (Staff #147) was interviewed on August 7, 2025, at 1:29 PM. The Executive Director was asked what his expectations were for food safety. He responded that food should be prepped properly and at a safe temperature. He was then asked if he would have concerns if someone reached their bare hands into a processor. He replied with yes. When asked what risk that would pose, he replied with risk-safety and infection control, cleanliness, and maintaining a sanitary environment.The facility's policy titled Bare Hand Contact with Food and Use of Plastic Gloves states that single-use gloves will be worn when handling food directly with hands to ensure that bacteria are not transferred from the food handlers' hands to the food product being served. Bare hand contact with food is prohibited. The policy also says that staff will use clean

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled:26Number of residents cited:1The facility failed to ensure that the medical record for 1 resident (#107) out of 26 was complete and accurate.Based on resident and staff interviews, review of the clinical record, facility documentation, and policy, the facility failed to maintain clinical records in accordance with accepted professional standards and practices that are complete, accurately documented, and readily accessible for one resident (#107). The deficient practice could result in miscommunication between health care providers, leading to delayed or incorrect care and inappropriate treatment planning.Findings Include:Resident # 107 was initially admitted to the facility on [DATE] and discharged on 2/18/2025 with diagnoses that included: chronic obstructive pulmonary disease, age-related osteoporosis with current pathological fracture of the vertebrae, bipolar disorder, atherosclerotic heart disease, chronic diastolic heart failure, morbid obesity, hypertensive heart disease, difficulty in walking, retention of urine, due to obstructive and reflux uropathy, depression, anxiety disorder and non-ST elevation myocardial infarction (NSTEMI).A review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Mental Status Interview (BIMS) score of 14, indicating no cognitive impairment. The MDS revealed that the resident had no hallucinations, delusions, verbal behaviors directed towards others, and no behavioral symptoms not directed toward others, such as hitting or scratching of self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming or disruptive sounds. The MDS further stated that the resident exhibited physical behavioral symptoms directed toward others, such as hitting, kicking, pushing, scratching, grabbing, or abusing others sexually on 1-3 days, and revealed that the resident demonstrated no rejection of care or exit-seeking behaviors. The MDS further revealed that the resident used a manual wheelchair and indicated no functional impairment of upper or lower extremities. The MDS revealed that resident #107 had an indwelling urinary catheter, smoked, and used oxygen through a nasal canula.A review of the resident's Comprehensive Care Plan dated 9/8/2023 revealed that the resident had an actual or potential problem with psychosocial well-being due to anxiety, with a related goal of verbalization of feelings related to emotional state by review date. Interventions related to this goal included: allowing the resident time to answer questions and verbalize feelings, perceptions, and fears, assisting, encouraging, and supporting the resident to set realistic goals, and to encouraging participation from resident who depends on others to make their own decisions. The Care Plan further revealed that the resident had a mood problem related to anxiety and depression with a related intervention to observe/monitor/record/report to MD the risk for harming others, increased anger, labile mood or agitation, or if the resident feels threatened by others of has thoughts of harming someone, possession of weapons or objects that could be used as weapons. The Care Plan revealed that the resident was at risk for resident-to-resident altercation due to lack of awareness when driving the chair backwards despite staff education. The Care Plan further revealed additional risks for resident-to- resident altercations due to impulsiveness despite staff redirection, including hitting staff when redirected.A review of physician orders dated 2/3/2025 revealed that the resident was placed on Buspar and duloxetine related to increased agitation and behaviors. A review of the resident's Medication Administration Record (MAR) and Treatment Administration Record (TAR) revealed no omissions or inconsistencies. A review of the progress note dated 6/3/2025 revealed that a staff member was called to respond to an incident that occurred during the resident's scheduled activities, in which another resident was involved. The physician's progress note dated 5/14/2025 revealed that staff reported that the resident got into an argument about the weather that escalated to physical aggression with another resident; however, the resident's record revealed no prior incident describing the event that occurred on 5/12/2025. A review of the Weekly Skin Check and Wound assessment dated [DATE] revealed a skin assessment notation marked as 'yes' for Does resident have skin impairments -new and/or ongoing? The remainder of the document contained no additional information. No progress note was identified for the resident- to-resident abuse allegation that occurred on 5/12/2024.An interview was conducted with Licensed Practical Nurse (LPN), Staff # 147, on 8/13/2025 at 09:18 AM. The LPN stated that if a resident had a possible change in status following a fall or following an altercation between residents, staff would separate the residents and assess them for injury. Staff # 147 stated that the assessment would include taking vital signs, conducting a check of their skin to ensure they did not get hurt. The LPN stated that when the resident assessment was completed, she would follow the facility chain of