

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnacle Circle Mesa, AZ 85206	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, interviews, and facility policy; the facility failed to ensure a resident (#65) had the right to make choices regarding the continuation of specialized rehabilitative services. This deficient practice could result in loss in autonomy for residents, regarding their care and goals.</p> <p>Findings Include,</p> <p>Resident # 65 was admitted to the facility on [DATE] for orthopedic aftercare following a fracture of the right fibula (calf bone), with additional diagnoses of severe osteoporosis, depression, chronic pain, muscle weakness, and difficulty in walking.</p> <p>Orders for Physical Therapy and Occupational Therapy evaluations and treatment were written on March 7, 2025.</p> <p>The Physical Therapy Evaluation and Plan of Treatment signed March 9, 2025 revealed a certification period of March 9, 2025 through April 19, 2025. The evaluation and plan was signed by the provider on March 14, 2025, certifying that the recommendations under the treatment plan were medically necessary.</p> <p>The Occupational Therapy Evaluation and Plan of Treatment signed March 11, 2025 revealed a certification period of March 10, 2025 through May 10, 2025. The evaluation and plan was signed by the provider on March 14, 2025, certifying that the recommendations under the treatment plan were medically necessary.</p> <p>The admission Minimum Data Set, dated [DATE] revealed the resident as cognitively intact, with a Brief Interview Mental Status (BIMS) score of 15.</p> <p>A progress note dated March 19, 2024 reflected the resident communicated with the Social Services Assistant the desire to not be discharged on March 22, 2025, due to needing more time to work with therapy.</p> <p>The Notice of Medicare Non-Coverage, signed by the resident on April 1, 2025, alerted the resident that skilled nursing services would end on April 3, 2025.</p> <p>The care plan does not reflect resident ' s desire to continue specialized rehab services.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnule Circle Mesa, AZ 85206	
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the resident on April 1, 2025 at 10:18 a.m. The resident revealed confusion as to why therapy services were stopped. The resident revealed that the staff told her she was uncooperative because of her declination of three therapy sessions in the past. The resident revealed the only reason she cancelled three times was because of feeling really sick those days. The resident voiced wanting to continue therapy because of growing weakness since becoming bedbound . The resident revealed sadness since she was unable to meet her goal of being able to pivot to the bedside commode before being discharged in a couple of days.</p> <p>A second interview was conducted on February 3, 2025 at 8:45 a.m. with the resident. The resident revealed making several inquiries over the past couple of weeks about therapy services, to no avail. The resident does not recall any interactions with the insurance company regarding the payment of therapy services. The resident was unable to recall attending any care plan meeting with staff members. The resident stated there is no reason for me to continue being here, when what I really need is rehab services. The resident voiced having a fear of falling and breaking another bone again, and knows she is not ready for discharge based on the amount of therapy services she has received.</p> <p>An interview was conducted with the Case Manager (Staff # 50) to review the resident record on the continuation of services. The case manager revealed the resident benefits were extended on a couple of occasions, with the latest to expire on April 3, 2025. The case manager revealed the resident was eligible for services from March 22, 2025 until April 3, 2025. The case manager does not have enough information available to provide rationale regarding the resident not continuing therapy services.</p> <p>A panel discussion was held on April 4, 2025 at 9:50 a.m.,with the Executive Director (Staff #05), the Director of Nursing (Staff #10), the Director of Rehabilitation Services (Staff # 72) , and the [NAME] President of Clinical Services (Staff # 30). The panel agreed that it was the resident ' s right and choice to continue therapy services. The panel was also in agreement that insurance coverage for rehab services were still active. The panel identified a break in communication as a factor in the resident not receiving services, which they felt does not meet the expectation of the facility.</p> <p>The facility ' s Comprehensive Care Plans and Revisions policy ensures the interdisciplinary team is composed of individuals who have knowledge of the resident and needs.</p> <p>The facility ' s Refusal of Care or Treatment policy, allows the resident to be informed and made aware of the risks, benefits, and procedures to be used in providing treatment as well as alternatives.</p> <p>The facility ' s Resident Rights policy dictates the resident has the right to be informed, in advance, of changes to the plan of care. In addition, the resident has the right to request, refuse, and/or discontinue treatment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnacle Circle Mesa, AZ 85206	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interviews and review of policy and procedures, the facility failed to ensure a resident ' s (# 98) code status was ordered and care planned for in the clinical record. This deficient practice can result in residents receiving emergent services which are not in accordance with their wishes.