| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 035144 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Peoria Post Acute and Rehabilitation | 13215 North 94th Drive<br>Peoria, AZ 85381 |

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| F 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, clinical record review, resident and staff interviews, and review of facility policy, the facility failed to ensure resident (#119) and was not being treated in a dignified manner of one ( #119) resident. The universe was 33 residents. The deficient practice could result in resident's not being treated with dignity and respect.Findings include: Resident #119 was admitted on [DATE] with diagnosis of acute respiratory failure with hypoxia, acute kidney failure, atrial fibrillation, dysphagia oropharyngeal phase, cognitive communication and deficit, depression and anxiety disorder. An admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 12, which indicated intact cognition.Review of a care plan initiated on February 27, 2026 revealed resident #119 is at risk of malnutrition per MNA (Mini Nutritional Assessment) due to acute respiratory failure with hypoxia. Interventions included to:Provide assistance with meals as needed. An observation was conducted on March 17, 2026 at 9:21 AM. Resident #119 was lying flat on the bed with a breakfast tray next to her on the bedside table. The resident stated she needs help to raise her bed in an upright position and needs help with eating. An interview was conducted on March 17, 2025 at 9:25 AM with Licensed Practical Nurse (LPN/ staff #242) who stated she will check the chart for resident #119 because she is a bit confused sometimes. Staff #242 stated, she is not a ?feeder' and just wants to be fed sometimes, right outside of resident's room.An interview was conducted on March 18, 2026 at 12:33 pm with the staffing coordinator/Certified Nursing Assistant (CNA/staff #140) who stated a resident who needs assistance eating is called a ?feeder.' Staff #140 stated it is not appropriate to leave a tray bedside while a resident is in a laying position and that the resident should be assisted with bed positioning when needed.An interview was conducted on March 20, 2026 at 10:59 AM with Certified Nursing Assistant (CNA/ staff #188) who stated it is not appropriate to call residents ?feeders' because it can cause residents emotional harm.An interview conducted with a dietetic technician (staff #165) on March 20,2026 at 11:56 AM stated residents should not be called ?feeders' because it is a dignity issue and de-humanizing. Staff #165 stated it was a term more for animals so it is important to make sure staff do not use it in front of residents or even if they didn't hear it, the term ?feeders' should not be used. An interview with Director of Nursing (DON staff # 101)on March,20, 2026 at 11:03 AM stated it is not appropriate to call residents ?feeders' because it would be a dignity and respect issue. Staff #101 stated that it does not meet her expectations but that it is an opportunity to educate staff. Review of a facility policy titled, Resident Rights, reviewed on January 01, 2025 revealed the resident has the right to be treated with consideration, respect, and full recognition of his or her dignity and individuality. |

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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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interviews, review of facility documents, and review of facility policy, the facility failed to ensure that a physician's order to treat a low blood pressure for one resident (#160) out of 33 sampled residents was followed. The universe was 168. The deficient practice could place a resident health at risk for illnesses. Findings include:Resident #160 was admitted to the facility on [DATE] with diagnoses that included Orthostatic Hypotension (sudden drop in blood pressure), Paraplegia, Major Depressive Disorder, and Anxiety Disorder.A care plan for the Resident receiving a medication for hypotension was initiated on January 3, 2023. The goal was for the Resident to remain free of complications related to hypotension. The interventions included administer the medication as ordered, monitor for side effects and effectiveness, monitor and record vital signs as ordered, and provide consistency in care to promote comfort with activities of daily livings (ADLs).A review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15.0, indicating that the Resident was cognitively intact. The order summary review revealed an order dated January 11, 2026, for Midrodrine Hydrochloride 5 MG (milligram), give 2 tablets by mouth three times a day for Hypotension, and to hold the medication for a systolic blood pressure (SBP) greater than 120.The March 2026 Medication Administration Record (MAR) review revealed a transcribed order for Midrodrine Hydrochloride 5 MG give 2 tablets by mouth three times a day for Hypotension, and to hold the medication for a systolic blood pressure greater than 120. Further, the MAR revealed that on: -March 5, 2026, Midrodrine Hydrochloride 5 MG give 2 tablets by mouth three times a day for Hypotension, and to the hold the medication for a systolic blood pressure greater than 120. The medication was documented as administered when the Resident's blood pressure was 126/70 at midday; -March 6, 2026, Midrodrine Hydrochloride 5 MG give 2 tablets by mouth three times a day for