STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035099	A. Building B. Wing	12/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandstone of Tucson Rehab Centre	2900 East Milber Street Tucson, AZ 85714

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47911 Based on clinical record review, interviews, and policy review, the facility failed to ensure that one residents (#2) received treatment and care in accordance with professional standards of practice. The sample size was 3. This deficient practice could lead to residents not reciving the required care. Findings include: Resident #2 was admitted on [DATE] and discharged from the facility on December 9, 2024 with diagnosis including a wedge compression fracture of the first lumbar vertebra, unspecified fall, type 2 diabetes mellitus with hyperglycemia, unspecified dementia without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety. A review of the MDS dated [DATE] revealed a BIMS score of 06, indicating severe cognitive impairment. A review of the care plan revealed that the resident was at risk for falls and interventions included: administer medications as ordered, monitor for potential side effects, ensure call light is within reach and respond promptly, and ensure resident is wearing appropriate footwear while mobile. A review of the fall assessment dated [DATE] revealed a score of 65, indicating that the resident was at a high risk of falling. The assessment further noted a history of falling. The assessment noted that the resident over-estimates or forgets limits. A review of the progress notes revealed that on December 9, 2024 the resident slid out of his wheelchair and sustained an abrasion to the back of the head. It was noted that resident was picked up by the ambulance team and left the facility at 8:30 P.M. A review of the unwitnessed fall documentation noted a date of December 9, 2024 and time of 6:30 P.M. for the fall. A review of the neurochecks revealed only one entry on December 9, 2024 at 6:45 P.M. However, no evidence that additional neuro checks were documented in the medical record. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035099	A. Building B. Wing	12/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandstone of Tucson Rehab Centre	2900 East Milber Street Tucson, AZ 85714

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on December 16, 2024 at 11:15 A.M. with a Certified Nursing Assistant (CNA/staff #181). Staff #181 stated that if an unwitnessed fall occurred then neurochecks are conducted every 15 minutes for the first hour and then every 30 minutes for an hour and stated she wasn't sure but thought it was every hour for the next 4 hours and then every hours for the next 24 hours, but stated either way, they have the guidelines posted that staff can refer back to. She stated if there were further concerns during the neurochecks she would immediately inform the nurse. An interview was conducted on December 16, 2024 at 11:30 A.M. with a Registered Nurse (RN/#151). Staff #151 stated that nuerochecks are always conducted for an unwitnessed fall and a fall with a head injury to help identify any issues with the brain or spine. The risk for not conducting neurochecks could include missing something like a brain bleed. An interview was conducted on December 16, 2024 at 12:02 P.M. with The Assistant Director of Nursing (ADON/#199). Staff #199 stated that that the expectation for neurochecks is that they are conducted and documented as required and outlined in the policy. Staff #199 stated that there is a specific form that the CNA's utilize to document the neurochecks. Staff #199 reviewed the resident's neurochecks and stated that there should have been at least 4 more entries. She stated that the risk for not conducting them as specified could include missing a change of condition. An interview was conducted on December 16, 2024 at 12:23 P.M. with the Director of Nursing (DON/staff #16). Staff #16 stated that the expectation is that neurochecks should be conducted in their entirety as indicated and clearly documented. She stated that the risk for not conducting the neurochecks as scheduled could include missing something that could prove detrimental to the resident. A review of the facility policy entitled Neurological evaluation adopted May 1, 2024 revealed that a comprehensive neurological assessment is to be done every 15 minutes for the first hour, then every 30 minutes for 2 hours, then every hour for 4 hours and then every shift for 72 hours.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035099	A. Building B. Wing	12/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandstone of Tucson Rehab Centre	2900 East Milber Street Tucson, AZ 85714

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47911 Based on clinical review, staff interviews, and facility policy and procedures, the facility failed to ensure that behaviors were monitored and documented prior to medication administration for 2 out of 3 residents sampled (#1, #2). The deficient practice could result in residents being over-medicated. Findings include: -Resident #1 was admitted on [DATE] with diagnosis including unspecified atrial fibrillation, chronic kidney disease, cerebral infarction without residual effects, major depressive disorder-recurrent, unspecified psychosis, hallucinations, cognitive communication deficit. A review of the MDS (minimum data set) dated August 8, 2024 revealed a BIMS (brief interview of mental status) score of 06 indicating severe cognitive impairment. A review of the physician orders revealed the following orders: Paroxetine HCl 10mg , 1.5 tablets by mouth once a day for antidepressant; Risperidone 0.5mg 1 tablet two times a day for psychotic disorder-delusions, paranoia, hallucinations. A review of the care plan revealed no evidence of monitoring of medication side effects and or behaviors either depression or psychotic disorder. A review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR) for December 2024 revealed no evidence that behaviors or side effects were being monitored for this resident. -Resident #2 was admitted on [DATE] and discharged from the facility on December 9, 2024 with diagnosis including a wedge compression fracture of the first lumbar vertebra, type 2 diabetes mellitus with hyperglycemia, unspecified dementia without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety. A review of the MDS dated [DATE] revealed a BIMS score of 06, indicating severe cognitive impairment. A review of the physician orders revealed the following orders: Escitalopram Oxalate 20mg, 1 tablet once a day for depression; Olanzapine 5mg, 0.5 tablet two times a day for mood stabilizer, agitation. A review of the MAR for December 2024 revealed no evidence that behaviors or side effects were being tracked. An interview was conducted on December 16, 2024 at 11:15 A.M. with a Certified Nursing Assistant (CNA/staff #181). Staff #181 stated that certain residents are on behavior tracking and that this is documented in the electronic health record. She stated that this helps to identify if behaviors are still occurring, escalating and potentially for when a nurse may need to follow-up with a doctor. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035099	A. Building B. Wing	12/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandstone of Tucson Rehab Centre	2900 East Milber Street Tucson, AZ 85714

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted on December 16, 2024 at 11:30 A.M. with a Registered Nurse (RN/staff #151). Staff #151 stated that when someone is on a medication for a specific behavior, that these are tracked in the TAR. She stated that the risk for not tracking the behaviors could include medication administered when they are not needed. An interview was conducted on December 16, 2024 at 12:02 P.M. with the Assistant Director of Nursing (ADON#199). Staff #199 stated that with certain medications behaviors need to be tracked. Staff #199 reviewed the MAR/ TAR for resident #1 and #2 and stated that behaviors should have been tracked, but were not. She stated that the risk for not monitoring the behaviors could include over medication. An interview was conducted on December 16, 2024 at 12:23 P.M. with the Director of Nursing (DON/staff #16). Staff #16 reviewed the medical record for resident #1 and resident #2 and stated that behaviors were not being monitored for either resident. She stated that behaviors should be tracked but were not. She stated that the expectation is to track the behavior to ensure that the medication administered is the correct one for the behavior. Staff #16 stated that the risk for not monitoring the behaviors could include over medication. A review of the facility policy entitled Medication Administration adopted May 1, 2024 revealed that medications should be administered in accordance to meet the needs of the resident. Furthermore, the policy entitled Documentation adopted May 1, 2024 revealed that any changes in the resident's medical, physical, functional or psychosocial condition shall be documented in the resident's medical record.