STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035116	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center at the Palazzo	6250 North 19th Avenue Phoenix, AZ 85015

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 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)

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
	035116	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center at the Palazzo	6250 North 19th Avenue Phoenix, AZ 85015

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 0600 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 documentation, staff interviews, and the facility policy and procedures, the facility failed to ensure adequate supervision was provided for one resident (#204), in a public area who was exploited by assisted living staff. The deficient practice could result in residents being exploited.Findings include:The resident was admitted to the facility on [DATE] with diagnoses that included major depression, chronic kidney disease, and repeated falls.The Skilled Nursing Facility admission Agreement dated July 7, 2022 by the resident states that the facility strongly encourages residents not to keep valuables, checks, credit cards or cash sat the facility. If the resident requires anything, the facility will arrange to meet this obligation and add any cost to the resident's monthly bill. The clinical record revealed that the resident had a diagnosis for unspecified dementia dated September 7, 2022.A progress note dated September 13, 2022 revealed that the resident spoke with the Social Services Assistant (SSA/staff #65) and asked if she could keep six, $20.00 bills. The SSA reminded the resident that it would be best for her not to keep any cash, credit cards or valuable in her room or with her. On September 13, 2022, the SSA emailed the financial office and gave the resident the option to open a resident trust account and the resident wanted the trust. The SSA will follow up and assist with this. An SSA progress note dated September 14, 2022 included that a care plan meeting was held and the SSA reminded the resident not to keep valuables or money. The SSA also educated the resident on labeling personal belongings and adding them to the inventory sheet at the nurse's station. The clinical record revealed that the resident a diagnosis for bipolar disorder dated September 13, 2023. The minimum data set (MDS) dated [DATE] included a brief interview for mental status score of 14 indicating the resident was cognitively intact. It also included that the resident had a diagnosis for non-Alzheimer's dementia. Review of the 5-day investigation dated January 22, 2024 revealed that the resident's checkbook ledger showed that checks were written to the assistant living caregiver (#100), who was terminated on January 25, 2024 for standard of conduct, acceptance of gifts or anything of value. Per company policy, employees are not able to accept checks from residents. The resident mentioned that she had a friend/employee at the facility that helps her with her finances and errands. The caregiver stated that she accepted $385 dollars for a phone purchased for the resident and $7000.00 for a storage unit that she said, she tore up and asked the resident to write the check directly to the storage unit. The care plan dated January 23, 2024 revealed that the resident had forgetfulness at times related to dementia. Interventions included to keep the resident's routine consistent and try to provide consistent caregivers as much as possible in order to decrease confusion. Review of the clinical record did not reveal an inventory list for personal belongings. An interview was conducted on June 24, 2025 with the Social Services Director (SSA/staff #65), who stated that nursing staff completes the inventory list for personal belongings when a resident is admitted to the facility. She stated that if the certified nursing assistant (CNA) lets her know that a resident has valuables, she talks to the resident and offers to lock it up in the safe in her office and she documents that she had the conversation with the resident in the clinical record. She stated that they discourage the residents from bringing valuables to the facility by telling the resident that if he or she is going to stay in the facility, you don't need cash here or any valuables and she offers to call the family member to pick it up. She keeps the ATM cards of some of the residents because the cards have gone missing, but that happened years ago. The CNAs/nurses did not let her know that the resident had her checkbook and wallet, but the resident always had a little purse with her and carried it around. She acknowledged that she never had a conversation with the resident about the purse or if she had personal belongings of value in the purse that she wanted stored for safety. She reviewed the resident's documentation and stated that the inventory list for personal belongings was not there. The SSA stated that a woman from hospice came to the facility and reported to her and the Director of Nursing (DON/staff #79) that she had concerns that someone was taking advantage of the resident and suggested that the SSA and DON check the resident's room. She stated that the resident was in the hospital at this time, and they checked her room. They found jewelry, a checkbook and ledger, legal documents, and an IPAD in the resident's room. They reviewed the ledger and noted that a lot of checks were written to a man and woman. The woman was a caregiver (#100) for independent living and assisted living which are located at the same site as long-term care. She stated that the caregiver met the resident when she resided in assisted living, but the checks were written while the resident was living in long-term care, which is on the second floor, and the caregiver was charged with theft. She stated that the resident would sign out and go by herself to the first

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035116	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center at the Palazzo	6250 North 19th Avenue Phoenix, AZ 85015

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035116	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center at the Palazzo	6250 North 19th Avenue Phoenix, AZ 85015

