STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035154	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Providence Place at Glencroft	8641 North 67th Ave Glendale, AZ 85302

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 0761 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, facility documentation, and staff interviews, the facility failed to ensure that medication was not left unattended in the one Resident's (#10) room. The sample size was 3. The deficient practice potential for overdose, and other residents accessing medication not prescribed for them.Findings include:Resident #10 was initially admitted on [DATE], and re-admitted on [DATE], with diagnoses that included Polyneuropathy, Dorsalgia, and Hypertension. A discharge Minimum Data Set (MDS) assessment dated [DATE], revealed no BIMS (brief interview of mental status) score but documented that Resident #10's cognitive skills for daily decision-making were independent. A care plan dated April 09, 2026, revealed a focus area noting that Resident #10 had a potential for pressure ulcer development related to immobility, obesity, and incontinence. The goal is that the resident will have intact skin and be free from blisters, redness, and discoloration. Intervention included notifying the nurse immediately of any new areas of skin breakdown.The care plan further revealed no evidence for a goal, focus, and intervention area for self-administration of medication. An order summary dated April 10, 2026, revealed an order dated March 24, 2026, for Nystatin External Power 100000 UNIT, Gram (GM). A Medication Administration Record (MAR) from April 2026 indicates that on April 9, 2026, at 18:00, Nystatin external powder was applied topically under the resident's breast and to the groin. The record further shows that on April 10, 2026, at 06:00, Nystatin external powder was applied topically to the breast.An observation was conducted on April 10, 2026, at 10:54 AM, in Resident # 10's room, where a Nystatin External Power was observed on the Television (TV)counter. Documentation noting resident BIMS scores for the 3rd floor where resident resided was provided by the facility and noted 12 residents with BIMS scores under 8. The documentation also revealed that 8 residents were non-ambulatory. An attempted interview was conducted on April 10, 2026, at 10:54 AM with Resident #10, the resident was sleepy at the time. An interview was conducted on April 10, 2026, at 10:59 AM in Resident #10's room with LPN (licensed practical nurse/ staff #30), who stated that someone had probably left the Nystatin External Powder in the room, and it was applied to the breast and abdominal folds of the resident. Staff #30 then stated that the order for the topical powder was placed on March 24, 2026, with an expiration date of November 20, 2027. Staff #30 also stated that there is no risk or impact if the Nystatin powder is left in the room, as most residents on that floor are alert and oriented. However, she then stated that the Nystatin powder should be stored in the treatment cart.An interview was conducted on April 10, 2026, at 12:25 PM, with LPN (staff #70), who stated that Resident #10 had chronic Moisture-Associated Skin damage and had a mild fungal wound with slight redness under the right breast. She stated that on March 5, 2026, Calazinc powder was ordered, then changed to Calazinc ointment on March 10, 2026, and then changed to Miconazole treatment on March 17, 2026, to reduce redness under the right breast. She also stated that the Nystatin powder was ordered on March 24, 2026, which she identified as a medicated treatment. Staff # 70 then said that medication is something that is prescribed by a physician. She also stated that each floor has a treatment cart and that Nystatin powder should be (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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(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 - Few	stored in the treatment cart because it is a medicated antifungal agent. She confirmed that Nystatin was ordered on March 24, 2026, and remains an active order. She further stated that there is no order indicating that the resident may self-administer the medication. She further stated that if the Nystatin powder is left in a resident's room, she is unsure of any specific risk or impact regarding adverse reactionAn interview was conducted on April 10, 2026, at 1:45 PM with the DON (Director of Nursing /Staff #100), who stated that a medication is something that is prescribed by the provider. She then stated that during medication pass, staff would verify the right resident by checking identifiers such as the door tag, Medication Administration Record (MAR), and confirming the order, route, and frequency prior to administration. Staff #100 further stated that this process also applies to treatment carts. DON then stated that the treatment cart is accessible to floor nurses and contains items such as antibiotic creams, dressings, and cleansers. Staff #100 then stated that her expectation is that when a resident wants to self-administer medication, staff will assess whether a resident is cognitively intact, obtain a physician's order authorizing self-administration, and document when a resident self-administers medication. She further stated that there is no current resident who can self-administer medication. She then stated that a nurse informed her that Nystatin Power was found on Resident #10's television stand, but it was not within the resident's reach. She then confirmed that there was an order in place on March 24, 2026, for the Nystatin powder, and it would be placed in the treatment cart. She further stated that Resident #10 is alert and oriented, and her door is typically kept closed. She then stated that the risk of leaving treatments in the room unattended in the resident room can pose a potential risk to those who are not alert and oriented. However, she then stated that there is not much of a risk imposed for residents who are alert and oriented. She then stated that not all residents who reside on the same floor as Resident #10 are alert and oriented.A policy revised in July 2024 titled Medication Access and Storage, E kit access revealed that all drugs and biologicals should be stored in a locked compartment under proper temperature controls. A policy revised in December 2024 titled Self Administration of Medications revealed that If a resident is a candidate for self-administration of medication, this will be indicated in the chart, and the resident will be evaluated for cognition, communication, visual, and physical ability to be able to self-administer medication.