STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035165	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haven of Tucson	3705 North Swan Road Tucson, AZ 85718

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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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility observations, staff interviews, record review, and review of facility policies, the facility failed to ensure that one shower room was maintained in a clean and safe condition in accordance with professional standards of practice. This deficient practice had the potential to affect residents by failing to provide a clean, safe, and homelike environment. The sample was 1 of 1 and the census was 121.Findings Include:Resident #15 was admitted to the facility on [DATE], with diagnoses including heart failure, hypertension, Type II Diabetes Mellitus, respiratory failure, and other comorbid conditions.Resident #15 was one of the residents on the Heritage 200 hallway who had recently received a tracheostomy due to respiratory failure. According to a resident minimum data set (MDS) assessment submitted by the facility to the state agency data system on April 22, 2026, Resident #15 had a brief interview for mental status (BIMS) score of 15.During the initial visitation on April 19, 2026 at 10:50 a.m., Resident #15, stated that the vent in the shower room on the Heritage 200 floor, where he received showers, was filthy and full of dust.An initial observation of the shower room on the 200 hallway was conducted on April 20, 2026 at 1:41 p.m. The Heating, Ventilation, and Air Conditioning (HVAC) exhaust grille (vent) on the ceiling was observed to be filthy and full of dust.A second observation conducted on April 21, 2026, at 7:18 a.m, revealed that the HVAC grille remained covered with dust, consistent with the prior observation. This second observation was witnessed by a Certified Nursing Assistant (CNA), Staff #205, who stated that the HVAC vent was not clean and that the maintenance team should clean the vent grilles routinely.A third observation was conducted on April 21, 2026, at 11:33 a.m. with the Maintenance Director, Staff #55, who stated that the vent grille was clean and had been cleaned on Monday, April 20, 2026. Staff #205 was also present during the third observation and confirmed that the vent grille had been dirty and full of dust during the second observation earlier that morning.An interview with Resident #15, who had initially reported the dirty HVAC vent grille in the shower room, was conducted on April 21, 2026, at 10:50 a.m. Resident #15 stated that the HVAC vent grille in the shower room had been dirty and full of dust for approximately two months. Resident #15 further stated that he had informed CNAs multiple times and had been advised that the issue would be reported; however, no corrective action had been taken.A subsequent interview with Staff #55 was conducted on April 21, 2026, at 11:33 a.m. Staff #55 stated that the maintenance team cleaned vent grilles throughout the facility, including those in shower rooms, on a monthly basis. Staff #55 also stated that the facility's expectation for the HVAC vents is to keep the vents clean all the time. Further, Staff #55 acknowledged that the 30- day vent cleaning had not been entered into the facility's maintenance reporting system, vent cleaning log. Staff #55 reiterated that HVAC vent grille cleanings were expected to be logged in the facility's maintenance reporting system work order system.A request made on April 21, 2026, at 11:59 a.m. for the facility's maintenance reporting system HVAC cleaning log for the previous 60 days revealed that air filters, including HVAC vent grilles, had last been cleaned on February 25, 2026. Staff #55 stated that risks associated with not routinely cleaning HVAC vents included residents inhaling dust, which could trigger respiratory issues or infections. Further interview with the housekeeping manager on April 21, 2026 at 11:10 a.m. who stated that the HVAC vents are cleaned by the maintenance team on a weekly basis.An additional (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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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	interview with the Unit Manager on the Heritage floor, Staff #50, a registered nurse, was conducted on April 21, 2026, at 1:25 p.m. Staff #50 stated that nursing staff worked closely with housekeeping and maintenance through the facility's maintenance reporting system system to ensure a clean and safe environment for residents and staff. However, Staff #50 also stated that failure to clean HVAC vent grilles in the shower room could compromise residents with respiratory conditions, including those with tracheostomies, thereby affecting health outcomes. Staff #50 further stated that the facility's expectation was to provide a safe and clean environment for the residents.A review of the facility policy titled HVAC RTU Cleaning Policy, effective in 2018, indicated that HVAC filters accumulating dust and particulates should be cleaned or replaced as needed to ensure proper operation. The policy further stated that air filter monitoring included cleaning and verification of proper fit and finish to maintain appropriate housing seal integrity.