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 0609 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 clinical record review, staff interviews, facility documentation and policy review, the facility failed to ensure that an allegation of misappropriation for one resident (#38) was reported to the State Agency within the required time frame of twenty-four hours.Findings include:Resident #38 was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease, cirrhosis of the liver, and acquired absence of right leg above knee.Review of the Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition.Review of the facility-reported incident, submitted to the State Agency on March 15, 2024 at 3:59PM, revealed that Resident #38 had an unknown amount of cash and a debit card in his possession on March 12, 2024 at approximately 7:30PM, which was verified by staff. The report indicated that on March 13, 2024 around 11:00AM, Resident #38 reported to the facility that the money and debit card were missing. The report indicated that staff searched for the missing items all day on March 14, 2025, and that the debit card was found on March 15, 2025, but the money was not located. There was no evidence found that this incident was reported prior to March 15, 2025 at 3:59PM, which would indicate that this alleged violation of misappropriation was not reported within the mandated time frame of twenty-four hours.Interview was conducted on June 26, 2025 at 12:57PM with a Certified Nursing Assistant (CNA/Staff #88), who stated that if a resident reported that their items or money was missing, this would have to be reported to the nurse and the social worker, who would then take over. Interview was conducted on June 26, 2025 at 1:15PM with a Licensed Practical Nurse (LPN/Staff #73), who stated that if a resident reported items missing, the staff would first look for it and then would report it to the Director of Nursing or Assistant Director of Nursing. The LPN stated that missing items are usually reported right away.Interview was conducted on June 27, 2025 at 10:39AM with the Director of Nursing (DON/Staff #79), who stated that once a resident reports items or money as missing, the staff start looking for it right away. The DON stated that the items are often located, though it may be later. The DON stated that if the item cannot be found the same day, the facility will report it as missing. The DON explained that once they deem that the items cannot be found, the facility will also start reporting to the appropriate agencies, including the State Agency, treating it as misappropriation. When asked about the facility's timeline for reporting misappropriation, the DON explained that she prefers to report all alleged violations, including misappropriation, within two hours. She clarified that she starts the time from when the facility finishes looking for the item and could not find it, which she stated could sometimes take one or two hours. When asked about Resident #38's missing funds, the DON stated that Resident #38 had several items go missing around this time, and the items were mostly quickly located. She explained that in this case, the resident had asked the staff to hold off reporting or treating the items as missing. The DON stated that this was mostly driven by the resident. The DON acknowledged that the missing funds were not reported within twenty-four hours, stating that she knew it was a little later but that she still wanted to report it. The DON also stated that the funds were eventually found one or two months later in the resident's belongings.Review of the facility policy titled, Compliance with Reporting Allegations of Abuse/Neglect/Exploitation, revealed that it is the policy of the facility to report all allegations of abuse/neglect/exploitation or mistreatment, including injuries of unknown sources and misappropriation of resident property, to the Administrator and to other appropriate agencies in accordance with current state and federal regulations within prescribed timeframes.Review of the facility policy titled, Abuse, Neglect and Exploitation, revealed that the facility should report all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies within specified timeframes, including not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035116	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center at the Palazzo	6250 North 19th Avenue Phoenix, AZ 85015

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 - Some	Ensure services provided by the nursing facility meet professional standards of quality. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center at the Palazzo	6250 North 19th Avenue Phoenix, AZ 85015