Hypotension, and to the hold the medication for a systolic blood pressure greater than 120. The medication was documented as administered when the Resident's blood pressure was 139/85 in the morning, and when the Resident's blood pressure was 128/78 at bedtime; -March 7, 2026, Midrodrine Hydrochloride 5 MG give 2 tablets by mouth three times a day for Hypotension, and to the hold the medication for a systolic blood pressure greater than 120. The medication was documented as administered when the Resident's blood pressure was 128/78 in the morning, and when the Resident's blood pressure was 145/80 at midday; -March 8, 2026, Midrodrine Hydrochloride 5 MG give 2 tablets by mouth three times a day for Hypotension, and to the hold the medication for a systolic blood pressure greater than 120. The medication was documented as administered when the Resident's blood pressure was 128/81 in the morning; -March 11, 2026, Midrodrine Hydrochloride 5 MG give 2 tablets by mouth three times a day for Hypotension, and to the hold the medication for a systolic blood pressure greater than 120. The medication was documented as administered when the Resident's blood pressure was 148/86 in the morning; -March 16, 2026, Midrodrine Hydrochloride 5 MG give 2 tablets by mouth three times a day for Hypotension, and to the hold the medication for a systolic blood pressure greater than 120. The medication was documented as administered when the Resident's blood pressure was 133/82 in the morning, at midday when the Resident's blood pressure was 121/56, and at bedtime when the Resident's blood pressure was 132/52; and -March 20, 2026, Midrodrine Hydrochloride 5 MG give 2 tablets by mouth three times a day for Hypotension, and to the hold the medication for a systolic blood pressure greater than 120. The medication was documented as administered when the Resident's blood pressure was 132/88 in the morning. However, a review of the Medication Administration progress note dated March 20, 2026, revealed per document, the medication was held due to the blood pressure of 132/88 being above the blood pressure parameter, but in the MAR, the documentation revealed that the medication was administered. Despite a physician's order instruction to hold the administration of Midrodrine Hydrochloride 5 MG give 2 tablets by mouth three times a day for Hypotension for a systolic blood<br>(continued on next page) |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | pressure greater than 120, the March 2026 MAR revealed that on March 5, 6, 7, 8, 11, 16, and 20, 2026, the medication was administered when the Resident's systolic blood pressure was above 120. The physician's order instruction, to hold the medication for a systolic blood pressure greater than 120, was not followed. An interview was conducted on March 20, 2026, at 1:12 PM, with a Licensed Practical Nurse (LPN/Staff #191). The LPN stated that a check mark placed in the MAR means that the medication was given to the resident, and she said that if a medication was not administered to the resident, she would document in the notes the reason why the medication was not given. For instance, if the medication was not given due to the vital signs were outside the ordered parameter, she said that she has to read the physician's orders carefully and pay attention to the orders. Another interview was conducted on March 20, 2026, at 1:43 PM, with another LPN (Staff #151). Staff #151 stated that during a medication administration, when a medication was not administered to the Resident, a message would display on the computer screen during administration, and the message on the screen would ask for a reason why the medication was not being given. She said that she would type the reason using the codes provided in the MAR. She said that code number 1 meant that the resident refuse; code number 2 meant to hold the medication and check the nurses progress note, and to document a reason why the medication was being held; and when the medication was administered, it goes directly to the electronic MAR. Further, Staff #151 stated that regarding following physician's orders, it is important to follow the order for her resident's safety, and that her residents are getting the right medications for their health and for the diagnosis that they have. She stated that if a physician ordered a medication such as Midrodrine, which is given to treat a low blood pressure, she stated that she would expect her resident's blood pressure to go up. She also stated that if a Midrodrine order has an instruction to hold if the systolic blood pressure is greater than 120, she would check the resident's blood pressure first, and if the resident's blood pressure was outside the ordered parameter, she would hold the medication. She said that if the medication was given outside the ordered blood pressure parameter, she would notify the doctor, monitor the resident, and then follow whatever orders are given to her by the physician. She said that, monitoring the resident would include watching for the Resident's complaint of headaches because sometimes a headache can be a sign for a high blood pressure. She also stated that if Midrodrine was ordered 3 times a day with a blood pressure parameter order, she would check the resident's blood pressure three times a day prior to administering the medication. The Director of Nursing (Staff #101) was interviewed on March 20, 2026, at 2:03 PM. Regarding medication administration, the DON