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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 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 clinical record review, interviews, and review of facility policy and procedure, the facility failed to ensure one resident was referred for a level II Pre-admission Screening and Record Review (PASRR). The universe was 21. The deficient practice could result in residents not receiving the appropriate level of care needed to achieve their highest and practicable wellbeing.Findings include:Resident #77 was admitted to the facility on [DATE] with diagnoses that included metabolic encephalopathy, type 2 diabetes, bipolar disorder, and schizoaffective disorder.Review of the quarterly Minimum Data Set (MDS), dated [DATE] revealed Resident #77 had a Brief Interview for Mental Status (BIMS) score of 11 which indicated he had moderate cognitive impairment. The same MDS also indicated Resident #77 had Bi-polar disorder and schizoaffective disorder. It further indicated he was taking antidepressant medications.The Order Summary Report for Resident #77 revealed he was taking Risperidone oral tablet 3 milligrams (mg) once a day for bipolar disorder. The order summary indicated the medication was being administered due to Resident #77's unstable mood. The same report further indicated he was taking Trazadone HCl oral tablet 100 mg once a day at bedtime for depression due to his inability to sleep.A level I PASRR, dated December 30, 2025, indicated that Resident #77 had no serious mental illnesses or mental disorders. It also indicated that he was not taking psychotropic medications. The same PASRR did not indicate what services were recommended for the resident. The level I PASRR was signed off by Marketing/Admissions (Staff #66).Review of the clinical record on April 19, 2026 at 2:03 P.M. revealed no record of a referral for a PASRR level II on file. A records request for the referral for a level II PASRR for Resident #77 was made on April 20, 2026 at 3:24 P.M.On April 20, 2026 at 3:52 P.M. the Director of Nursing (DON/Staff #78) shared that due to recent staff changes, the facility did not have the PASRR level II referral for Resident #77. An interview was conducted on April 21, 2026 with the Resident Relations Manger (Staff #77) at 8:40 A.M. Staff #77 shared that if the residents are in the facility for more than 30 days or if there is a change in the resident's condition, she will complete a PASRR. She further shared that she does not complete the PASRRs for new admissions because these are done by the admissions department or they get the completed forms from the hospital. She added that if the PASRR for a new admission is not correct, the admissions department will do a new PASRR. Staff #77 explained that if a resident has a qualifying diagnosis such as anxiety or depression, the system will let her know that the resident is to be referred for a level II PASRR. She further added that they needed to have two qualifying mental health diagnosis, however if they have one serious mental illness (SMI) then they would automatically qualify. Staff #77 reviewed Resident #77's clinical chart and identified him has having two SMI diagnoses, bipolar and schizoaffective disorder. She was not able to determine why Resident #77 was not referred for a level II PASRR even though he met the necessary criteria for the referral. Staff #77 also explained that she completed an updated PASRR for Resident #77 yesterday (April 20, 2026) because she did not do his 30-day update. She also shared that Resident #77 had been exhibiting behaviors such as wandering and rejection of cares. Staff #77 explained that when updating the PASRR for resident #77, it was determined that he needed a referral for a level II PASRR.An interview was conducted on April 21, 2026 at 11:36 A.M. with Staff #66. He explained that when they receive a new admission, the hospital will send over the prospective resident's chart and he will review it for information needed for the PASRR. He then accesses the State's PASRR portal and completes the form. Staff #66 shared that he wasn't sure when a resident was needing to be referred for a level II PASRR because he had not yet seen a resident who needed a level II referral. Staff #66 shared that Resident #77 had his initial PASRR completed by him on December 30, 2025. When reviewing the PASRR, staff #66 shared that o when there is a null on the form, it means that he does not have a diagnosis listed. When asked to review the clinical record to see if Resident #77 had any mental health diagnosis, he shared that the resident had bipolar and schizoaffective disorder. Staff #66 further shared that be thought those (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	two diagnoses qualified Resident #77 for a level II PASRR referral. He stated that he was not sure why Resident #77 was not triggered for a level II referral.An interview was conducted on April 21, 2026 at 11:59 A.M. with Staff #78. She explained that the Admissions department completes the initial