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 - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on documentation, staff interviews, and the facility policy and procedures, the facility failed to provide continence and shower care according to professional standards for one resident (#102). The deficient practice could result in skin breakdown.Findings Include:-Resident (#102) was admitted to the facility on [DATE] with diagnoses that included a urinary tract infection, multiple sclerosis, and anxiety disorder. The hospital summary dated September 15, 2022 included that the resident had an open area on buttocks with measurements: length: 4 mm, width 3 mm, and depth 0.A wound care weekly observation dated September 16, 2022 revealed left buttock with moisture associated skin damage (MASD). Measurements were length 4 mm, width 3 mm and depth 0. An order dated September 16, 2022 and discontinued on September 18, 2022 revealed cleanse left buttocks with NSS- pat dry - apply Xeroform - cover with bordered gauze every night shift for wound care. An order dated September 18, 2022 and discontinued October 6, 2022 revealed cleanse left buttocks with NSS- pat dry - apply Xeroform - cover with bordered gauze every night shift for wound care and every 1 hours as needed for wound care. The minimum data set (MDS) dated [DATE] included a brief interview for mental status score of 15 indicating the resident was cognitively intact. It also included that the resident had moisture associated skin damage (MASD)A skin assessment dated [DATE] revealed an open area to the left buttock, and redness to the groin. There were no measurements included. The order dated September 24, 2022 and discontinued October 6, 2022 revealed complete skin observation (Form in PCC) check skin & sign shower Sheet every evening shift every Wed, Sat for shower. A skin observation form dated September 27, 2022 revealed that the resident received a bed bath with skin intact and no concerns. The care plan dated September 30, 2022 revealed the resident has potential impairment to skin integrity related to decreased mobility, bowel and bladder incontinence, left buttock MASD, status post left ankle fracture, status post left hip fracture, status post left distal hip fracture, resistant with cares, makes personal choice not to allow staff to move left leg and to not turn off back. Interventions included to apply moisture barrier as needed, observe skin condition on a weekly basis, and provide incontinence care as needed . Wash, rinse, and pat dry peri area. A skin assessment dated [DATE] revealed no new skin issues. Review of the Medication Administration Record (MAR) dated September 2022 revealed that skin observations and nightly wound care were completed. Review of the ADL Toileting task sheet (urine task sheet) dated September 2022 revealed:-15 times the activity did not occur-8 times there was no documentation-0 refusalsReview of the bowel task sheet dated September 2022 revealed:-9 times there was no documentation-0 refusalsReview of the ADL Toileting task sheet (urine task sheet) dated October 2022 revealed:-7 times the activity did not occur-2 times the resident was not available-0 refusalsReview of the bowel task sheet dated October 2022 revealed:-7 times the activity did not occur-2 times the resident was not available-0 refusalsNote that paper shower forms were requested and not provided. An interview was conducted on June 27, 2025 at 1:23 p.m. with the Director of Nursing (DON/staff #79), who stated that the resident was admitted to the facility on [DATE] and discharged on October 6, 2022. She stated that the MDS dated [DATE] revealed that the resident required two plus assistance with transfers and toileting, but assumed that the resident was not using the toilet. She stated that the staff are supposed to complete the task sheets every shift, so there should be documentation three times a day. She reviewed the task sheet for bowel care dated September 2022 and stated that there were no refusals documented and there was no documentation for 9 shifts indicating the task did not occur. She reviewed the bladder task sheet dated September 2022 and stated that there were no refusals documented, no documentation for 8 shifts, and 15 times the activity did not occur. Then she stated that the residents are supposed to receive a shower twice a week and reviewed the bathing task sheets for September 2022 and stated that the resident received two showers from September 15 through September 30, 2022. She stated that there are risks to not being changed or showered regularly: UTI, skin issues, shearing, yeast infections, and pressure ulcers. An interview was conducted on June 27, 2025 at 1:54 p.m. with a certified nursing assistant (CNA/staff #89), who stated that she received training on continence care and showers. She stated that continence care and showers are documented in the electronic record and showers are provided twice a week. She stated that showers are also documented on a paper form. She stated that if the resident refuses continence care and/or showers, she documents the refusal in the electronic record. She also documents the refusal on the paper shower forms along with skin issues and if the resident is not getting a shower, there is a risk of skin

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035116	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center at the Palazzo	6250 North 19th Avenue Phoenix, AZ 85015

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 - Some	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interviews, and policy review, the facility failed to ensure weekly skin assessments were provided for one resident (#21) of three sampled residents, as ordered by the physician and failed to ensure that physician orders for one resident (# 28) for diagnostic testing were addressed in a timely manner following an unwitnessed fall. The deficient practice could lead to an injury being missed and a delay in care being provided to the resident and result in skin impairments developing or worsening without staff intervention.Findings include: -Regarding Resident #28 Resident # 28 was initially admitted on [DATE], discharged on 1/12/2025 and readmitted following a change of condition on 1/16/2025 with diagnoses that included acute on chronic diastolic (congestive) heart failure, type II diabetes mellitus with hyperglycemia and chronic kidney disease, adjustment disorder with depressed mood, unspecified, mood disorder, patient’s non-compliance with other medical treatment and regimen, history of falling, personal history of (healed) traumatic fracture, acute pain due to trauma. A 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-9 (PHQ-9) revealed a score of 3, which indicated mild mood depression. Section E of the MDS revealed no hallucinations, delusions, behavioral symptoms towards self or others, rejection of care, or wandering. Section GG of the MDS revealed that the resident required substantial/maximal assistance in the ability to roll from lying on the back to the left and right side, and return to lying on the bed, and was dependent in sitting to lying, chair to bed, or bed to chair transfers. Section J of the MDS revealed that the resident experienced frequent pain that required scheduled and PRN medications, with the worst pain rated at 7 out of 10 on the pain scale. A physician orders last reviewed 6/15/15 revealed: orders for a wheelchair cushion to protect skin integrity and mobility, bed against the wall to increase living space and ease of ambulation, catheter care, anti-anxiety monitoring every shift and daily, pain and psychiatric services evaluations. A review of the comprehensive care plan dated 4/9/2025 revealed: Risk of injuries related to falls due to history of falls, MS, medications, and patient choice to have an air overlay mattress. The care plan specified that the resident is at risk for injuries from falls related to weakness, decreased balance, limited movement/ range of motion of the right lower extremity, history of falls, MS, medications, and the patient's choice to have an Air Overlay Mattress. The care plan revealed that the resident had an unwitnessed fall on 1/9/2025 with minor injury and that an x-ray report dated 1/12/2025 showed a displaced intertrochanteric femoral fracture with no hip dislocation. Interventions included to ensure that resident’s call light was in reach and to provide prompt response to requests for assistance, place resident’s bed against the wall to increase living space and functionality of the room, encourage participation in activities that promote exercise, physical activity for strengthening and improved mobility, encourage resident to wear appropriate footwear when mobilizing in wheelchair, fall mat at bedside and lab monitoring that included urinalysis, macroscopic with reflex to culture, urine culture, complete blood count with differential and platelet, comprehensive metabolic panel, hemoglobin A1c with eAG/Ammonia and B-type Natriuretic Peptide. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035116	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center at the Palazzo	6250 North 19th Avenue Phoenix, AZ 85015

