

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2025
NAME OF PROVIDER OR SUPPLIER  Lake Pleasant Post Acute Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  20625 North Lake Pleasant Road Peoria, AZ 85382	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide and implement an infection prevention and control program.</p> <p>(continued on next page)</p>

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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, review of clinical record, and review of facility policy and procedure, the facility failed to ensure that Resident #3 without documented diagnosis of scabies was not placed in the room with another Resident #2 with documented diagnosis of scabies. The deficient practice could result in a resident affected by scabies being amongst resident(s) without scabies. Findings include:-Regarding Resident #2 Resident #2 was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnosis that included Hemiplegia and Hemiparesis following unspecified Cerebrovascular Disease affecting Right Dominant Side, Muscle Weakness (Generalized), Other Abnormalities of Gait and Mobility, Unspecified Dementia (Unspecified Severity, without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety). A Quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 07, which indicated that the resident was severely cognitively impaired. A Nursing Note dated February 13, 2025 at 13:35 revealed that the writer had received a phone call from the dermatology office regarding biopsy results that were positive for scabies. Review of room transfer documentation revealed, that Resident #2 had a room transfer on February 13, 2025 at 15:07 PM. Despite Resident #2 being diagnosed with scabies, was placed into the room with Resident #3 on the same day within hallway 300. No entry for scabies or rash was found on the care plan. No care plan goal, focus, or intervention was noted regarding Contact dermatitis vs bug bites/Scabies or rash. Additionally, review of care plan for polypharmacy and medications with black box warning revealed no possible signs and symptoms of an adverse reaction consisting of rash. Review of multiple shower sheets dated from February - October 2025 revealed no documented patterns of refusal of showers/baths for Resident #2. Further, a psychiatric note dated November 06, 2025 indicated that Resident #2 is overall compliant with treatment and cares. A Nursing Note dated February 13, 2025 revealed that the resident was put in isolation for treatment of scabies rash and that he had no complaints and was cooperative with cares and necessary treatment. An order summary was made on February 13, 2025 for strict contact isolation precautions every shift for scabies for 7 days. A physician note dated February 14, 2025 revealed, resident seen today for recent diagnosis scabies. Physician reviewed dermatology note -- recent biopsy had returned positive for scabies -- dermatology ordered permethrin. Resident #2 had a pruritic rash in trunk and extremities. The rash on his back looks to be doing better compared to some prior visits. he is presently in isolation for scabies. Review of order history revealed Permethrin External Cream 5 % was prescribed four times between February 13, 2025 and September 04, 2025:-An order summary was made on February 13, 2025 for Permethrin External Cream 5 % (Permethrin) Apply to entire body head to toes topically every night shift for rash for 1 Day with a start date of February 13, 2025 and an end date of February 14, 2025.-Another order summary was made on February 13, 2025 for Permethrin External Cream 5 % (Permethrin) Apply to entire body head to toes topically every night shift for rash for 1 Day with a start date of February 20, 2025 and an end date of February 21, 2025.-Another order summary was made on September 04, 2025 for Permethrin External Cream 5 % (Permethrin) Apply to body topically one time a day for prophylaxis for 1 Day with a start date of September 05, 2025 and an end date of September 06, 2025.- Another order summary was made on September 04, 2025 for Permethrin External Cream 5 % (Permethrin) apply to body topically one time a day for prophylaxis for 1 Day with a start date of September 12, 2025 and an end date of September 13, 2025. Review of MAR dated February and September 2025 revealed the ordered Permethrin was administered as directed; and that resident's room was in hallway 300. An interview was conducted on December 5, 2025 at 9:31 a.m. with Staff #68 (Director of Nursing). Staff #68 stated that Resident #2 had gone to the dermatologist for chronic dryness. Staff #68 stated that Resident #2 does have a care plan for rash/scabies; and that, Resident #2 is the only one she knew of that had scabies.-Regarding Resident #3 Resident #3 was admitted to the facility on [DATE] with diagnosis that included Unspecified B-Cell lymphoma Unspecified Site, Type 2 Diabetes Mellitus without Complications, Thrombocytopenia Unspecified. A Quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated that the resident was cognitively intact. The annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated that the resident was moderately cognitively impaired. A nursing note dated January 14, 2025 at 06:39 revealed Resident #3 had a documented change of condition for itchy red bumps to front and back of torso</p>		