PASSR and then Social Services will do the 30-day follow-up. She further explained that the facility had conducted a mock survey in January 2026 and it was during that time they had identified that the PASRRs were not being done in a timely manner and a process was put into place to get it fixed. Staff #78 stated that the 30-day updates were not being done on time which resulted them in being past due. Staff #78 reviewed Resident #77's clinical record and shared that his level I PASRR was not completed accurately because there was no SMI diagnoses listed and according to the hospital records, the resident has bipolar and schizoaffective disorders. Staff #77 explained that the risk of putting inaccurate information into the PASRRs could result in residents requiring a different level of care and not getting those services.Review of the facility's policy and procedure titled Pre-admission Screening and Resident Review (PASRR) explained that if a resident has a diagnosis of a mental illness or intellectual disability then a referral for a level II PASRR must be submitted. It also noted that it was the facility's responsibility to make the level II referrals if a level II PASRR is needed.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observations, interviews, and review of the facility's policies and procedures, the facility failed to ensure one resident, #4, was monitored and assessed for changes in her condition. The universe was 21. The deficient practice could lead to residents having an adverse health event as a result of not being monitored adequately.Findings include:Resident #4 was admitted to the facility on [DATE] with diagnoses that included metabolic encephalopathy, type 2 diabetes, dysphagia, and renal and perinephric abscess.An admission Minimum Data Set (MDS), dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 08 which indicated Resident #4 had moderate cognitive impairment. The same MDS also indicated Resident #4 had no history of falls prior to her admission.A Weekly Skin Check and Wound Assessment, dated April 8, 2026 at 4:20 P.M. made no notation regarding a bruise on the upper right arm.A shower sheet, dated April 11, 2026 indicated Resident #4 had a bruise to the right upper arm.An observation of Resident #4 lying in bed was made on April 19, 2026 at 12:47 P.M. A large dark purple area was observed on her upper right arm. Resident #4 shared that she had recently fallen out of bed and landed on her face but was not sure how she fell and was not sure if the discolored area on her right arm was as a result of her fall.An incident note, dated April 16, 2026 at 8:14 A.M. revealed Resident #4 was found on the floor in a prone position and was awake and alert. It also indicated the resident was assessed for injuries and there was none found.An Interdisciplinary Team note, dated April 16, 2026, indicated Resident #4 had hit her head and had a hematoma. There was no indication of where the hematoma was located and the injury was classified as a minor.A shower sheet, dated April 18, 2026 indicated Resident #4 had a bruise to the right upper arm.An additional review of the skin assessments was made on April 21, 2026 and revealed there were no other skin assessments conducted after April 8, 2026.An interview was conducted on April 21, 2026 at 9:11 A.M. with Certified Nursing Assistant (CNA/Staff #82). When asked if Resident #4 currently had any injuries, Staff #82 reported that she did not. Staff #82 was brought to Resident #4's room and asked to share what she observed on the resident's upper Right arm. Staff #82 indicated that the first time she had saw the injury was the Sunday prior to today and that it looked like it was a bruise. She shared that from the location of the bruise, it looked like she was pulled up from her arms however, she also noted there was no bruise on the other side. Staff #82 also shared that she was not aware of there was a monitoring plan in place as it hadn't been mentioned to her.An interview was conducted on April 21, 2026 at 9:15 A.M. with Licensed Practical Nurse (LPN/Staff #146). Staff #146 shared that Resident #4 did not currently have any injuries. Staff #146 was brought to Resident #4"s room and asked to share what he observed on her upper Right arm. Staff #146 shared that it was a bruise that hadn't broken the skin and was very dark. He also noted that it was healing and it appeared to be there for at least 2 weeks. Staff #146 explained that he was aware of the bruise but he didn't know how it happened but knew that it was there prior to her recent fall. Staff #146 shared that there was no monitoring in place outside of the standard weekly skin check. He also confirmed that Resident #4 had a fall on April 16, 2026 however, it did not indicate there was any injuries or skin conditions related to the fall. Staff #146 explained if there were new skin issues, it would be documented in the chart, however, he was not able to find documentation related to the contusion. Staff #146 shared that if a large contusion appears on a resident and there is no