stated that she expects her staff to clean their hands, match the medication with what they have, verify ordered blood pressure parameters, and that the medication ordered was appropriate to give. Further, the DON stated that during medication administration, there has to be a physician order for the medication, and the staff to follow the right dose, right time, right route, and for the right resident. The DON stated that during medication administration, if the medication was administered, the electronic record would show it as given. She said that if the medication was refused, the staff nurse would document it as refused. She also said that if the medication was held, which was coded as number 2, she expects her staff nurse to document the reason why the medication was held. Regarding the medication Midodrine, the DON stated that the medication was ordered for low blood pressure. She said that if Midrodrine has an ordered blood pressure parameter, such as to hold if the systolic blood pressure was greater than 120, she expects her staff to verify that the medication would be okay to give; she expects her staff to give the medication to the resident unless it is not within the parameter ordered or was instructed by the doctor to hold the medication. The DON stated that Resident #160's Midodrine medication order include to hold if systolic blood pressure was greater than 120. She said that on March 6, 2026, the Resident's blood pressure was 139/85 and 128/78 and that the medication was given. She said that her staff did not follow the doctor's order and did not follow the ordered blood pressure parameters. Further, the DON looked at March 6, 2026, and stated that there was no progress note to clarify the medication administration, and the DON said that the check mark in the MAR would appear to indicate<br>(continued on next page) |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | that the medication was given. Furthermore, the DON looked at the March 11, 2026, documented blood pressure of 148/86 in the MAR, and she said that Midodrine was given outside the blood pressure parameter, and there were no progress notes to clarify why it was given. The DON also looked at the March 16, 2026, blood pressure of 133/82 documented in the MAR, and she said that it appears that Midodrine was given, but there was a progress note which documented that it was not given. The DON stated that the process and expectation regarding documentation is that if her staff held a medication, she expects her staff to mark it as held in the MAR, and document in the progress notes that the medication was held or not. She said that if there was no documentation that the staff held the medication, then the medication was given outside the doctor's order for the blood pressure parameter. After the DON's interview on March 20, 2026, at 3:21 PM, regarding the administration of Midrodrine outside the ordered blood pressure parameter for Resident #160, the DON provided additional documents to the surveyor. The document was a Quality Team Tracking Form identifying a problem area for blood pressure medication given with hypotension. The document was dated February 1, 2026. The problem identified was antihypertensive medications administered outside of the blood pressure and heart rate hold parameters. The document included two residents with their January 2026 MARs, one resident with his February 2026 MAR, and Resident #160 with his March 1 through 13, 2026 MAR. A review of the facility policy titled Medication Administration-Oral reviewed on May 2025, revealed that the facility's policy is to accurately prepare, administer and document oral medications. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, review of clinical record, and review of facility policy and procedure, the facility failed to ensure medications were administered and stored according to policy for one resident (Resident #16) out of 33 sampled. The universe was 168. The deficient practice could increase the likelihood of medication overdose and residents having unrestricted access to medications.Findings include: Resident #16 was re-admitted to facility on January 14, 2026 with diagnoses that included displaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for closed fracture, chronic obstructive pulmonary disease (COPD), unspecified, and a need for assistance with personal care. Review of the quarterly minimum data set (MDS) dated [DATE] revealed a brief interview for mental status (BIMS) score of 15, indicating the resident was cognitively intact with no rejection of care noted. Review of the MDS revealed the resident required oxygen therapy. Review of the comprehensive care plan revealed no evidence that Resident #16 was able to self-administer medications. Review of a physician order with a start date of October 11, 2025 for Fluticasone Propionate Nasal Suspension 50 micrograms per actuation (MCG/ACT), indicated two sprays in both nostrils one time a day for allergies. However, there was no evidence that this medication was authorized for self-administration. Review of a physician order with a start date of October 11, 2025, for Albuterol Sulfate HFA (hydrofluoroalkane) Inhalation Aerosol Solution 108 (90 Base) MCG/ACT, which indicated 1 inhalation orally every four hours as needed for shortness of breath/wheezing. However, there was no evidence that this medication was authorized for self-administration. There was no evidence of a self-administration