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 - Some	A progress notes labeled “late entry” authored by the facility administrator dated 1/9/2025 at 3:45 A.M. stated, According to the Staff Nurse: Patient was found on the floor, on the side of the bed, sitting on his bottom, knees slightly bent. Small skin tear to the front of his left hand and the big toenail is loose and bloody; this writer provided first aid. The patient was put back in bed using Hoyer lift, neuro checks in progress, bed moved against the wall for safety precautions, and floor mat beneath bed, call light within reach. Resident refused to go to the hospital for further evaluation, c/o hip pain, prn Percocet administered. The resident stated that he slid out of bed. Neuro check, put back in bed using Hoyer and two other staff for assistance, skin assessment, first aid done on right big toenail and skin tear on left hand, contacted provider and DON. A eINTERACT SBAR Summary for Providers note dated 1/9/2025 at 04:14 A.M. indicating Primary Care Provider's Feedback following contact by the facility revealed: that the Primary Care Provider responded with the following feedback: A. Recommendations: Follow up with wound nurse for further treatment. Bed in lowest position. PRN Percocet for pain management. B: New Testing Orders - other - none at this time. C. New Intervention Orders - Other -None at this time. A review of records provided by the facility revealed that an order for two-view left hip and 2-view left pelvis x-rays was ordered on 1/9/2025 at 11:47 A. M. via telephone. The order was labeled as having a normal urgency rating. A review of records provided by the facility, dated 1/10/2025 at 03:59 P.M., revealed that Registered Nurse (RN/Staff # 35) contacted the mobile imaging company to inquire about a pending ordered x-ray and was advised, “Yes, we do have that patient on file.” The imaging was noted to be still pending. A review of records provided by the facility revealed that a urinalysis was collected on 1/11/2025 at 05:30 A. M. and received at the lab on 1/11/2025 at 12:55 P.M. A review of records provided by the facility dated 1/11/2025 at 11:11 A.M. revealed a progress note written by Licensed Practical Nurse (Staff # 8), which revealed that the resident had a significantly altered mental status with an inability to administer medications due to safety risk. The nurse practitioner was notified. A progress dated 1/11/2025 at 03:04 P.M. revealed that provider orders were received that included an infusion of normal saline at 50 mL/per hour for a total of 500 mL and Rocephin 1 gram IV daily for 10 days. IV insertion was recorded at 02:00 P.M., and staff were awaiting the arrival of antibiotics from the pharmacy. A review of records provided by the facility, dated 1/11/2025 at 03:32 P.M. revealed that the Director of Nursing (DON), (Staff #79), was advised by staff that imaging had not yet been completed. The DON contacted the mobile imaging company, which advised that they planned to come later that day. The note further included information from the resident who stated, “I am not having any more pain than I normally have in my hips. That’s normal for me, so hard to tell if it's worse or not.” (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035116	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center at the Palazzo	6250 North 19th Avenue Phoenix, AZ 85015

