STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035136	A. Building B. Wing	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Sierra Vista	2305 East Wilcox Drive Sierra Vista, AZ 85635

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of the clinical record, staff and resident interviews, and facility policy, the facility failed to ensure the resident's personal privacy and confidentiality of their medical records. The deficient practice could result in the exposure of personal/private medical information. Findings Include:An observation was conducted on September 09, 2025, at 4:18 AM, where medication Cart # 2 was left unattended with an unlocked computer displaying Residents' # 8,14,2,10,6,4, and 12 medical information. Licensed Practical Nurse (LPN/Staff #33) went to medication cart # 2 after coming out of a resident room. Resident # 8 was admitted to the facility on [DATE], with diagnoses of chronic kidney disease, dementia, and anxiety. Resident # 14 was re-admitted to the facility on [DATE], with diagnoses of anxiety disorder, muscle weakness, and acute respiratory failure with hypoxia. Resident #2 was re-admitted to the facility on [DATE], with diagnoses of anxiety disorder, muscle weakness, and heart failure.Resident # 10 was admitted to the facility on [DATE], with diagnoses of bipolar disorder, type 2 diabetes, and hyperlipidemia.Resident # 6 was admitted to the facility on [DATE], with the diagnoses of type 2 diabetes, hyperlipidemia, and chronic obstructive pulmonary disease. Resident # 4 was admitted to the facility on [DATE], with diagnoses of borderline personality disorder, anxiety disorder, and depression. Resident # 12 was admitted to the facility on [DATE], with diagnoses of type 1 diabetes, anxiety disorder, and depression. An interview was conducted on September 09, 2025, at approximately 4:18 AM with (LPN/Staff # 33), who stated that the computer screen should be locked when going into a resident room. She also stated that she was giving medication to resident #6. She stated that the risk of this would be that anyone can click on a resident and see their medical history, date of birth , and medications. An interview was conducted on September 09, 2025, at 4:27 AM with a Certified Nursing Assistant (CNA/Staff # 61) at the nursing stations, who stated that staff received HIPAA training, which includes: names, medical history, phone numbers, and the reason for the resident being at the facility. She also stated that staff would need to log out of the computer, and not leave documentation that displays the resident files, their medical history, and medication. (CNA/Staff #53) came to the nursing station and mentioned that the risk is that the resident's information is exposed to anyone.An interview was conducted on September 09, 2025, at 11:44 AM with the Director of Nursing (DON/Staff #82), who stated that staff receive HIPAA training that covers the privacy protection of health information, and the expectation of confidentiality. She also states that the computer should be logged out or locked. She further stated that when computers are not locked or logged out, the risk could be a breach of protected health information. She also stated that this includes residents' names, date of birth , medical condition, and medications. Review of the facility's policy titled Social Services and Resident Rights, revised June 2022, indicated that The resident has a right to secure and confidential personal and medical records.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and review of facility policy and procedure, the facility failed to ensure medications including controlled substances were stored according to regulation and facility policy. The deficient practice could lead to residents gaining access to medications.Findings include:An observation was conducted on [DATE], at 4:10 A.M. of the facility hallway between the 100 and 300 hall units. There was an open doorway, with no restriction to walk between the two units. At the corner of the two units was a nurse's station, and behind the nurse's station was a medication cart that was not locked. A bottle labeled as iron tablets was on top of the medication cart. There were no staff observed in proximity to this nurse's station. During the observation, there were staff observed going in and out of resident rooms approximately 100 feet away on the 100 hall unit, and at times there were no staff observed on the 100 hall unit. The cart remained in surveyor observation during the entire period of time, and no nurse walked past the nurse's station until the surveyor requested a nurse (Staff #17) to come to the nurse's station for an observation of the medication cart and interview at 6:22 A.M. An interview was conducted with a Licensed Practical Nurse (LPN / Staff #17) on [DATE], at 6:22 A.M. Staff #17 observed the medication cart and stated that the medication cart was unlocked. The medication cart drawers were opened and the contents were observed together. Staff #17 stated that there were 3 loose pills in the top drawer of the medication cart and that he could not identify the pills. Staff #17 then disposed of the pills in the sharps container on the medication cart. Multiple bottles of medications were observed together in the medication cart, and Staff #17 stated that there was a bottle of ibuprofen 200 mg pills, acetaminophen 500 mg pills, and aspirin 325 mg pills. Additionally, in the cart was a bag of vancomycin 750 mg intravenous solution that Staff #17 stated that the resident it was labeled for had been discharged for a while, and a bottle of prednisolone acetate 