</p> <p>Findings include,</p> <p>Resident # 98 initially admitted to the facility on [DATE], and readmitted to the facility on [DATE] with diagnoses including Non-[NAME] lymphoma, gout, muscle weakness, resistance to multiple antibiotics, urinary tract infection, and an indwelling urinary catheter.</p> <p>The advance directive dated March 14, 2025 revealed that in the event of a cardiac arrest, the Do Not Resuscitate (DNR) request is to be honored.</p> <p>Review of the Nursing Home PPS (NP) Minimum Data Set, dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 8, indicating moderate impairment in cognition.</p> <p>Review of the electronic clinical record on April 1, 2025 did not support an order for the resident ' s code status.</p> <p>Review of the electronic clinical record on April 2, 2025 supported a verbal order for the resident ' s code status.</p> <p>The resident ' s clinical record does not support or reflect a DNR order being incorporated into the care plan.</p> <p>An interview was conducted with the Unit Registered Nurse (RN/Staff # 46) on February 2,2025 at 11:08 a. m. The RN explained one way for staff to identify resident code status is by a clinical report sheet that is created everyday and updated necessary. The RN revealed advanced directives are not sent to the medical records department, but rather they are housed in the hard charts at the nursing station. The RN explained a Code Book (a collection of resident advance directives) are not used at the facility, in order to respect resident record privacy. The RN stated the admission nurse has the responsibility of entering the information in the electronic clinical record when an advance directive is received. The RN also stated if working on the medication cart, the code status can be pulled up in the electronic clinical record. The RN was unable to find the code status for the resident # 98 in the electronic clinical record but was able to locate the Advance Directives consent form in the clinical record hard chart. The RN was then able to enter the order, to reflect in the electronic clinical record.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnacle Circle Mesa, AZ 85206	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the Executive Director (ED/Staff # 05) and the Clinical Services Director (Staff #30) on April 4, 2025 at 11:40 a.m. After review of the documentation, Staff #30 revealed that the resident ' s advance directive should have been ordered, and careplanned for. The ED shared immediate plans to conduct a 100% chart audit to ensure advance directives are entered according to facility policy. The ED also presented future goals of uploading hard copies of the advance directives into the electronic record. Both parties were in agreement that the DNR order and DNR care plan for this resident did not meet facility expectations and policy.</p> <p>The facility ' s Advance Directive policy revealed a physician ' s order must be obtained. In addition, the Do Not Resuscitate (DNR) order is flagged appropriately on the resident ' s chart to alert staff as to status. Also, the DNR order is to be incorporated into the resident ' s care plan.</p> <p>The facility ' s Physician Orders policy included code status as a type of physician order.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnule Circle Mesa, AZ 85206	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and staff interviews, clinical record review, and facility policy and procedures, the facility failed to provide care and services related to constipation for one resident (#12); and failed to ensure catheter care was provided to one resident (#46) as ordered by the physician. The deficient practice could result in complications and as well as pain and discomfort.</p> <p>Findings include:</p> <p>Resident #12 was admitted on [DATE], with a diagnosis of intracranial injury with loss of consciousness, full incontinence of feces, and diffuse traumatic brain injury without loss of consciousness.</p> <p>Resident #12 was documented as being alert but altered, difficult to assess due to not following commands, moans, but no meaningful conversation.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE], revealed that resident #12 was documented as being rarely/never understood and had a Brief Interview for Mental Status (BIMS) score of 00, indicating the resident had severe cognitive impairment.</p> <p>The care plan dated with a revision February 21, 2025, revealed the resident had bowel incontinence immobility. Interventions included to check every two hours and assist with toileting as needed, pericare as needed, and after each incontinent episode.</p> <p>The physician's progress note dated March 9, 2025, revealed the resident was more restless lately, per nursing staff. Physical examination included the resident was alert but altered, was difficult to assess due to not following commands, moans, but no meaningful conversation; and had a soft, nontender, nondistended abdomen. However, per the documentation, the resident was difficult to assess due to agitation.