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 - Some	A review of records provided by the facility dated 1/12/2025 at 03:01 A.M. revealed a progress note written by Licensed Practical Nurse (LPN), (Staff # 84) that indicated the patient had altered mental status, and exhibited some confusion, but was cooperative with care. The same LPN noted at 04:39 A.M. that the resident complained of hip pain. A review of records provided by the facility, dated 1/12/2025 at 06:09 P.M. revealed a progress note written by Licensed Practical Nurse (Staff # 8) which revealed that the resident had a slightly improved altered mental status and was able to follow commands and answer questions appropriately. The LPN noted that the resident still had complaints of hip pain, and the x-ray was done. Staff # 8 reported that the facility was awaiting imaging results. A review of records provided by the facility revealed that urinalysis results were reported on 1/12/2025 at 07:49 A.M, which indicated a final urine culture result of Mixed gram-positive and gram-negative flora > 1000,000CFU/mL. The comments indicated that there were multiple organisms present resembling urogenital flora; therefore, no further work-up was indicated. A review of records provided by the facility dated 1/12/2025 at 07:15 P.M. revealed a progress note written by Licensed Practical Nurse (Staff # 8), which revealed that x-ray results came back indicating a broken femur. The resident was transported to an acute care hospital. The notes indicate that the resident’s son was notified of the transfer. A undated facility interdisciplinary team (IDT) Fall Committee attended by the DON, ADON, Facility Director, Medical Director, nursing representative and rehabilitation representative identified the root cause of the fall as the resident was rolling himself in bed utilizing the mobility bars and reaching rope when he slid off the bed onto the floor on the left side of his bed. The resident was recently placed on an air mattress due to a regressing pressure wound. Risk versus benefit was weighed with the wound surgeon and physician team prior to placement of the air mattress. The resident reportedly was not compliant with weight shifting and relieving pressure by getting from the wheelchair to bed throughout the day. Fall committee interventions included moving the bed against the wall to increase living space and functionality of the room, a fall mat at bedside, removal of air mattress with replacement by foam surround low-air loss mattress, Physical Therapy services, Occupational Therapy evaluation, and consideration of restorative nursing evaluation post-therapy. An interview was conducted with a Certified Nursing Assistant (CAN/Staff # 88), on 6/26/2025 at 11:39 A.M. The CNA reported that if a resident fell while she was on duty, she would help the resident and notify the nurse. She stated that she received training on safe patient handling techniques when she was hired. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035116	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center at the Palazzo	6250 North 19th Avenue Phoenix, AZ 85015

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 - Some	An interview was conducted with Resident (# 28) on 6/26/25 at 11:15 A.M. The resident stated that he remembered the incident and reported that his right leg does not work well and that his body tends to 'scootch' to the left. He stated that he used ropes attached to his bed to turn himself. He reported that he was turning to his left side, and the air mattress on top of the bed mattress slipped, and he fell over the side of the bed. The resident stated that when he fell, he landed between the wall and the bed and could not get up. Resident # 28 stated that when he fell, he could not reach the call light and spent some time on the floor before he received help. The resident reported that he was able to reach the remote to the television and increased the volume, which alerted staff that he needed help. The resident stated that when staff responded, they used the Hoyer lift to get him back into bed. Resident # 28 states that the orthopedic surgeon explained that there is no way to be sure if the fall caused the fracture or if the return to the bed in the lift was a contributing factor. The resident reported that he had significant pain following the fall that was increased from his baseline discomfort related to Multiple Sclerosis. Resident # 28 stated that his family was not notified of his injury until he called his sister to advise her of the injury and continuing pain. The resident reported that his sister then called his son and medical power of attorney to let him know of the event. He further stated that the fall occurred shortly after the unexpected death of his wife, who had been his point of contact for the facility. He has now identified his son as his medical power of attorney. The resident stated that he is now recovered and anticipates that he will be released from care by the orthopedic surgeon at his next visit in the coming weeks. An interview was conducted with the Director of Nursing (DON/Staff # 79), on 6/26/2025 at 11:30 A. M. The DON stated that she recalled events relating to the resident's fall. She states that the resident was being monitored for a shearing injury, even though he is completely mobile using rails and could turn himself from side to side independently. The DON reported that the resident often refused to offload pressure and preferred to sit in his wheelchair, so a low air mattress was applied to his bed. The DON stated that when he fell, nursing staff reported the injury and an electronic order from the provider was processed for a mobile x-ray. She states that the family was notified, but she did not remember which family member was called. She further stated that the process is to start at the top of the resident's contact list with the most important contact and continue down the list until someone is reached. The DON reported that the resident initially declined to go to the hospital for an X-ray and preferred that a mobile X-ray be done. The DON reported that she was in close contact with the resident following the fall, and she did not feel it was necessary to seek more urgent care pending imaging results, as the resident's pain was not reported to be higher than his baseline. The DON reported that the mobile x-ray company did not respond timely and staff called to check on the x-ray service's arrival and she followed up when she was notified that the service had not arrived to request service. Staff # 79 stated that the patient was sent to the hospital prior to receiving the imaging results. She reported that the resident has frequent hospitalizations related to his recurrent urinary tract infections and issues with a clogged suprapubic catheter. She states that the delay from 1/9/25 injury to 1/12/ hospitalization did meet her expectations due to her knowledge of the resident and her assessment that he did not complain of extra pain, so her decision not to send the resident out for imaging in an acute care setting made sense. The DON did not mention the change in mental status that was reported in the progress notes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035116	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center at the Palazzo	6250 North 19th Avenue Phoenix, AZ 85015