1% eye drops labeled for another resident that Staff #17 stated was no longer in the facility. Regarding the locked drawer within the medication cart, Staff #17 stated that he did not have access to the key and that he alerted the Director of Nursing (DON) to come to the nurse's station to unlock the drawer to observe the contents of the locked drawer.An interview was conducted with the DON (Staff #82) on [DATE], at 7:02 A.M. while observing the medication cart together. The DON stated that the medication cart was unlocked and that there was a bottle of iron pills on top of the cart. The DON unlocked the separately locked drawer of the medication cart and one white pill was observed in the drawer. The DON identified the pill and stated that it was a 0.25 mg alprazolam pill, and that the type of medication was a benzodiazepine drug. The DON stated for that type of drug, the storage requirement is to have the medication double locked. The DON stated she was going to destroy the pill with a witness at that time.A follow-up interview was conducted with Staff #17 on [DATE], at 7:12 A.M. Staff #17 stated that the importance of locking medication carts is because the facility has many residents who wander and so that the residents do not take the wrong medications, and that it is part of the policy to keep the medication carts locked.An additional follow-up interview was conducted with the DON on [DATE], at 10:42 A.M. The DON stated that her expectation is for nurses to keep the medication carts locked if no staff are present at the carts. The DON stated that the importance of locked medication storage is because there is a risk of ingestion if residents were to gain access.Review of the facility policy titled Storage and Expiration Dating of Medications and Biologicals, revised [DATE], revealed that the facility should ensure medications and biologicals are stored in an orderly manner in cabinets, drawers, carts, and refrigerators/freezers. The facility should ensure all medications and biologicals, including treatment items, are securely stored in a locked cabinet/cart or locked medication room that is inaccessible by residents and visitors. The facility should store Schedule II-V Controlled Substances, in a separate compartment (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	within the locked medication carts, and should have a different key or access device. The facility should ensure all controlled substances are stored in a manner that maintains their integrity and security. Additionally, the facility should ensure medications and biologicals for expired, discharged , or hospitalized residents are stored separately, away from use, until destroyed or returned to the provider.Review of the State Operations Manual, Appendix PP, issued [DATE], revealed that in accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. Additionally, the facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interviews, facility documentation, and a review of policies and procedures, the facility failed to ensure that food items in the freezer were properly labeled and dated. This deficient practice had the potential to result in food contamination, which could cause illness or food poisoning among residents.Findings Include:On September 7, 2025, at 10:15 a.m., during an initial walk-through visit with [NAME] #27, who was present on behalf of the kitchen manager (Staff #42), a partially full plastic bag of broccoli without a label or date, was observed sitting on a shelf inside the freezer.An interview was conducted immediately following the observation, on September 7, 2025, at 10:20 a.m., with [NAME] #27. The staff member confirmed the findings and acknowledged that all opened food items should be labeled with the date they were opened and stored in either a sealed container or a zipper bag. The kitchen staff also confirmed the understanding that using food items without proper labeling could place residents at risk for food poisoning and other food-borne illnesses.On September 8, 2025, at 2:00 p.m., an interview was conducted with the kitchen manager (Staff #42), who stated that all opened food items must be labeled with the date they were opened and stored in a sealed container or zip bag. He explained, When the foods are opened, and if they are not used completely, we wrap the leftovers and label them with the date they were opened and the date by which they should be used. He further stated, If it is broccoli, we wrap it up, label it, then put it in a container and store it on a first-in, first-out basis. He added that cooking with unlabeled food items posed a risk to residents' health and confirmed that the unlabeled bag of broccoli had been discarded.Staff #42 also stated that he regularly reminded kitchen staff on duty to double-check food storage areas for items that needed to be labeled and stored properly before the end of their shifts. He agreed that failure to follow these procedures could lead to serious health risks for residents and would violate the facility's standards.A review of the facility's policy titled Food Safety and Sanitation revised on April 23, 2023 and reviewed on May 1, 2025 revealed that pre-packaged food must be placed in a leak-proof, pest-proof, non-absorbent, National Sanitation Foundation (NSF)-sanitary container with a tight-fitting lid. The container must be labeled with the name of the contents and the date when the item was transferred. A Use By date is also noted on the label or product when applicable. The policy further specified that food items must be dated when placed on the shelves in the food storage room.