</p> <p>The order note dated March 9, 2025, included that X-rays could not be taken until the resident was medicated with a narcotic pain medication because the resident was too combative.</p> <p>In a nurse practitioner (NP) progress notes dated March 10, 2025, it was documented that Resident #12 continued to be periodically restless with nursing with periodic agitation.</p> <p>The Health status note dated March 12, 2025, stated the patient was alert and awake. The patient vomited a large emesis of food particles, he had a soft to touch abdomen, which had no distention, and bowel sounds were active x4. The nurse practitioner and the responsible party for the resident were notified.</p> <p>The CNA (certified nursing assistant) task documentation from March 1 through March 13, 2025, revealed that the resident did not have a documented bowel movement for more than 3 days.</p> <p>There was no evidence that the resident received any medication to help with his bowel movement</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnule Circle Mesa, AZ 85206	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An Event note dated March 14, 2025, stated Resident# 12 was sent out to the hospital for a CT scan of his shunt, due to multiple round level falls (GLF) and 3 episodes of projectile vomiting.</p> <p>The hospital documentation dated March 14, 2025, included that the resident was admitted for a diagnosis of severe constipation; and that the CT scan showed a stool ball that appeared to have been too far up the rectal vault to be able to be reached digitally.</p> <p>A physician's note dated March 15, 2025, stated, Pt was noted to be having abdominal pain. CT Imaging showed Moderate to large amount retained stool with prominent stool in the rectum. General surgery consulted & advised No acute surgical intervention indicated. Pt was given bowel care.</p> <p>The physician orders with a start date of March 16, 2025, included for Senna (laxative) Oral Tablet 8.6 mg (milligrams), give 1 tablet by mouth one time a day for bowel care for 30 days.</p> <p>Review of the clinical record revealed there was no physician order for any stool softener and/or laxative for constipation until March 16, 2025.</p> <p>The physician's order with a start date of March 17, 2025, included for Docusil (laxative) Oral 100 mg (milligrams) 1 tablet by mouth 2x a day for bowel care.</p> <p>The progress note dated March 24, 2025, included that Resident #12 was admitted to the hospital on [DATE], for nausea and vomiting with seizure episodes. According to the documentation, the resident had abdominal pain, and the CT (computed tomography) scan conducted showed a moderate to large amount of retained stool in the rectum. It also included that general surgery was consulted, and there was no acute surgical intervention indicated. Further, bowel care was given, and the resident was readmitted to the facility on [DATE].</p> <p>An interview with CNA#41 was conducted on April 3, 2025, at 12:40 pm. The CNA stated that they check on the residents every 2 hours, and movements were documented in the clinical record by frequency, size, and consistency. The CNA said that he was notified that a resident did not have a bowel movement, and staff were to check the chart to see when the last time the resident had a bowel movement. He stated that ideally, they would notify the nurse every shift when a resident did not or had not had a bowel movement. Further, if there was documentation that the resident did not have a bowel movement for 5-6 days, they were to immediately notify the floor nurse.</p> <p>An interview with RN#56 was conducted on April 3, 2025, at 1:01 pm. She said the nursing staff is issued an alert on their computer screen for a resident who has not had a bowel movement in 3 days. If as-needed (PRN) meds are in the chart and approved by the physician, medications can be given immediately. Medications such as Milk of Magnesia (MOM) sometimes take 24-48 hours after administering it to have a bowel movement. If there is still no bowel movement, report to the physician.</p> <p>An interview with the Director of Nursing (DON) was conducted on 04/04/25 at 10:21 am. She said if a resident has not had a bowel movement in 3 days, MOM should be a standing order except for people on dialysis. If MOM does not work after 24 hours, go to a suppository; if no bowel movement after 24 hours, go to Fleet. The facility physician is informed during the process after MOM and suppositories do not work. The physician can order the resident to be sent out to the hospital for bowel issues. The DON stated the CNAs are supposed to document every shift, and the facility's electronic medical record (EMR) PCC would alert the nursing staff of bowel movement troubles.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnule Circle Mesa, AZ 85206	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Regarding Resident #46</p> <p>Resident #46 was admitted to the facility on [DATE], with a diagnosis of Anoxic Brain Damage, having an indwelling catheter for neurogenic bladder.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE], revealed that Resident #46 was documented as being rarely/never understood. The cognitive skills were documented as being severely impaired. Brief Interview for Mental Status (BIMS) score of 00, indicating the resident was severely impaired.