assessment within the clinical record. An observation was conducted on March 17, 2026 at 9:41 in the resident's room of one red albuterol inhaler with a grey cap and one over-the-counter allergy nasal spray on the resident's bedside table both containing the room number and resident name. An interview was conducted on March 17, 2026 at 9:41 a.m. with Resident #16. Resident #16 stated the nurses will often come into her room and hand her the inhaler and nasal spray for her to self-administer and come back at a later time to pick them back up. Resident #16 stated she knows staff are not supposed to do that but further stated that she does not want to cause trouble.An observation was conducted of Resident #16's bedside table on March 17, 2026 at 9:51 a.m. with licensed practical nurse (Staff #138/LPN). At the time of the observation Staff #138 noted there were two medications on Resident #16's bedside table, she identified one as being an over-the-counter allergy nasal spray and the other being an inhaler used for shortness of breath related to COPD. An interview was conducted on March 17, 2026 at 9:51 a.m. with Staff #138. Staff #138 stated she did not currently have any residents with self-administration orders. Staff #138 stated if there was an order for self-administration she would hand the medication to the resident and wait for them to take it and then bring it back to the cart, further stating the resident should not be left alone with the medication. Staff #138 stated the risks of leaving medications at the bedside included incorrect dosing, medication abuse, and potential harm for other residents. Staff #138 stated the medications left on Resident #16's bedside should not be there and that she would remove them, further stating that this does not meet facility expectations. An interview was conducted on March 19, 2026 at 8:36 a.m. with a LPN (Staff #109). Staff #109 stated that if a resident wanted to self-administer the medications she would discuss it with the charge nurse and the provider in order to see if it would be appropriate. Staff #109 stated the resident would be assessed based on their cognitive level, the likelihood of error, and how accurately the resident could follow instructions. Staff #109 stated that all medications including over-the-counter medications require an order and if she saw any medications at the bedside she would confiscate them and educate the family or resident. Staff #109 stated the risks could be the clinical staff would<br>(continued on next page) |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | not know if the resident is taking the correct medication or dosage. An interview was conducted on March 19, 2026 at 10:06 a.m. with the Director of Nursing (DON/Staff #101). Staff #101 stated all medications including over-the-counter medications must have a physician order because the physician has to decide if it is safe for the resident to be taking. Staff #101 stated that if a resident expresses a wish to self-administer medication the staff will complete an evaluation to determine if self-administration is appropriate. Staff #101 stated that there must be an order from the provider before a resident can begin self-administration of medications. Staff #101 stated that at the time of the observation there was no order or assessment completed for self-administration for the medications located on Resident #16's bedside table. She stated the risks could include overdose, missed medications, and potential harm to the resident. Review of the Self Administration of Medications policy last reviewed in August 2025 revealed the purpose is to determine the ability of alert residents to participate in self-administration while maintaining the safety and accuracy of medication administration. Further review of the policy revealed if a resident is a good candidate for self-administration, this would be documented within the care plan. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, review of clinical records, and review of facility policies and procedures, the facility failed to ensure that infection control practices were followed regarding a nephrostomy bag and tubing for one resident (Resident #212) out of 33 sampled residents. The universe was 168. The deficient practice could result in potential infections. Findings include: Resident #212 was admitted to the facility on [DATE] with diagnoses that included displacement of nephrostomy, subsequent encounter, need for assistance with personal care, difficulty in walking, not elsewhere classified, and other artificial openings of urinary tract status. Review of the entry minimum data set (MDS) dated [DATE] revealed the resident had a brief interview for mental status (BIMS) score of 13, indicating moderately impaired cognitive status. Review of the MDS revealed the resident was dependent on staff for toileting hygiene. Review of the baseline care plan initiated on January 19, 2026, revealed a focus indicating that Resident #212 had bilateral nephrostomy tubes, with a preference to have the nephrostomy bag secured on his left side. Interventions included positioning the nephrostomy bag and tubing below bladder level and away from the entrance door. There was no evidence in the care plan of the resident's preference for a privacy cover or placement of the tubing. There was no evidence within the progress notes that indicated Resident #212 had specified placement of the nephrostomy bag tubing. An observation