monitoring in place, the resident could have an adverse event as the resident could have continued bleeding and it could be exacerbated.An interview was conducted with Registered Nurse/Charge Nurse, (RN/Staff #30) on April 21, 2026 at 9:30 A.M. Staff #30 shared that Resident #4 had some scattered bruising throughout her body but they were there when she was admitted to the facility from the hospital. He also shared that the resident had some bruising on her Left arm because they had puller out her IV. Staff #30 was brought to Resident #4's room and was asked to observe her upper Right arm. He shared that he was not familiar with that bruise and it was the first time he had (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	seen it. Staff #30 described the bruise as a hematoma on the Right upper bicep and approximately 7 to 8 centimeters (cm) wide by 4cm long. He further described it as looking like it had been there a week and was purple greenish in color and appeared to be healing. Staff #30 reviewed Resident #4's clinical chart and shared that Resident #4 had a fall on April 17, 2026 and there was no bruising to the head. He further shared there was no mention of a hematoma to the right arm in the clinical record and there was no indication that the provider was notified of the bruising. However, he shared that the provider did see Resident #4, post-fall, and there was no documentation in the provider's note regarding the bruising to the (right) upper arm bicep. Staff #XX explained that a bruising the size of what was observed on Resident #4 needs to be reported to the provider and the wound team would need to monitor it. Staff #30 explained that if the hematoma was not reported and/or monitored, the resident could have a blood clot.An interview was conducted on April 21, 2026 at 10:13 A.M. with the Director of Nursing (DON/Staff #78). Staff #78 shared that Resident #4 had a fall on April 16, 2026 around 8:00 A.M. and the fall resulted in the resident having bruising to the head. Staff #78 explained that if staff were to find new bruising on a resident, post-fall, they are to document it on a skin assessment or on a progress note. Staff would then need to notify the wound care team so they could do a deeper assessment which would include measurements. Staff #78 reviewed the shower sheet, dated April 18, 2026, and shared that the shower sheet indicated there was a bruise on Resident #4's right arm. Staff #78 explained that there should be an actual description in Resident #4's clinical chart regarding the bruising and the notification of the injury to the provider. Staff #78 reviewed the clinical record and shared that she did not see any documentation regarding the bruising identified on the April 18, 2026 shower sheet. At 10:24 A.M. an observation of Resident #4 was made with Staff #78 and Surveyor. Staff #78 shared that she observed bruising on the right upper arm that was approximately 6x8 cm. She further shared that based on the color of the bruise, it appeared that it had been there a few days and was already resolving. Staff #78 concluded that based on what she reviewed in the clinical chart and her observation of Resident #4, there was no monitoring related to the bruising being done. She shared that she would like more clear documentation of the bruise and she felt that they needed a better process for it. She explained that the large bruise needs to be assessed and they need to know why and how it happened. She added that bruises in general can resolve on its own but they still need to monitor to make sure it doesn't get worse. Staff #78 explained that the providers were informed of the fall but did not need to be informed of the bruising, which she was not able to contribute to the fall.Review of the facility's policy and procedure, titled Assessments/Care Planning: Resident Examination and Assessment indicated it took effect on January 1, 2024. The purpose of the policy was identified as to examine and assess the resident for any abnormalities in health status . The policy further identifies that a physician must be notified of any abnormalities of wounds on the resident's skin and other information in accordance with facility policy and professional standards of practice.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on personnel file review, staff interview, and facility policy review, the facility failed to ensure one of two sampled Certified Nursing Assistants (CNA/Staff#98) maintained current Cardiopulmonary Resuscitation (CPR) and First Aid certification. The facility also failed to follow its policy requiring one Registered Nurse (RN/Staff#90) to remain in non-probationary status. The deficient practice could place residents at risk for delayed or ineffective emergency response and for receiving care that does not meet accepted standards of care.Findings include:Review of a personnel file for a CNA, Staff #46, revealed a hire date of [DATE], and a CNA job description signed on [DATE]. The signed job description revealed that an Active, Class-Instructed CPR Certification