</p> <p>Review of the Order Summary Report identified orders to secure the catheter with an anchoring device to prevent tension. This order was dated January 31, 2025, and was to be completed on every shift.</p> <p>Care Plan Report dated May 13, 2024, revealed Resident #46 had an indwelling catheter and was totally dependent on staff. The care plan stated that catheter care was to be done on every shift. Catheter bag change was to be completed as needed. The tubing for the catheter was to be checked every shift for kinks. The family was to be educated regarding indwelling catheter care.</p> <p>The clinical record revealed no evidence that the catheter care order was changed.</p> <p>While reviewing the CNA Bowel and Bladder Elimination Report - Between March 4, 2025, and April 2, 2025, the following was identified:</p> <p>March 5, 2025, 03:12 was the only check.</p> <p>March 6, 2025, 06:26 was the only check.</p> <p>March 7, 2025, 10:46 was the only check.</p> <p>March 8, 2025, 01:52 was the only check.</p> <p>March 9, 2025, 05:35 was the only check.</p> <p>March 10, 2025, 02:23 was the only check.</p> <p>March 24, 2025, 10:10 was the only check.</p> <p>March 26, 2025, 14:53 was the only check.</p> <p>March 28, 2025, 15:31 was the only check.</p> <p>March 31, 2025, 02:39 was the only check.</p> <p>April 01, 2025, 02:01 was the only check.</p> <p>Additionally, on 03/25/2025, no checks were completed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnule Circle Mesa, AZ 85206	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>There was no documentation as to why catheter care was not provided as ordered, nor that the physician was notified.</p> <p>Observations made on April 2, 2025, at 12:41 pm, Resident #46 was lying in bed in a slightly upright position. There was a clear bag attached near the foot of the bed with what looked like clear urine. The resident had pillows around the bed, and the side rails were up.</p> <p>An interview with CNA# was conducted on April 3, 2025, at 12:40 pm. He said CNAs check the residents with catheters, some outputs, color, foul odors, and check the tubing to make sure it is not twisted.</p> <p>An interview with RN# was conducted on April 3, 2025, at 1:01 pm. She said that both nurses and CNAs look at residents with catheters to see if there is cloudy urine, check for kinks in the hose, and see if the bag needs to be drained and/or changed. RN# stated there was a standard order to change the bag every 30 days. Catheter care is done on every shift and is documented by the nurse and CNAs.</p> <p>An interview with DON (Staff #10) was conducted on 04/04/25 10:21 am. She said that catheter care was to be done on each shift. The facility has only two 12-hour shifts. The DON stated that there should be two entries into PCC for catheter care from the CNAs.</p> <p>The facility police titled Bowel and Bladder Program (issued date 09/24/2024) stated, The facility will ensure that a resident who is admitted with incontinence of bladder, receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnule Circle Mesa, AZ 85206	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, staff interviews, and facility policy and procedure, the facility failed to follow proper food handling practices while distributing beverages. This deficient practice can result in contamination of resident beverages, and an increased risk of food-borne related illness.</p> <p>An observation was conducted on a hall with six residents on Enhanced Barrier Precautions (EBP), on April 1, 2025 at approximately 11:39 a.m. A staff member retrieved an uncovered beverage from the bedside table, and delivered the glass and meal to a resident room. Simultaneously, a second staff member returned from a resident room on the far end of the hallway, and retrieved a meal tray which contained a cup of coffee, glass of water and juice, which were all uncovered.</p> <p>On April 1, 2025 at 11:42 a.m., a staff was observed carrying uncovered beverages (a cup of coffee, glass of water and glass of juice) approximately 14 feet from the resident room to the food trolley.</p> <p>An observation was conducted on April 1, 2025 at 11:45 a.m., on a hall with five residents on EBP. During the observation, the staff member poured juice in a glass with ice, and then proceeded to transport the beverage and meal approximately 26 feet from where the food trolley was located.</p> <p>An observation of Resident # 12 meal tray on April 1, 2025 at 11:49 a.m., revealed a staff member, who delivered a glass of water, a glass of juice, and a glass of dairy, in which all items were uncovered.</p> <p>At station 2, on April 1, 2025 at 11:56, observed approximately a dozen of uncovered beverages on a bedside table by the nurse's station.</p> <p>An observation of meal and beverage delivery was conducted with the Registered Dietitian (RD/Staff # 14) on April 3, 2025 at approximately 11:40 a.m. During this time, a female staff member was observed obtaining an uncovered beverage from the drink cart, and proceeding down the hallway for resident delivery.</p> <p>An interview was conducted on (Check with INOKE) at with the Kitchen Manager (Staff # 43). The Kitchen Manager revealed if the residents want to have meals in their rooms, they will accommodate those requests. In order to accommodate, the Kitchen Manager further explained that the kitchen aide will deliver the food trolleys to the hallways. The Kitchen Manager clarified that the nursing staff takes over delivery of the trays and beverages, instead of the kitchen aides.