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record, staff interviews, review of facility documentation, policy and procedures and the State Agency (SA) database the facility failed to implement their policy regarding conducting thorough investigation of abuse/neglect allegation, protecting residents from further abuse for one resident (#46), and reporting allegations of abuse. The deficient practice could result in abuse/neglect continuing and not being prevented. Findings include: Resident #46 was initially admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses of fatty liver, hypertension, and protein-calorie malnutrition. Review of resident #46's progress note dated March 26, 2025 revealed that the facility contacted another state agency regarding suspicion of financial exploitation involving the resident's frequent visitor (resident friend #666). Review of the SA database did not reveal any documentation that a self-report was submitted by the facility regarding the allegation of exploitation. However, the SA database revealed that another state agency reported an allegation of exploitation. A written request for a copy of incident report and facility investigation pertaining to resident #46 was submitted to the facility on September 7, 2025 at 1:40 p.m. An email response was received from the Executive Director (ED/staff #411) on September 7, 2025 at 2:07 which stated that there are no incident or investigations found. An interview with a Licensed Practical Nurse (LPN/staff #24) was conducted on September 9, 2025 at 4:18 a.m. Staff #24 stated that it is important for residents to not feel abused and implement abuse policy to ensure that residents' issue is not ignored and not treated poorly. The LPN said that if residents are abused then it can impact them poorly--lead to depression, feel unseen, and not heard as human beings. Staff #24 is unfamiliar with the exploitation issue concerning resident #46 and was not aware of any visitor restrictions. During an interview with a Certified Nursing Assistant (CNA/staff #101) conducted on September 9 2025 at 5:04 a.m., staff #101 stated that any type of abuse is reported to supervisor immediately so that it does not cause mental, physical, and emotional repercussions to the resident. The impact if it is not reported is that the resident can become anxious. The CNA noted that resident #46 can be confused at times but can definitely relay information. Staff #101 noted that she is unaware of any issues of exploitation regarding resident #46. An interview with the Social Services Assistant (SS Asst/staff #32) and the Social Services Director (SS Dir/staff #93) was conducted on September 9, 2025 at 10:02 a.m. Staff #93 noted that they found out about the exploitation was due to non-payment of cost share. The SS Dir said that resident friend #666 visited resident #46 and there was an allegation of financial. exploitation. During the course of the investigation, resident friend #666 was restricted from vising resident #46 per the previous administrator. An interview with the Assistant Director of Nursing (ADON/staff #90) was conducted on September 9, 2025 at 11:04 a.m. Staff #90 stated that his expectation is that any allegation of abuse is reported immediately to ensure that residents are protected. The ADON noted that it is important that residents are not exploited because nobody wants to see somebody taken advantage of-specially the residents who are a vulnerable group. According to staff #90 he remembered that there was a concern that resident #46 was being exploited by resident friend #666 but there were no specific details. There was picture of the resident friend #666 posted at the reception desk informing staff to not allow him in the facility. Another state agency was contacted involved. The ADON noted that he was unsure if the facility would do an investigation since they cannot easily do one on someone not affiliated with the facility. However, he said that exploitation is considered as abuse and that the facility investigates all allegation of abuse. Staff #90 said that the facility should have probably investigated in collaboration with the other state agency. Review of the facility policy titled Abuse - Identification of Types reviewed May 6, 2025 stated that the facility staff should report any suspected abuse, neglect, or exploitation to the Executive Director or Director of Nursing. The facility policy titled Area of Focus: Incident and Reportable Event Management reviewed November 25, 2024 noted that alleged violations involving abuse, neglect, (continued on next page)

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	exploitation or mistreatment, including injuries of unknown source, and misappropriation of resident property are reported immediately, but no later than 2-hours after the allegation is made. The policy also noted that all alleged violations are thoroughly investigated to prevent further abuse, neglect, exploitation or mistreatment.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on closed record review, staff interviews, review of facility documentation, policy and procedures, the facility failed to report allegations of exploitation for one resident (#46) within the required timeframe. The deficient practice in abuse allegations not being reported and further abuse continuing. Findings include: Resident #46 was initially admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses of fatty liver, hypertension, and protein-calorie malnutrition. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that the resident has intact long term and short-term memory. An Alert Note dated March 26, 2025 documented that the facility contacted another state agency for suspicion of financial exploitation involving resident's frequent visitor (resident friend #666). However, further review of the resident's clinical record did not reveal any indication that the allegation of financial exploitation was reported to The State Agency (SA). Furthermore, review of the SA database did not reveal any documentation that a self-report was submitted by the facility regarding the allegation of exploitation. A cognition care plan that was initiated on August 29, 2025 revealed that the resident has mild cognitive impairment. Interventions included to cue, orient, and supervise resident as needed. Review of resident #46's care plan did not indicate any risk for exploitation. A written request for a copy of the incident report and the facility investigation pertaining to resident #46 was submitted to the facility on September 7, 2025 at 1:40 p.m. An email response was received from the Executive Director (ED/staff #411) on September 7, 2025 at 2:07 which stated that there are no incident or investigation found. An interview with a Licensed Practical Nurse (LPN/staff #24) was conducted on September 9, 2025 at 4:18 a.m. Staff #24 stated that allegations of abuse have to be reported immediately. According to the LPN, it is important for residents to not feel abused and implement abuse policy to ensure that residents' issue is not ignored. Staff #24 said that if residents are abused then it can impact them poorly--lead to depression, feel unseen, and not heard as human beings. Staff #24 is unfamiliar with the exploitation issue concerning resident #46. During an interview with a Certified Nursing Assistant (CNA/staff #101) conducted on September 9 2025 at 5:04 a.m., staff #101 stated that any type of abuse is reported to supervisor immediately so that it does not cause mental, physical, and emotional repercussions to the resident. The CNA noted that the report has to be done within 2-hours of the allegation. The impact if it is not reported is that the resident can become anxious. Staff #101 noted that she is unaware of any issues of exploitation regarding resident #46. An interview with the Social Services Assistant (SS Asst/staff #32) and the Social Services Director (SS Dir/staff #93) was conducted on September 9, 2025 at 10:02 a.m. Staff #93 noted that they found out about the exploitation was due to non-payment of cost share. The SS Dir said that resident friend #666 visited resident #46 and there was an allegation of financial. exploitation. According to staff #93, the other state agency investigated the allegation of financial exploitation. During the course of the investigation, resident friend #666 was restricted from vising resident #46 per the previous administrator. An interview with the Assistant Director of Nursing (ADON/staff #90) was conducted on September 9, 2025 at 11:04 a.m. Staff #90 stated that his expectation is that any allegation of abuse is reported immediately to ensure that residents are protected. The ADON noted that it is important that residents are not exploited because nobody wants to see somebody taken advantage of-specially the residents who are a vulnerable group. According to staff #90 he remembered that there was a concern that resident #46 was being exploited by resident friend #666 but there were no specific details. There was picture of the resident friend #666 posted at the reception desk informing staff to not allow him in the facility. Another state agency was contacted and investigated the allegation. The facility policy titled Area of Focus: Incident and Reportable Event Management reviewed November 25, 2024 noted that alleged violations involving abuse, neglect, exploitation or (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	mistreatment, including injuries of unknown source, and misappropriation of resident property are reported immediately, but no later than 2-hours after the allegation is made. The policy also noted that all alleged violations are thoroughly investigated to prevent further abuse, neglect, exploitation or mistreatment. Review of the facility policy titled Abuse - Identification of Types reviewed May 6, 2025 stated that the facility staff should report any suspected abuse, neglect, or exploitation to the Executive Director or Director of Nursing.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical records, review of facility documentation, review of the State Agency (SA) database, staff interviews, and review of policy and procedure the facility failed to ensure an allegation of exploitation (resident #46) was fully investigated. The deficient practice could result in allegations of abuse to include exploitation not being investigated and abuse/exploitation occurring in the facility. Findings include: Resident #46 was initially admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses of fatty liver, hypertension, and protein-calorie malnutrition. A report submitted from another state agency was received by the State Agency (SA) on June 19, 2025 regarding an allegation of exploitation pertaining to resident #46. Review of the SA database revealed that the facility failed to submit a self-report regarding the allegation of exploitation. Further review of the SA database indicated that the facility failed to submit a thorough investigation regarding the allegation of exploitation. A written request for a copy of the incident report and the facility investigation pertaining to resident #46 was submitted to the facility on September 7, 2025 at 1:40 p.m. An email response was received from the Executive Director (ED/staff #411) on September 7, 2025 at 2:07 which stated that there are no incident or investigation found. An interview with a Licensed Practical Nurse (LPN/staff #24) was conducted on September 9, 2025 at 4:18 a.m. Staff #24 stated that it is important to investigate allegations of abuse to ensure the issue does