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 - Some	A telephone interview was conducted on 6/26/25 at 12:19 P.M. with the resident’s son who confirmed that he received no notification of his father's injury by the facility. He reported that his father notified his aunt (father's sister) to report the event 2-3 days after the fall who contacted him to let him know of the injury, and that the resident remained in pain. He stated that his father told him the technician who took the X-ray at the facility told the father 'okay, this is broken' and later his father was transferred to the hospital. The son stated that following the hospitalization, he came to the facility to talk with the facility staff to discuss what happened. He stated that he spoke with 2 nurses (did not have names) and was advised that they would have the Assistant Director of Nursing (ADON) contact him, but he did not receive any follow-up calls. He reports he received no notification of a recent hospital visit relating to the need to address a clogged catheter that occurred on 6/12/2025. He stated that these instances 'gave him pause' and he contacted attorneys, but based on conversation with them and subsequent conversation with his father, he confirmed that the resident feels safe in the facility and has elected to remain in the facility at this time. A review of the Accidents and Supervision policy, last reviewed on 4/22/2024, revealed that it is the policy of the facility that the resident environment will remain free of accident hazards as is possible. The policy further states that each resident will receive adequate supervision and assistive devices to prevent accidents. The policy indicates that supervision is an intervention and a means of mitigating accident risk. The facility will provide adequate supervision to prevent accidents, which is defined by type and frequency and based on the individual resident’s assessed needs and identified hazards in the resident's environment. A review of the Fall Risk Assessment policy, last reviewed on 4/22/2024, indicated that it is the policy of the facility to provide an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents. The policy indicated that risk assessments will be completed upon admission, quarterly, or when a significant change is identified. A review of the Incidents and Accidents Policy last reviewed 3/16/2024 indicated that it is the policy of the facility to utilize “Risk Management” in the resident’s electronic health record (PCC) to report, investigate and review any accidents or incidents that occur or allegedly occur, on facility property and may involve or allegedly involve a resident. Compliance guidelines within the policy indicate that incident/accident reports are part of the facility’s performance improvement process and are confidential quality assurance information -Regarding Resident #21 Resident #21 was admitted to the facility on [DATE] with diagnoses that included epilepsy, type two diabetes mellitus with diabetic polyneuropathy, and hemiplegia and hemiparesis affecting left non-dominant side. Review of the physician orders revealed an order, dated August 3, 2023, which ordered a weekly skin check and Braden scale to be completed on every Thursday. This order was discontinued on February 11, 2024. Further review of orders revealed an order, dated February 15, 2024, which ordered weekly skin checks every Thursday, and this order was active until discontinued on April 14, 2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035116	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center at the Palazzo	6250 North 19th Avenue Phoenix, AZ 85015

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 - Some	Review of the Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS also revealed that the resident had one sided impairment in a lower extremity, and required substantial or maximal assistance with rolling left and right. The MDS indicated that the resident was also frequently incontinent of bladder and always incontinent of bowel. The MDS revealed that the resident was at risk of developing pressure ulcers, and did not have any pressure ulcers at the time of assessment. Review of the charted skin assessments revealed skin assessments completed on the following dates: February 1, 2024 February 14, 2024 March 21, 2024 April 11, 2024 There was no evidence found that skin assessments were completed between February 2, 2024 to February 13, 2024. There was no evidence found that skin assessments were completed between February 15, 2024 to March 20, 2024. There was no evidence found that skin assessments were completed between March 22, 2024 to April 10, 2024. Based on this review, weekly skin assessments were not completed as ordered by the physician. Additionally, a review of the nursing progress notes from these time periods revealed no evidence that a full skin assessment was completed during the described time periods. Interview was conducted on June 26, 2025 at 12:57PM with a Certified Nursing Assistant (CNA/Staff #88), who stated that nurses complete the skin checks for residents, though CNAs would also alert nurses if they see any skin issues while conducting showers. Interview was conducted on June 26, 2025 at 1:15PM with a Licensed Practical Nurse (LPN/Staff #73), who stated that nurses should complete weekly skin checks on residents, which are often scheduled on a resident’s shower day. The LPN stated that these skin checks should be documented in the Electronic Health Record (EHR) under Assessments. The LPN explained that the purpose of the skin checks is to make sure the resident is not having skin breakdown. The LPN stated that the risk of not completing a skin check as ordered would be that the resident may have developed wounds or their wounds would have worsened. Interview was conducted on June 27, 2025 at 10:39AM with the Director of Nursing (DON/Staff #79), who stated that nurses should conduct weekly skin checks. The DON stated that the wound nurse will also do a skin check when checking wounds, and that CNAs will also do skin checks on shower days. The DON stated that head-to-toe assessments and admission skin assessments should be documented in the EHR. When asked about Resident #21’s skin checks, the DON confirmed she was aware that there were periods of time that the skin checks were not completed, and she stated that it was one nurse that missed them. The DON explained that the process at that time was to have one nurse complete all of the skin checks, but the process had since been changed, and now the floor nurses complete their own skin checks. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035116	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center at the Palazzo	6250 North 19th Avenue Phoenix, AZ 85015

