

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035159	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER Horizon Post Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4704 West Diana Avenue 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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, review of records, and review of facility policy and procedure, the facility failed to protect the rights of one resident (#22) to be free from abuse by another resident (#16). The deficient practice could lead to physical and psychosocial harm to residents.</p> <p>Findings Include:</p> <p>-Resident #22 was admitted to the facility on [DATE] with diagnoses that included: Human Immunodeficiency Virus Disease, hemiplegia, bipolar disorder, generalized anxiety disorder, unspecified dementia, schizoaffective disorder, major depressive disorder, and general muscle weakness.</p> <p>A quarterly minimum data set (MDS) assessment dated [DATE] revealed the resident had a brief interview for mental status (BIMS) score of 9, indicating a moderate cognitive impairment. Further, the MDS revealed that resident #22 had impairments on one side in the upper and lower extremities and used the aid of a wheelchair for mobility.</p> <p>A nursing progress note dated May 18, 2025 at 11:10 p.m. revealed that resident #22 was involved in an altercation with his roommate (resident #16) over noise. Resident's left eye had an abrasion and was beginning to swell. The residents were separated, monitored, and resident #22's eye was treated.</p> <p>-Resident #16 was admitted to the facility on [DATE] with diagnoses including: multiple sclerosis, major depressive disorder, general muscle weakness, and adult failure to thrive.</p> <p>A quarterly MDS assessment dated [DATE] revealed a BIMS score of 15, indicating that resident #16 was cognitively intact.</p> <p>Resident #16's psychiatric progress note dated October 9, 2023 revealed that he did not like his current roommate. Additional psychiatric progress notes dated: October 16, 2023, October 30, 2023, November 13, 2023, December 11, 2023, December 29, 2023, January 12, 2024, January 21, 2024, February 1, 2024, February 16, 2024, March 25, 2024, April 5, 2024, May 10, 2024, June 20, 2024, and July 29, 2024, revealed issues with sleep in regards to roommate and staff providing care.</p> <p>Resident #16's care plan revealed a focus of potential to demonstrate verbally abusive behaviors in regards to ineffective coping skills, initiated on October 7, 2023.</p> <p>(continued on next page)</p>

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

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility census records revealed that resident #22 and resident #16 began sharing room on July 19, 2023.</p> <p>An interview was conducted with resident #22 on June 4, 2025 at 11:58 a.m. Resident #22's eye was still visibly discolored and he stated that he was hit by his roommate late at night after words were exchanged. He stated that resident #16 was frequently verbally aggressive with staff, and resident #22 would tell his roommate to be kind.</p> <p>Resident #16 was interviewed on June 4, 2025 at 12:22 p.m., he stated that he was tired of his shit and insults and that on the night of the incident he told resident #22, Quit f***ing with me, or I will slap the sh** out of you. Soon afterwards he stated that he went to his roommate's bed and hit him one time in the eye with the back of his hand.</p> <p>An interview was conducted with the director of nursing (DON/staff #126) on June 4, 2025 at 1:42 p.m. DON #126 stated that if there are documented behavioral concerns between residents, then the roommates should be separated. When asked to review the psychiatry notes in resident #16's clinical record. DON #126, stated that her expectation would be to have the psych nurse communicated the on going issues so issues could have been addressed.</p> <p>A facility policy titled Abuse: Prevention of and Prohibition Against, revised 10/2023 states that the facility will act to protect and prevent abuse and neglect from occurring in the facility by: identifying, correcting and intervening in situation in which abuse, neglect, exploitation and/or misappropriation of resident's property is more likely to occur.</p>