not further escalate, ensure that the issue is not ignored, and have proof of what happened to document facts. The impact of not investigating allegations is that it can impact the resident (victim) poorly leading to depression and feeling like they are not seen/heard as human beings. Staff #24 is unfamiliar with the exploitation issue concerning resident #46. During an interview with a Certified Nursing Assistant (CNA/staff #101) conducted on September 9 2025 at 5:04 a.m., staff #101 stated that allegations of abuse/exploitation have to be investigated because residents are human beings and they have rights and those rights should not be violated. According to the CNA, the impact of not investigating allegations of abuse/exploitation is that the residents can end up depressed, the resident will be talking about the issue and each time there is a caregiver there can be hostility. An interview with the Social Services Assistant (SS Asst/staff #32) and the Social Services Director (SS Dir/staff #93) was conducted on September 9, 2025 at 10:02 a.m. Staff #93 noted that they found out about the exploitation due to non-payment of cost share. The SS Dir said that resident friend #666 visited resident #46 and there was an allegation of financial. exploitation. According to staff #93, the other state agency investigated the allegation of financial exploitation. During the course of the investigation, resident friend #666 was restricted from vising resident #46 per the previous administrator. An interview with the Assistant Director of Nursing (ADON/staff #90) was conducted on September 9, 2025 at 11:04 a.m. Staff #90 stated that his expectation is that any allegation of abuse is reported immediately to ensure that residents are protected and it can be investigated. According to the ADON he remembered that there was a concern that resident #46 was being exploited by resident friend #666 but there were no specific details. Staff #90 stated that exploitation is considered abuse and that all allegations of abuse is investigated by the facility. He noted that the allegation should have been investigated in collaboration with the other state agency. The facility policy titled Area of Focus: Incident and Reportable Event Management reviewed November 25, 2024 noted that all alleged violations are thoroughly investigated to prevent further abuse, neglect, exploitation or mistreatment.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, review of facility documents and policy, the facility failed to ensure one resident (#43) was referred for Level II Pre-admission Screening and Resident Review (PASRR). The deficient practice could result in residents not receiving appropriate services to meet their needs.Findings Include:Resident #43 was initially admitted to the facility on [DATE] with diagnoses that included paraplegia, Paranoid Schizophrenia and Schizophrenia Disorder.A review of record dated September 25, 2023 revealed a Level 1 PASRR (Pre-admission Screening and Resident Review) was completed, but no referral for any Level II.The care plan initiated on October 5, 2023 revealed that Resident uses antipsychotic medications related to Schizophrenia as evidence by auditory hallucinations. A review of orders dated February 18, 2025 revealed Resident has an active order for risperidone oral tablet 0.5 MG (milligram) give 0.5 mg by mouth at bedtime for schizoaffective disorder auditory hallucinations.Review of Quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status score of 15.0, cognitively intact; has Schizophrenia; and resident uses antipsychotic medications.Another review of record dated August 1, 2025 revealed a Level I PASRR was completed, and a check mark was placed for a referral for Level II determination for mental illness only.An interview was conducted on September 9, 2025 at 9:44 AM with Staff #93/Social Service Director (SSD) and present during the interview was Staff #32/social service assistant in the social service office. The SSD stated that her responsibility involved completing the cognitive and emotional section of the MDS; discharge planning; care conferences with residents and family; trauma assessment; sends psych evaluation for suicidal ideation and depression; reach out to APS (Adult Protective services) and Ombudsman for any concern; and assist residents for ALTCS (Arizona Long Term Care Services) application. The SSD also stated that their new admitted residents come with PASRR document. She stated that she is involved with revising, renewing, and updating their residents' PASRRs every year. She stated that when she reviews a resident's PASRR, she looks at their diagnosis. And, if she feels that the resident qualifies for PASRR Level II based on mental illness or disability, she sends it out to be reviewed by the PASSR program at Arizona ACCHSS (Arizona Health care Cost Containment System). While the SSD was looking at Resident #43's electronic record, she stated that Resident #43 has schizophrenia, resident was not exhibiting behaviors, and there was no PASSR Level II referral because the resident had not received inpatient psych treatment within the past two years. The SSD stated that she could not find a document indicating that Resident #43 was referred for a Level II determination to the State- designated authority.Review of facility document titled, Level II Passar, dated September 9, 2025 at 10:36 AM revealed a communication was sent to AZ AHCCCS. GOV asking for any record of Level II PASSR ever being requested for Resident #43. Review of facility's policy titled, Pre-admission Screening and Resident Review (PASARR), with a review date of September 26, 2024 revealed a positive level I screen necessitates an in-depth evaluation of the individual by the state-designated authority, known as PASARR Level II.