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 - Some	Review of the facility policy titled, Pressure Injury Prevention and Management, revealed that licensed nurses should conduct a full body skin assessment on all residents upon admission/re-admission, weekly, and after any newly identified pressure injury, and findings should be documented in the medical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035116	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center at the Palazzo	6250 North 19th Avenue Phoenix, AZ 85015

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035116	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center at the Palazzo	6250 North 19th Avenue Phoenix, AZ 85015

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility failed to provide and environment free from accident hazards for one resident (#21) and failed to ensure adequate supervision to ensure one resident (#105) did not elope. The deficient practice could result in residents being injured, abused, or lost. -Regarding Resident #105-Resident (#105) was admitted on [DATE] and re-entered on September 8, 2024, with diagnoses that included hemiplegia and hemiparesis following a cerebral infarction affecting the left dominant side, repeated falls, adjustment disorder, and type II diabetes. The care plan dated September 30, 2022 revealed that the resident is at risk for injuries from falls related history of falls, weakness, decreased balance, medications, Lymphangioleiomyomatosis (LALM), and Marijuana use. Interventions included to provide cueing, supervision, and assistance as indicated.The Elopement Risk Evaluation dated September 8, 2024 revealed that the resident was not a risk for elopement. The fall assessment dated [DATE] revealed the resident has fallen one to two times within the last six months and was a moderate risk for falling.The order summary included an order dated September 11, 2024 for a change of condition, date of fall was September 10, 2024 that included a hematoma, neuro-checks started. Every shift for three days monitor for new injuries, mood changes, ambulation changes, cognition changes, and/or other changes off baseline. The MDS dated [DATE] included a brief interview for mental status score of 13 indicating the resident was cognitively intact. It included one fall since admission or prior assessment with an injury. It also revealed that the resident was able to use electric wheelchair independently. Review of the order summary revealed: -orders for outside physical therapy appointments included an order for transportation. -there was no start date for the order, may not go out on leave of absence or pass unless with family member and coordinated with the Social Services Assistant (SSA), Director of Nursing (DON), or the Assistant Director of Nursing (ADON). All appointments must be scheduled for transport with the unit secretary.A nurse note dated October 15, 2024 revealed that the resident was brought back to the facility via a gurney from the hospital. According to the day nurse report, the resident went out and was found passed out. The resident was then transported to the hospital. A physician note dated October 16, 2024 revealed that the resident left for an appointment yesterday and was later found in her chair on 19th Avenue with an altered mental status (AMS). Paraphernalia was later found in her room. She was brought to the hospital and observed. Review of the Medication Administration Record (MAR) dated October 16, 2024 revealed that the resident was being monitored for a change of condition (COC) every shift for three days after returning from the hospital.A nurse note dated October 16, 2024 included that the resident is back in the facility after a brief time in the hospital emergency room due to falling asleep at the train rail. The resident was waiting for the train to take her to therapy outside of the facility, when according to the resident, she was enjoying the sun and closing her eyes in her electric wheelchair. A pedestrian called 911 and they took her to the hospital for evaluation. The Director of Nursing (DON), Social Services Assistant (SSA) and Executive Director (ED) went to speak with the resident. The Assistant Director of Nursing (ADON) had spoken t the resident last week about not following transportation directions. The resident usually sets up her own transportation, but lately has been cancelling rides home or not catching the train and coming back to the facility late. The DON, SSA, and ED spoke to the resident about passes being tweaked. The resident is to take transportation set up by the facility from this point forward, and all passes out of the facility besides medical transport need to be accompanied by a family member for safety. The resident agreed to this. The Social Services note dated October 16, 2024 revealed that the ADON, ED, and SSA met with the resident on October 16, 2024 to discuss the risks and complications of leaving the facility on her own. The resident declines insurance transportation and prefers to set up her own. This implies that the resident takes public transportation and there have been several occasions where the resident leaves and does not come back within the hours it would take for her to come back. The resident cancels her transportation and goes elsewhere for hours without informing the facility. On October 15, 2024, the resident was found with AMS at the Metro Rail Station and paramedics were called and she was taken to the emergency room. On October 16, 2024, the SSSA and a certified nursing assistant (CNA) had to go to the hospital to pick up the resident's motorized wheelchair. The DON, ED, and SSA explained the risks, complications, and liability to the resident at length and in detail. The resident agreed with everything. She understands that if she is to go to a medical appointment, she will need to go with medical transportation, and if she wishes to go elsewhere, she will need a family member to go with her. There have other times