was a Minimum Requirement for the position. Continued review of the personnel file revealed evidence that Staff #46 obtained and maintained a CPR and First Aid certification. Review of a personnel file for a CNA, Staff #98, revealed a hire date of [DATE], and a CNA job description signed on [DATE]. The signed job description revealed that an Active, Class-Instructed CPR Certification was a Minimum Requirement for the position. Continued review of the personnel file revealed no evidence that Staff #98 obtained or maintained a CPR or First Aid certification. Review of a personnel file for an RN, Staff #90, revealed a hire date of [DATE], and an RN job description signed on [DATE]. The signed job description revealed that an Active, Non-Probationary RN License was a Minimum Requirement for the position. Continued review of the personnel file revealed that the RN had an active license with a Probation status, and an original license issue date of February 17, 2021. Review of an undated new CNA job description revealed that a CPR certification was a preferred skill. An interview was conducted on [DATE], at 8:34 a.m. with a CNA, Staff #164, who stated that her position no longer required a CPR/First Aid certification, as of the prior year, but that CPR was a requirement on the job description that she signed. The CNA stated that she let her CPR certification expire because it was no longer a requirement, but that there would be a risk posed to residents if there was not a nurse around. The CNA stated that she thinks everyone in healthcare should have a CPR certification for the safety of residents.An interview was conducted on [DATE], at 8:38 a.m. with a CNA, Staff #27, who stated that A CPR certification was required for her position and that she did have an active certification. The CNA stated that her certification renewal was due every 2 years, and that it was important for CNAs to be CPR certified because of the potential risks posed to residents' lives if they did not. The CNA stated that the risk of CNAs not having a CPR certification would be that they wouldn't be able to help someone who was in cardiac arrest, and it might be too late to save them if they did not have CPR or First Aid knowledge.An interview was conducted on [DATE], at 8:51 a.m. with a Licensed Practical Nurse (LPN/Staff#146), who stated that CNAs in the building were required to have CPR certifications and that it was important because you never know who is going to be first on site when someone is unresponsive, and CNAs can assist in CPR, and in both instances, they need to know how to conduct it. The LPN stated that the risk of a CNA not having a CPR certification was that there could be very adverse results for a patient, and a risk to their life.An interview was conducted on [DATE], at 9:23 a.m. with the Human Resources Director (HR Director/Staff#29), who stated that if a job requirement or qualification changed for a position, she would let management know, and everyone under that position would have to sign the new job description by a specified due date. The HR Director stated that it would be important for staff to sign the new job description so that they would be aware of what was expected of them and their duties at work, and that this rule also applied to certifications and licensing. The HR Director stated that all of the staff job descriptions currently in place were up to date and signed with the current version and expectations. The HR Director opened up the current RN job description and stated that the minimum requirements included an active, non-probationary RN license. The HR Director opened Staff #90's license (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	documentation and stated that he had an active Arizona license with a probationary status issued on February 17th 2021. The HR Director stated that Staff #90 was indeed probationary, and that his current, signed, job description said that he needed to have an active, non-probationary RN license. The HR Director stated that the risk of failure to meet this requirement would be the possibility of there being a problem with the staff member, depending on the circumstances of their probation, and that it was not ideal. The HR Director stated that some CNAs in the building were CPR certified and some were not, but that she highly recommended it and would notify CNAs when they were due for it. The HR Director stated that it has been a hot topic regarding training, because CNAs CPR certifications were beginning to expire, but they were not renewing them, and that the facility was urging them to have it. The HR Director opened Staff #98's signed job description and stated that it said he was required, at a minimum, to have an active, class-instructed CPR certification and that it was signed on [DATE]th, 2021. The HR Director stated that although the undated new CNA job description said it was a preferred skill, Staff #98's current job description said that a CPR certification was a minimum requirement, so he should have had a current CPR certification if