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	035136	A. Building B. Wing	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Sierra Vista	2305 East Wilcox Drive Sierra Vista, AZ 85635

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(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 - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, review of facility documents and policy, the facility failed to ensure medications for one resident (#38) were administered as ordered by the physician. The deficient practice could place residents' safety at risk and could result in resident's not receiving the treatment that they need.Findings Include:Resident #38 was admitted to the facility on [DATE] with an active diagnoses that included Heart Failure, Hypertension, and Orthostatic Hypotension.A review of admission Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental status score of 12.0, moderately impaired.A review of physician's order dated August 22, 2025 revealed an order for Isosorbide Mononitrate ER (Extended Release) oral tablet 30 mg (milligram) give 0.5 tablet by mouth one time a day related to atherosclerotic heart disease. Hold for SBP (systolic blood pressure) less than 110 or HR (heart rate) less than 60.A review of Resident's blood pressure and pulse rate taken on September 8, 2025 at 6:14 AM revealed a blood pressure of 106 over 66 and a pulse rate of 80 beats per minute.On September 8, 2025 at 7:37AM, a medication administration observation was conducted with Licensed Practical Nurse (LPN)/Staff #48. The medication, isosorbide ER 30 mg one tablet, was dispensed. At 7:43 AM, Staff #48 entered resident's room and administered the medication by mouth to Resident #38.A review of Resident's September 2025 Medication Administration Record (MAR) revealed that on September 8, 2025 at 8:00 AM schedule time, Isosorbide Mononitrate ER oral tablet 30 mg give 0.5 tablet by mouth one time a day related to atherosclerotic heart disease, and hold for systolic blood pressure (SBP) less than 110 or heart rate (HR) less than 60 was documented as administered. Despite an order to hold the medication for SBP less than 110, and the Resident's blood pressure was 106 over 66 which was outside the parameter, Staff #48 did not follow a physician's order to hold the medication for a SBP of less than 110.A review of progress note, Skilled Note, dated September 8, 2025 at 8:06 AM revealed Resident's vital signs were taken at 6:14 AM. The blood pressure was 106 over 66, pulse rate was 80, and respiration was 16.An interview was conducted on September 8, 2025 at 11:23 AM with a Certified Nursing Assistant (CNA)/Staff #84. Staff #84 stated that when she comes to work, the first thing she does was to get report from the previous shift for resident updates, and then she takes her residents' vital signs (VS). Once she had completed taking her residents' VS, she makes a copy of her VS sheet to give to her nurse so her nurse can see the blood pressures, pulse, respiration, temperature, and oxygen saturation.Another interview was conducted on September 8, 2025 at 12:44 PM with CNA/Staff #55. Staff #55 stated that when coming in to work, she gets report from the night shift staff, and then she immediately starts taking VS. She stated that she checks VS in the morning because some residents take blood pressure medications. She stated that after taking the residents' VS, she makes a copy of her VS sheet to give to the nurse by 6:30 AM, and then she can later enter her residents' VS in the electronic record before 10:00 AM. She stated that a low BP is anything lower than 100 over 50; a high BP is anything higher than 150 over 90. She stated that if a BP is low or high, she will report it immediately to the nurse.An interview was conducted on September 8, 2025 at 12:58 PM with an LPN/Staff #72 in the rehab nursing station. Staff #72 stated that when she comes to work, she gets report from the previous nurse, does narcotic inventory, looks at the dashboard in the electronic medical record to find any changes related to her resident, and she administers medications to her residents. Staff #72 stated that she starts her medication pass at 7:00 AM for the 8:00 medication time. She stated that she will start first with residents not requiring blood pressure parameters which gives her CNAs time to get their VS. Once she gets to the residents with VS parameters, she has their VS that she needed for her medication administration. Staff #72 cited examples of medications requiring VS parameters, which included a medication called isosorbide. In addition, she stated that the VS parameters usually is their facility standard, SBP less than 110 and pulse rate less than 60, which she will not give an antihypertensive medication. Furthermore, she stated that when (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	administering antihypertensive medications, she will get the resident's BP and pulse rate because an antihypertensive medication can lower the BP, and the risk if the medication was given to the resident can cause lethargy, paleness of skin, and hypoxia. A follow up interview was conducted on September 8, 2025 at 1:13 PM with Staff #48. Staff #48 stated that before medication pass, the first thing she does was to look up for her residents' VS to identify any out of range VS such as a resident having a low or high BP, and to make sure the resident gets