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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035141	A. Building B. Wing	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Health Care Center	1300 South Street Globe, AZ 85501

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, facility documentation, staff interviews, and policy review, the facility failed to implement their policy regarding reporting allegations of abuse and neglect and to ensure that allegations of neglect were reported within a timely manner to the state agency for one of one sampled resident (Resident #32). The deficient practice could result in further instances of allegations of neglect not being reported and investigated promptly, and in accordance with professional standards. The universe was 68.Findings include:Resident #32 was admitted on [DATE], with the diagnosis that included type 2 diabetes mellitus; depression; retention of urine; benign prostatic hyperplasia without lower urinary tract symptoms; muscle spasm; and morbid obesity due to excess calories.A care plan initiated on February 23, 2024, revealed a focus for risk of change in mood or behavior due to medical condition. Interventions included medications as ordered, initiated February 24, 2024.The care plan for risk of change in mood and behavior was revised on February 13, 2025 to include that the resident makes statements of untruths related to receiving medications on time. A review of a quarterly MDS (Medicare Minimum Data Set) assessment dated [DATE], revealed a BIMS (Brief Interview for Mental Status) score of 15 out of 15, which indicated intact cognition. The assessment also revealed that within the last 7 days before the assessment, Resident #32 felt down for two to six days; verbal behavioral symptoms and other behavioral symptoms not directed towards others occurred one to three days.On February 13, 2026, a behavior progress note revealed that the Resident told a medication technician, that he was being neglected and wanted to speak to a nurse right now. The progress note also revealed that the allegation was reported to the DON, who spoke to the resident and instructed staff to have 2 people in the room for care. however, there was no evidence that the allegation had been reported to the state agency.A care plan for risk of change in mood or behavior was revised on February 18, 2026 to include interventions for 2-person cares and medication pass.On February 20, 2026, a behavior progress note revealed that Resident #32 complained that he was not receiving his medications at night, and the resident stated that it is your fault. The nurse wrote that the ADON (assistant director of nursing) was notified that the resident accused staff of abusing and neglecting him. The nurse also relayed that the resident's medications were administered according to physician orders. Another behavior progress note dated February 20, 2026 revealed that cares in pairs was continuing.An interview was conducted on February 24, 2026, at 11:23 AM, with Resident #32, who stated that he felt that an LPN (licensed practical nurse/Staff # 32) had inflicted mental abuse on him, as evidenced by previous interactions that made Resident #32 feel less than a man. The resident also stated that he had increased anxiety when he was aware that the LPN would be on the upcoming shift, and that he had experienced anxiety attacks due to being scared of the LPN. Resident #32 further stated that he felt that he had been abused and neglected due to his race and did not understand why the staff would treat him that way. The resident stated that he had told the DON (director of (continued on next page)

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

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

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