was made on March 17, 2026 at 8:32 a.m. of Resident #212 sleeping in bed with a nephrostomy bag attached to the right side of the bed, facing the door, no privacy cover was visible, and the nephrostomy tubing was lying on the floor. An observation was made on March 17, 2026 at 8:44 a.m. of Resident #212's room with the assistant director of nursing (ADON/Floor Nurse/Staff #261). Resident #212's nephrostomy bag was facing the door without a privacy cover, and the nephrostomy tubing was twisted and lying on the floor. An interview was conducted on March 17, 2026 at 8:44 a.m. with Staff #261. Staff #261 stated enhanced barrier precautions (EBP) are used with nephrostomies/catheters to lessen the risk of infection. Staff #261 stated that nephrostomy bags and tubing should be secured lower than the bladder and out of view from the hallway to preserve the residents' privacy. Staff #261 stated that the nephrostomy tubing and bag should not touch the floor, as there are bacteria everywhere, which could lead to unnecessary infections. During the observation, Staff #261 stated she was unsure how to secure the tubing without it touching the floor and further stated there is no risk for infection. An observation was made on March 17, 2026 at 10:18 a.m. of Resident #212's room with a second ADON (Staff #129). Resident #212's nephrostomy bag was secured on the right side of the bed and twisted so the urine was not visible from the hallway. The nephrostomy tubing was twisted and lying on the ground. An interview was conducted on March 17, 2026 at 10:18 a.m. with Staff #129. Staff #129 stated that infection control practices for residents with nephrostomies include EBP. Staff #129 stated nephrostomy bags are usually secured on the bed, but indicated some staff prefer to have the nephrostomy bags secured on the trash cans. Staff #129 stated that nephrostomy tubing and bags should not touch the floor as there is a risk for infection. Staff #129 stated Resident #212 had a nephrostomy and not an indwelling catheter and further stated it is difficult to ensure the bag and tubing is off the floor due to the design of the tubing. An observation was made on March 17, 2026 at 11:37 a.m. of Resident #212. Resident #212 was observed to be in bed sleeping with the covers drawn and the lights off. At the time of the observation, Resident #212's nephrostomy bag was secured on the right side of the bed and was twisted away from the door so that the urine would not show with the nephrostomy tubing lying on the ground. An interview was conducted on March 18, 2026 at 2:51 p.m. with a certified nursing assistant (CNA/Staff #19). Staff #19 stated that during nephrostomy care EBP is used. Staff #19 stated the nephrostomy bag should never face the door as that is a privacy violation. Staff #19 stated that a nephrostomy bag and tubing should not touch the ground . Staff #19 further stated if she noticed a nephrostomy bag and tubing on the ground she would immediately inform the nurse and<br>(continued on next page) |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | change the whole nephrostomy system due to the potential contamination. An interview was conducted on March 18, 2026 at 3:04 p.m. with a registered nurse (RN/Staff #219). Staff #219 stated a nephrostomy is a surgical procedure where tubing is placed directly into the kidney to drain the urine into a nephrostomy bag, while a catheter is inserted through the urethra. Staff #219 stated that EBP precautions are used to protect the resident, staff, and other residents within the building from potential infections. Staff #219 stated most nephrostomies have as-needed (PRN) orders to change, and further stated that if the tubing or bag was touching the floor that would be considered soiled. Staff #219 further stated that the nephrostomy tubing or bag touching the floor could lead to infections due to bacteria traveling up the tubing. An interview was conducted on March 19, 2026 at 9:50 a.m. with the Director of Nursing (DON/Staff #101). Staff #101 stated that nephrostomy bags should be placed away from the door to ensure privacy and ensure the tubing is not kinked to reduce the risk of infection. Staff #101 stated everyone is responsible for ensuring the nephrostomy tubing and bag are not touching the floor and education is provided to the resident if they express a wish to have the tubing remain on the floor. Staff #101 stated the expectation for staff is to clean the site and tubing according to their policy and ensure infection control practices. Staff #101 stated there is a risk for infection if the catheter/nephrostomy tubing and bag are touching the floor. Staff #101 stated Resident #212 is very particular regarding his nephrostomy and expressed that he wants his nephrostomy tubing on the ground to ensure a visual of his nephrostomy. Staff #101 further stated that staff must respect the resident's wishes regardless of a risk for infections. There was no evidence of a policy specific to nephrostomies or nephrostomy care. Review of the Catheter Care, Indwelling policy last revised November 2024 revealed the purpose is to promote hygiene and comfort in order to decrease risk of infection for catheterized residents. Review of the Infection Prevention and Control Program policy last revised April 2025 revealed the goals of the program include to recognize infection control practices while providing care and identify and correct problems relating to infection control. |