assessed. She stated that a low BP is below 110 and high BP is over 150. She stated that the CNAs starts taking the residents' VS at 6:00 AM. During the interview, Staff #48 looked at Resident #38's electronic record. She stated that she held Resident's Lisinopril medication this morning due to a BP of 106 over 66. She also stated that the Resident's isosorbide medication does not have a parameter because she had spoken with the doctor and was told that the isosorbide medication is just to hold for a pulse rate less than 60 and Resident #38's pulse was 80 this morning. Staff #48 read the isosorbide medication order and stated that the order stated to hold for SBP less than 110 or heart rate less than 60. Staff #48 stated that she can ask the provider to clarify the order and get an updated order. In addition, Staff #48 stated that isosorbide medication decreases the heart rate and generally will not drop the blood pressure.Despite Staff #48 stating that she had spoken with the doctor and she was told to hold the isosorbide medication for a pulse rate less than 60, a review of Resident's record revealed an active order for Isosorbide Mononitrate ER (Extended Release) oral tablet 30 mg (milligram) give 0.5 tablet by mouth one time a day related to atherosclerotic heart disease. Hold for SBP (systolic blood pressure) less than 110 or HR (heart rate) less than 60.An interview was conducted on September 9, 2025 at 11:22 AM with the Director of Nursing (DON)/Staff #82 in the administrator's office. The DON stated that on September 8, 2025, Resident #38's had an order transcribed on the MAR for isosorbide mononitrate ER oral tablet 30 mg give half tablet by mouth one time a day related to arteriosclerotic heart disease, hold SBP of less than 110 or HR less than 60 order, and in the medical record at 6:14 AM the Resident's BP was 106 over 66. The DON stated that if her staff was going off the BP of 106 over 66, the isosorbide medication should not be given. The DON further stated that if the instruction was to hold the medication, her expectation was for the nurse to take the resident's BP, and hold or give the medication depending on the BP parameters.Review of facility's policy titled, Physician Orders, reviewed date of February 27, 2025 revealed the facility is obligated to follow and carry out the orders of the prescriber in accordance with all applicable state and federal guidelines.Review of facility's policy titled, Administration of Medications, reviewed date of September 16, 2024 revealed the facility will ensure medications are administered safely and appropriately per physician order to address residents' diagnoses and signs and symptoms.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, staff interviews, review of facility documents and policy, the facility failed to ensure hand hygiene was performed during medication administration observation and the facility failed to sanitize a glucometer after use. The deficient practice could place residents at risk for infections.Findings Include:Resident #26 was admitted to the facility on [DATE] with diagnoses that included Hypertension, Urinary Tract Infection (UTI), and Diabetes Mellitus (DM).A review of orders revealed the following physician orders:- Insulin Glargine Subcutaneous Solution Pen-injector 100 UNIT/ML (Milliliter) inject 10 unit subcutaneously one time a day related to Type 2 Diabetes Mellitus; and- Insulin Lispro Injection Solution 100 UNIT/ML inject 4 unit subcutaneously before meals related to Type 2 Diabetes Mellitus.On September 9, 2025 at 5:25 AM, a medication administration observation was conducted with Licensed Practical Nurse (LPN)/Staff #16. The following medications were dispensed: Lispro 4 units and Lantus 10 units via insulin pen for subcutaneous injection route. At 5:27 AM, Staff #16 stated that she needs to take Resident's blood sugar first. At 5:31 AM, Staff #16 entered Resident #26's room. At 5:33 AM, Staff #16 don new gloves and informed Resident that she will be taking his blood sugar. After resident agreed to having his blood sugar taken, Staff #16 wiped resident's finger with an alcohol swab, air dried, then proceeded in poking the finger with a lancet. Staff #16 read the Resident's blood sugar from the glucometer. She stated that the blood sugar was 305. At 5:37 AM, Staff #16 wiped the injection sites with alcohol swabs, and while Resident was lying on his left side, one subcutaneous injection was administered in the Resident's right lower abdomen and the other subcutaneous injection was administered in the Resident's right-side upper abdomen.On September 9, 2025 at 5:40 AM, Staff #16 left Resident #26's room. She removed her gloves, returned the insulin pens and the glucometer in the top drawer of the medication cart. She left her locked medication cart carrying with her Resident #26's water pitcher to get the Resident ice water. At 5:44 AM, Staff #16 entered Resident's room with the pitcher of ice water. After giving the Resident his pitcher of ice water, Staff #16 exited the room and used an alcohol-based hand sanitizer to perform hand hygiene.An interview was conducted on September 9, 2025 at 5:45 AM with Staff #16. She stated that there was only one glucometer for her to use inside her medication cart. She stated that traditionally, she would wipe the glucometer before and after use. She would normally use an alcohol wipe or a sanitizer called purple