that was his latest signed job description. The HR Director stated that the risk of a CNA not having a CPR certification would be a delay in care. The HR Director further stated that the issues with the probationary license and the CPR certifications with the conflicting signed job descriptions would not be the expectation, and further stated that the CNA should have an updated job description signed. An interview was conducted on [DATE], at 9:47 a.m. with a Director of Nursing (DON/Staff#78), who stated that she had nothing to do with job description changes, and she would leave that up to the HR Director because it was not in her scope as the DON. The DON stated that she had never had a job description change in 30 years, and she did not know what the expectation would be as far as updating personnel files or reviewing them annually, but she would expect to be informed if something had changed. The DON stated that the minimum requirements on the RN job description included an active, non-probationary license. The DON stated that Staff #90's license was unencumbered, active, and with a status of probationary. The DON stated that Staff #90's license was sent to their corporate legal department for eligibility, and they authorized him, but that he does not meet the minimum requirement as outlined in the job description. The DON stated that the job description and license read two different things, and reiterated that the job description required a non-probationary license when Staff #90 had a probationary license. The DON further stated that there was no risk that she could think of, but that the discrepancy was not within her expectations because there should have been a documented reason as to why he was hired outside of the minimum requirements on the job description, or that an addendum be added to the minimum requirements on the job description. The DON stated that CNAs were not required to have a CPR certification, but that, theoretically, if their job description said they needed a CPR certification, then they would need it. The DON stated that she had nothing to do with job descriptions, but the minimum requirements on Staff #98's job description indicated that CNAs needed a CPR certification. The DON opened Staff #98's personnel file and stated that there was no CPR/First Aid certification in the provided record. The DON opened the new CNA job description and stated, This is not the same job description we just looked at. The DON further stated that on the new job description, the CPR certification was listed as a preferred skill, but that Staff #98 never signed an updated job description. The DON stated that there would not be a risk if CNAs did not have a CPR certification or training because there was always a nurse around, and a CNA finding an unresponsive resident would be no different than if a housekeeper or a visitor found them in terms of response time. The DON stated that the discrepancy regarding the CPR certification would not meet her expectations because her preference would be that the policy match the job description. Review of a policy titled, Personnel/Staffing: Staffing, Sufficient and Competent Nursing, with an effective date of [DATE], revealed that the facility would provide sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents. The policy revealed that competency was defined as a measurable (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035165	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haven of Tucson	3705 North Swan Road Tucson, AZ 85718

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.Review of a policy titled, Emergency/First Aid: Emergency Procedure - Cardiopulmonary Resuscitation, with an effective date of [DATE], revealed that personnel would have completed training on the initiation of cardiopulmonary resuscitation (CPR) and basic life support (BLS), including defibrillation, for victims of sudden cardiac arrest. The policy further revealed that the facility would select and identify a CPR Team for each shift in the case of an actual cardiac arrest, and, to the extent possible, designate a team leader on each shift who was responsible for coordinating the rescue effort and directing other team members during the rescue effort. The policy further revealed that the CPR Team in the facility should include at least one nurse, one LPN, and two CNAs, all of whom had received training and certification in CPR/BLS.Review of a policy titled, Disaster Emergency Response: Emergency Procedure - Cardiopulmonary Resuscitation, with a version date of [DATE], revealed that personnel would have completed training on the initiation of cardiopulmonary resuscitation (CPR) and basic life support (BLS), including defibrillation, for victims of sudden cardiac arrest. The policy revealed that personnel would obtain and/or maintain American Red Cross or American Heart Association certification in Basic Life Support (BLS)/Cardiopulmonary Resuscitation (CPR) for key clinical staff members who would direct resuscitative efforts, including non-licensed personnel.