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035116	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center at the Palazzo	6250 North 19th Avenue Phoenix, AZ 85015

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident #21 Resident #21 was admitted to the facility on [DATE] with diagnoses that included epilepsy, repeated falls, and hemiplegia and hemiparesis affecting left non-dominant side. Review of the care plan revealed a problem focus, initiated on June 30, 2023, which revealed that Resident #21 was at risk for injuries from falls. Interventions in place included ensuring the call light was in reach and providing cueing/supervision as indicated. Review of the Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS also revealed that the resident had one sided impairment in a lower extremity, and required substantial or maximal assistance with rolling left and right. The MDS indicated that the resident was independent to move from lying in bed to sitting on the side of the bed, and he required partial or moderate assistance to transfer from chair to bed. Review of the nursing progress notes revealed a nurse's note, dated February 13, 2024, which indicated that Resident #21 was alert and oriented x2, had some confusion, and could not always verbalize his needs. Review of the nursing progress notes revealed a note dated February 14, 2024, which indicated that Resident #21 was found on the floor around 12:10AM. The note revealed that a new alternating pressure pad was in place at the time of the fall, and that no fitted sheet was in place at the time of the fall. The note indicated that Resident #21 explained that his bed was uncomfortable and that he had slid down the bed. The note revealed that the resident was placed back in bed after applying a fitted sheet to the mattress and assessing the resident. Further review of the nursing progress notes revealed an IDT meeting note, dated February 18, 2024, which reviewed that Resident #21 had experienced a fall on February 14, 2024. The note indicated that the resident was uncomfortable in bed and slipped on the flat sheet covering the mattress topper. The note revealed that following the event, the care plan was updated to include a fitted sheet on the bed to reduce fall risk during transfer or when lying in bed. Interview was conducted on June 26, 2025 at 12:57PM with a Certified Nursing Assistant (CNA/Staff #88), who stated that if a resident is a fall risk, interventions are put in place such as a low bed, a fall mattress on the floor by the bed, call light within reach, and checking on them often. The CNA also stated that all residents should have full linens on their beds. Interview was conducted on June 26, 2025 at 1:15PM with a Licensed Practical Nurse (LPN/Staff #73), who stated that staff attempt to prevent falls to the best of their ability, using interventions such as frequent checks, a low bed, call light within reach, and the use of a fall mattress if they had fallen before. The LPN also stated that all residents have standard linens on their beds, which are made by the shower aids. Interview was conducted on June 27, 2025 at 10:02AM with Resident #21, who confirmed that he had experienced a fall while at the facility, and confirmed that he had slid out of bed. The resident declined providing any further detail. Observation revealed that Resident #21 was in bed with his call light within reach at the time of interview. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035116	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center at the Palazzo	6250 North 19th Avenue Phoenix, AZ 85015

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview was conducted on June 27, 2025 at 10:39AM with the Director of Nursing (DON/Staff #79), who stated that interventions in place to help residents from slipping out of bed included keeping the bed in the lowest position and the use of a fall mattress if indicated. When asked about Resident #21’s fall, the DON recalled that Resident #21 would roll himself in bed. The DON stated that the resident had a low air-loss mattress in place, and when he rolled, he slid down the side of the bed. The DON also confirmed that at the time, the resident had a flat sheet in place but no fitted sheet on the bed. The DON explained that following the fall, a new air mattress was purchased, which had foam around the edges, assisting in fall prevention. The DON also stated that the care plan was updated to specifically address the need of a fitted sheet on the bed. Review of the facility policy titled, Accidents and Supervision, revealed that the resident environment should remain as free of accident hazards as possible.