</p> <p>An interview was conducted on April 3, 2025 at approximately 11:50 a.m. with the Registered Dietitian (RD/Staff # 14). The dietitian explained that the female staff member should have covered the beverage before resident delivery, as a way to decrease the risk of contamination. The RD revealed they are in process of getting a kitchen refrigerator replacement for beverages, in order to add another layer of security to ensure beverages are covered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnule Circle Mesa, AZ 85206	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A panel discussion with the Director of Nursing (Staff # 10), the [NAME] President of Clinical Resources (Staff #30), and the Registered Dietitian (Staff # 14) was held on April 3, 2025 at approximately 12:48 p.m. The panel agreed that the facility expectation is to have all food and beverages covered during delivery to avoid potential contamination. The panel revealed the facility is organizing and will implement re-training to ensure staff members are practicing proper handling of beverages, in addition to obtaining a new refrigerator for beverages. The panel agreed that staff distributing beverages uncovered to resident rooms, failed to meet facility expectations.</p> <p>The facility's Infection Prevention and Control Program and Plan revealed applicable precautions are based on the potential and mechanism for transmission.</p> <p>The facility's Surveillance of Infections policy defines process surveillance as the review of practices by associates directly related to resident care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnacle Circle Mesa, AZ 85206	
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, interviews, and facility policy; the facility failed to ensure one resident (# 65) received specialized rehabilitative services according to provider orders and professional standards. This deficient practice could result in residents not reaching their highest level of well-being.</p> <p>Findings include,</p> <p>Resident # 65 was admitted to the facility on [DATE] for orthopedic aftercare following a fracture of the right fibula (calf bone), with additional diagnoses of severe osteoporosis, depression, chronic pain, muscle weakness, and difficulty in walking.</p> <p>An order dated March 7, 2025 allowed the resident to be admitted to the facility related to right tibia/fibula fracture.</p> <p>Orders for Physical Therapy (PT) and Occupational Therapy (OT) evaluations and treatment were written on March 7, 2025.</p> <p>A progress note dated March 9, 2025 revealed the resident was admitted to the facility for further rehabilitation and medical management on March 7, 2025.</p> <p>The Physical Therapy Evaluation and Plan of Treatment signed March 9, 2025 revealed a certification period of March 9, 2025 through April 19, 2025. The evaluation and plan, signed by the provider on March 14, 2025, certified that the recommendations under the treatment plan were medically necessary. The PT evaluation and plan of treatment included services five times a week for six weeks during the certification period of March 9, 2025 to April 19, 2025.</p> <p>The decline in functional mobility secondary to decreased functional strength, balance, and activity tolerance as well as pain, is identified as the reason for physical therapy.</p> <p>The Occupational Therapy Evaluation and Plan of Treatment signed March 11, 2025 revealed a certification period of March 10, 2025 through May 10, 2025. The evaluation and plan, signed</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnule Circle Mesa, AZ 85206	
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>by the provider on March 14, 2025, certified that the recommendations under the treatment plan were medically necessary. The OT evaluation and plan of treatment included services five times a week for 62 days during the certification period of March 10, 2025 to May 10, 2025.</p> <p>The resident ' s impairment in mobility and strength, is identified as the reason for occupational therapy.</p> <p>The admission Minimum Data Set, dated [DATE] revealed the resident as cognitively intact, with a Brief Interview Mental Status (BIMS) score of 15.</p> <p>A progress note dated March 18, 2025 revealed PT/OT services to continue for re-strengthening.</p> <p>A progress note dated March 19, 2024 reflected the resident communicated with the Social Services Assistant and the insurance case manager the desire to not be discharged on March 22, 2025, due to needing more time to work with therapy.</p> <p>A progress note dated March 25, 2025 revealed the provider notified nursing that the resident was requesting to speak to the clinical manager regarding her therapy sessions. The disposition of the progress note revealed that provider was informed by nursing that the resident ran out of covered therapy days.</p> <p>The PT Discharge summary dated [DATE] revealed the resident will require assistance with all mobility, and will recommend home health physical therapy. The summary revealed the resident was discharged per provider or case manager.</p> <p>A progress note dated March 28, 2025 revealed the resident was to continue to work with PT/OT.</p> <p>The OT Discharge summary dated [DATE] revealed the discharge reason was due to a change in payer source.</p> <p>A progress note dated March 31, 2025 revealed plans to work with Physical Therapy and (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnule Circle Mesa, AZ 85206	
