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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035125 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/27/2026 |
| NAME OF PROVIDER OR SUPPLIER Ridgecrest Post Acute | | STREET ADDRESS, CITY, STATE, ZIP CODE 16640 North 38th Street Phoenix, AZ 85032 | |

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) |
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| <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 policy review, the facility failed to ensure food items in the kitchen were not expired, labeled, and dated appropriately and food was prepared safely. The deficient practice could increase the risk of food-borne illnesses Findings include: -Regarding food labeling, dating and storage: During the initial kitchen observation conducted on February 24, 2026 at 8:38 a.m. with a dietary aide (Staff #99) and the assistant dietary manager (Staff #3), the following was observed: A 32 ounce can of vegetables with a small dent on the top and a large dent on the side was found in the dry storage. The can was not stored in the dented can area. Brown crusted food and grey fluff (dust-like) debris on top of 4 canned items were found in dry storage. A bag of sliced sandwich bread packaged in a clear plastic bag with twist ties labeled with a date of October 21, 2025 was found in dry storage. There was no indication of an expiration/use by date. Staff #99 was unable to identify what the manufactured dates represented. Two plastic sleeves of chocolate chip cookies containing twelve cookies each were unlabeled, and unmarked of expiration date, open date or delivery date were found in dry storage. One of the sleeves was opened and exposed to air. One two-quart container of jelly with plastic wrap over the top of it with no visible dates was found in the main walk-in refrigerator. One large cardboard box with a clear plastic bag containing frozen breaded steak fritters was found opened and exposed to air in the main freezer. The box did not have any visible dates to indicate a received date, opened date, or expiration date. An interview with Staff #99 was conducted on February 24, 2026 at 8:38 a.m. Staff #99 stated the date written on food items is the received date indicated by the R next to the date. Staff #99 noted that opened food items should be labeled with an expiration date. Staff #99 indicated that she would need to clarify with the manager for clarification regarding the bread loaves to understand what the dates meant. Staff #99 confirmed that when a dented item is identified it must be moved to the dented food storage area. An interview with Staff #3 was conducted on February 24, 2026 at 8:58 a.m. Staff #3 stated the department has new employees that may be unfamiliar with the proper dating and labeling policy. The Assistant Dietary Manager acknowledged that they may need to conduct some in-service training to familiarize staff with kitchen/dietary policies and procedures. Staff #3 stated kitchen staff are expected to label food items with a received date, opened date, and discard date. Per staff #3, unlabeled food items are thrown out to mitigate the risk of food-borne illnesses. Staff #3 said that food items left open to the air in the freezer could end up freezer burn. During an interview with the Dietary Services Manager (Staff #206) conducted on February 25, 2026 at 11:18 a.m. Staff #206 stated that staff are expected to label food items with a received date, opened date, and use-by date as some food items are good for three days and some have seven days shelf life. Staff #206 stated that it is the standard practice at this facility for most food items to be discarded 6 days after received by date, use by date, or open date. However, Staff #206 noted she would be changing the discard by date to three days to limit the possibility of food-borne illnesses. Staff #206 stated the risks of not dating, labeling, and discarding food items properly could result in not knowing how long the food items have been in the refrigerator therefore increasing the risk of food-borne illnesses. An observation was conducted February 25, 2026 at 11:56 a.m. of the nourishment refrigerator and (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>storage room located on 400 units with the Dietary Services Director (Staff #206). During the observation an undated and opened bag of Rold's pretzel sticks was found in the 400 unit resident food storage area. An interview with Staff #206 was conducted on February 25, 2026 at 11:56 a.m. Staff #206 stated that residents may store food in the refrigerator and on the shelves next to the refrigerator within the 400 unit. Resident's food items must be labeled with their room number, open date, and use by date. Staff #206 said that food should be properly stored or it will be thrown away. Review of the Foods Brought by Family/Visitors policy last revised May 28, 2025 revealed food brought by family/visitors that is left with the resident to consume later is labeled and stored in a manner that is clearly distinguishable from facility-prepared food. Review of the Food Receiving and Storage Policy last revised in November 2022 revealed food shall be received and stored in a manner that complies with safe food handling practices. Further review of the policy revealed all foods stored in the refrigerator or freezer foods are labeled, dated, and monitored so they are used by their use-by date, frozen or discarded date. Further review of the Food Receiving policy revealed dry foods and goods are handled and stored in a manner that maintains the integrity of the packaging until they are ready to use. -Regarding Safe Food Preparation: During a tray line observation conducted on February 26, 2026 at 1:19 p.m., the temperatures of the steam table food items were taken. The following was observed: Egg noodles: 90 degrees Fahrenheit (F) Beef Meatballs: 116 degrees F Green Beans: 128 degrees F Pureed Meatballs: 122 degrees F Pureed Bread: 122 degrees F Pureed [NAME] Beans: 132 degrees F An interview was conducted on February 26, 2026 at 3:14 pm with Staff #206. Staff #206 admitted that the steam table temperatures were lower than they should have been and the table should be maintained at a temperature of 135 F to maintain safe food temperatures. The Dietary Services Manager noted that there may not have been enough water to keep the table at the appropriate temperature. Staff #206 acknowledged that she may need to educate her staff regarding the use of the steam table. An interview was conducted on February 27, 2026 at 8:59 a.m. with the Administrator (Staff #221). Staff #221 stated the dietary director is responsible for the food served out of the kitchen. The expectations for the Dietary Services Manager is to follow the regulations and policies of the building. Review of the Maricopa County Environmental Services Hot Holding Policy Guidance revealed all time/temperature control for safety (TCS) foods must maintain a temperature of 135 degrees Fahrenheit (F). TCS foods include meat, poultry, fish, eggs, milk and dairy products, and cooked starches.</p> | | |