Sani wipe to clean the glucometer, but she does not have the purple Sani wipe at the moment because it is at the nurses' station. Staff #16 did not give an answer relating to the risk if a glucometer was not sanitized. Instead, Staff #16 stated that the glucometer does not touch the resident, she used gloves when using the glucometer, and the only thing that touched the resident during the procedure was the test strip. In addition, Staff #16 stated that when she brought the glucometer in the resident's room, it was with her because she cannot test the resident's blood sugar without it. She stated that the glucometer was placed near the sink area or on her hand. She stated that while she was assisting the resident with his water, she stated that she did not remember to where she placed the glucometer, maybe it might had been in her pocket or placed on the little table stand by the resident's bed.An interview was conducted on September 9, 2025 at 10:22 AM with LPN/Staff #48. Staff #48 stated that before and after using a glucometer to check her resident's blood sugar, she uses a Sani wipe to clean the glucometer and let it dry for three minutes. She sanitized the glucometer to make sure it is sterilized clean because if it is not sterilized, there is a risk of transferring blood or germs to other residents. In addition, Staff #48 stated that she performs hand hygiene every time she enters and exits a resident's room to protect and prevent the transfer of germs to other residents. In addition, Staff #48 stated that last week their facility had an in service on handwashing, and when she was hired, her orientation and training included a health care academy, hand hygiene and infection control.An interview was conducted on September 9, 2025 at 10:37 AM with the Infection Preventionist (IP)/Staff #74 and present during the interview was the (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assistant Director of Nursing (ADON)/Staff #90. The IP sated that infection control goes with hand hygiene. She stated to hand sanitized in between, before, and after resident care. The ADON stated to hand sanitized before and after resident care, before entering a resident's room and upon exiting the room, before and after dispensing medication, and then after leaving the resident's room. The ADON stated that the risk without performing hand hygiene could result in transferring communicable diseases or microorganism, and could place the residents at risk for infection. Regarding a glucometer device, the ADON stated that it should be cleaned with a Sani wipe. The ADON stated that the facility's Sani wipe is prepacked Sani cloth bleach wipe. It is stocked in the medication cart either located on the top or bottom drawer. The ADON stated that it is important to sanitize the glucometer to prevent blood born illness and to prevent infection.An interview was conducted on September 9, 2025 at 11:22 AM with the Director of Nursing (DON)/Staff #82. The DON stated that the process and expectation about hand hygiene is to perform it when caring for resident prior and after caring, after going on break, and before serving meals. The DON stated that she would refer to the policy for hand hygiene. In addition, the DON stated that if hand hygiene was not followed, the risk is transmission of infection or illness. Her expectation is for staff to follow infection control and perform hand hygiene. Regarding the use of glucometers, the DON stated to follow the policy of cleaning between resident use and per instruction provided on disinfecting wipes for dry time to prevent infection or transmission of germs.Review of facility document titled, Assure Prism Blood Glucose Monitoring System Quality Assurance/Quality Control (QA/QC) Reference Manual, revealed that the meter should be cleaned and disinfected after use on each patient. The cleaning procedure is needed to clean dirt, blood and other bodily fluids off the exterior of the meter before performing the disinfection procedure. The disinfecting procedure is needed to prevent the transmission of blood borne pathogens. Blood glucose meters are at high risk of becoming contaminated with bloodborne pathogens such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV). Transmission of these viruses from resident to resident has been documented due to contaminated blood glucose devices. According to the Centers for Disease Control and Prevention, cleaning and disinfecting of meters between resident use can prevent the transmission of these viruses through indirect contact.A review of facility's policy titled, Blood glucose monitoring, long-term care, revealed that the Centers for Disease Control and Prevention recommends refraining from sharing blood glucose monitors among residents whenever possible. If one device must be used to monitor several residents, it must be cleaned and disinfected after every use following the manufacturer's instructions to prevent carryover of blood and infectious agents.A review of facility's policy titled, Hand Hygiene, reviewed date of July 7, 2025 revealed that associates perform hand hygiene before and after contact with resident; after contact with blood, body fluids, or visibly contaminated surfaces; after contact with objects and surfaces in the resident's environment; after removing personal protective equipment (e.g., gloves, gown); and before performing a procedure such as an aseptic task.