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Occupational Therapy (PT/OT) for fall precautions.</p> <p>A progress note dated April 1, 2025 revealed the resident stayed in bed all shift.</p> <p>The Notice of Medicare Non-Coverage (NOMNC), signed by the resident on April 1, 2025, alerted the resident that skilled nursing services would end on April 3, 2025.</p> <p>An order dated April 2, 2025 revealed the resident was able to be discharged home on April 4, 2025 with PT/OT to evaluate and treat.</p> <p>A spreadsheet dated April 3, 2025 provided by the case manager (Staff # 22) revealed the resident received insurance coverage authorization approvals from March 7, 2025 to April 3, 2025.</p> <p>The clinical record does not reflect a physician order to discharge rehabilitative services</p> <p>The nursing care plan does not reflect the resident ' s goals for specialized rehab services.</p> <p>An interview was conducted on April 1, 2025 with the resident at 10:18 a.m. The resident revealed residing at the facility was for approximately a month. The resident voiced being under the impression that her residency included receiving physical therapy and occupational therapy, but for the past two weeks she has not received any rehab services. The resident was unclear, as to why she no longer received rehabilitative services. The resident speculated that she believes it was stopped because they said she was not cooperative. The resident stated that she was cooperative, but there were three times where she declined therapy, because of not feeling well. The resident was also under the impression that since she was so close to discharge, they were no longer going to provide therapy services. The resident feels she has grown weaker since all she does is lay in bed all day. The resident voiced her goal was to be able to pivot to the bedside commode, and decreasing her fall risk before discharge. The resident voiced discouragement about not reaching her goals. The resident revealed anxiety about falling, because of her history of severe osteoporosis and has suffered from six fractures</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnule Circle Mesa, AZ 85206	

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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>in the past three years.</p> <p>An interview was conducted on April 3, 2024 at 7:56 a.m. with the Restorative Nurse Assistant (RNA/Staff # 25). The RNA revealed referrals for restorative nursing services are provided by either nursing or rehabilitative services. The RNA explained some of the benefits of restorative nursing services includes prevention of contracture, maintenance or improvement of resident ability and reinforcement of skills the resident learned from therapy.</p> <p>An interview was conducted with the Director of Rehabilitative Services (DOR/Staff # 72) on April 3, 2025 at approximately 8:30 a.m. The DOR verified that the resident signed the Notice of Medicare Non-Coverage (NOMNC/ a notice that informs the resident when care will end) on April 2, 2025. The DOR revealed the dates of service for Physical Therapy began on March 9, 2025 and ended March 20, 2025. In addition, the DOR verified the provider ordered the frequency of services for five times a week. The DOR explained once coverage of specialized services ends, the resident has the option of beginning restorative nursing services. The DOR verified the resident was not on rehabilitative services or restorative services after March 20, 2025. The DOR admitted that the extension of resident stay was not effectively communicated to the department. The DOR revealed the resident was still eligible for specialized rehabilitative services from March 21, 2025 to current, and should have been treated or re-evaluated for rehabilitative or restorative services during this time period. The DOR voiced this was not up to facility expectation, and interventions will immediately be put in place, so this does not happen again.</p> <p>An interview was conducted on April 3, 2025 at 9:35 a.m. with the facility case manager (Staff # 22). The case manager revealed the resident was expected to be discharged on March 22, 2025, but was not due to an extension of insurance coverage. The case manager further explained that the insurance interdisciplinary team granted the resident extensions of</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnule Circle Mesa, AZ 85206	