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| <p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Have policies on smoking.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, clinical record review, facility documentation, and policies and procedures, the facility failed to ensure that the facility's smoking policy was implemented for one resident (#102). The sample size was 38. The deficient practice could result in the smoking policy not being followed and increased risk of smoking related incidents. Findings include: Resident #102 was admitted on [DATE] with diagnoses of malnutrition, hypertension, hyperlipidemia, gastro-esophageal reflux disease, homelessness, mood disorder, epilepsy, muscle weakness, coronary heart disease, and adult failure to thrive. The Order Summary Report revealed the following: Physician order dated July 17, 2025 indicated that resident may smoke following facility protocol-Physician order dated January 20, 2026 documented that resident was okay to smoke per facility policy. The quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. Additionally, the assessment revealed that the resident had not exhibited indicators of psychosis, or behaviors. Furthermore, the assessment did not indicate that the resident had physical impairments. A care plan dated December 17, 2025 revealed that Resident #102 was a smoker and was at risk for smoking related injuries. Goals for this resident included ask for staff assistance as needed with smoking and smoking materials; and continue to demonstrate safe smoking. Interventions included explaining risks and consequences of smoking, and explaining smoking policy and times to resident and family. The Smoking Observation/assessment dated [DATE] documented that the resident was an independent/supervision not required smoker. Per the assessment, the IDT (Interdisciplinary Team) determined that the resident may smoke without supervision. During an observation of Resident #102 conducted on February 24, 2026 at 1:11 p.m., a bag of loose tobacco was seen on the resident's bed. Resident #102 also had a carton of cigarettes and a flameless lighter in his possession. Additionally, the resident had a second greenish-yellow lighter. Resident #102 stated residents were not supposed to store smoking materials in their rooms. An interview with a lead Certified Nursing Assistant (CNA/staff #238) was conducted on February 26, 2026 at 10:47 a.m. Per the CNA behavioral units have their own separate smoking area. However, most residents smoked in the courtyard between stations one and two. The CNA said per the facility's smoking policy, residents cannot store their own smoking items. The smoking items are supposed to be secured in the smoking cart. During designated smoking times, the smoking cart is taken out to the courtyard where staff assist supervised smokers. A February 26, 2026 interview with a Licensed Practical Nurse (LPN/staff #238) at 10:45 a.m. revealed that per the facility's smoking policy, residents cannot store their own smoking items. The items are locked in a smoking cart so the resident's smoking materials are secured. During designated smoking times, the smoking cart is taken out to the courtyard where staff assists supervised smokers. The Director of Nursing (DON/staff #39) was interviewed at 2:44 p.m. on February 26, 2026. According to the DON, the smoking policy outlined that smoking is only allowed in designated areas, storage of smoking materials, evaluation of smoker, initiation of care plan, and education of smokers regarding facility policy. The DON's expectation is for staff to store resident's smoking materials in the smoking cart, and that staff monitor residents identified as supervised smokers. The DON stated that expectations are that staff assess Resident #102 quarterly, and allow resident to smoke unsupervised if determined to be alert, oriented, ambulatory, and responsible. Per the DON, this resident is allowed to keep smoking supplies in his room because he is alert, oriented, and independent. A follow-up interview with Resident #102 was conducted at 3:07 p.m. on February 26, 2026. Resident #102 stated that there were assigned smoking times, and that smoking supplies were stored in the smoking cart. Resident #102 also explained that they were allowed to smoke cigars but not pipes. Resident #102 occasionally goes to the store to purchase smoking supplies. Residents could also request Activities staff to purchase smoking supplies. The undated facility policy indicated (continued on next page)</p> | | |

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| <p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>that residents are not permitted to keep smoking materials in their possession. Additionally, smoking materials will be kept by the designated facility staff. Per the policy, smoking materials brought into the facility should be presented to the Charge Nurse responsible for the resident's care.</p> | | |