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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>coverage, and confirmed there was never a gap in the resident ' s coverage. The case manager in summation supported the resident was able to qualify for rehabilitative services from an insurance coverage standpoint.</p> <p>A panel discussion conducted April 3, 2025 at 8:12 a.m. was conducted with the Vice-President of Clinical Resources (Staff # 30), the Executive Director (Staff # 05), the Director of Nursing (Staff # 10), and the Director of Rehabilitative Services (Staff # 72). After review of the resident record, the panel agreed that according to clinical record the provider was provided miscommunication about the resident ' s status of coverage for specialized rehabilitation services. In addition, the panel vowed to immediately implement measures to avoid any future breaks in communication when it comes to anticipated discharges and rehabilitative services. The panel agreed that the resident, with insurance coverage for services, did not meet facility expectation.</p> <p>A follow-up interview was conducted on April 3, 2025 at approximately 2:03 p.m. with the resident. The resident voiced frustration that there was not really a point in being here, if I ' m not getting physical therapy. The resident continued I kept asking around and even asked the doctor why I no longer get therapy, but no one gives me an answer. The resident revealed that when her leg heals, her goal is to be able to walk again. The resident explained that she would have loved to get stronger up top during her stay here, to be able to do more for herself while in bed. In regards to her participation in a care plan meeting, the resident responded What ' s a care plan meeting. After an explanation of care plan meeting was given to the resident, the resident failed to recall anyone or a group of people coming by her bedside to discuss her goals. The resident further elaborated that if she was in the meeting, she would have liked to know what was going on with my rehab!.</p> <p>In a written response dated April 4, 2025, the Executive Director (Staff # 05) verified that there (continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnule Circle Mesa, AZ 85206	
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>were no re-evaluations for specialized rehabilitative services available for this resident.</p> <p>The facility ' s Refusal of Care or Treatment policy revealed the need to explore the reasons for treatment refusals, and to provide possible alternatives with the resident and/or resident representative.</p> <p>The facility ' s Resident Assessment Instrument and Care Plan Development policy revealed an individualized person-centered Care Plan, includes the resident ' s voice, the resident ' s goals while residing in the facility, and for discharge that assist the resident to attain and/or maintain their highest practicable level of well-being.</p> <p>The facility ' s Specialized Rehabilitative Services policy revealed the facility will provide or arrange for residents in need of specialized rehabilitative services for the appropriate length of time as assessed in their comprehensive plan of care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER MI Casa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 South Pinnule Circle Mesa, AZ 85206	
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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical records, observation, interviews, and policy review, the facility failed to ensure infection control measures were in place for one resident (#2). This deficient practice can result in transmission of preventable illness to residents and staff.</p> <p>Findings include,</p> <p>Resident # 2 was admitted to the facility on [DATE] with diagnosis that include quadriplegia, legal blindness, and aphasia (difficulty speaking).</p> <p>A fall mat care plan, initiated on June 26, 2021, revealed the resident was at risk for falls related to a history of falls.</p> <p>The Quarterly Minimum Data Set (MDS) dated [DATE] revealed the Staff Assessment for Mental Status ability to make decisions regarding tasks of daily life was severely impaired.</p> <p>On February 3, 2025 at 1:03 p.m., observed with Resident # 2, and two of the resident's representatives, a blue fall mat on the floor next to the resident's bed ripped apart approximately $\frac{3}{4}$ way. The internal sponge-like content was exposed.</p> <p>On February 3, 2025 at 1:18 p.m., a Registered Nurse (RN/Staff #21) entered the resident's room and observed the fall mat. The RN stated that the mat will be removed, and replaced immediately due to it being a source of potential source of infection since it cannot be cleaned properly.</p> <p>On February 3, 2025 at 1:31 p.m., the Infection Preventionist (IP/Staff #88) entered the room and evaluated the fall mat. The IP revealed this was an infection control concern, because the mat cannot be cleaned properly, and can harbor organisms that are potentially infectious. Immediately after the interview, the torn mat was replaced with an intact one.</p> <p>An interview was conducted on April 4, 2025 at 8:45 a.m. with the Certified Occupational Therapist Assistant (COTA/Staff # 44). The COTA explained that fall mats definitely should not be torn, due to the increased risk of accidents and infection control issues.</p> <p>The Fall Management policy revealed that resident environment should remain as free of accident hazards as possible. The hyperlink imbedded in the policy entitled Lippincott Solutions Fall Management, Long-term Care was provided by the facility, in which the procedure directs the staff to remove a product that has compromised integrity from resident use.</p> <p>The Infection Prevention and Control Program Plan identified appropriate storage, cleaning, disinfection, and/or disposal of supplies and equipment as a method to reduce the risks associated with medical equipment.</p>		