STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035166	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estrella Health and Rehabilitation Center	350 East LA Canada Avondale, AZ 85323

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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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, policy, and staff interviews the facility failed to ensure medications were administered per physician ordered parameters for two out of six sampled residents (Resident #167 and #3) regarding pain medication and medication for hypotension (low blood pressure). The Universe was 66. The deficient practice could result in undesirable medication-induced harm and uncontrolled pain. Finding Includes: -Regarding Resident #167: Resident #167 was admitted into the facility on November 13, 2022, and discharged on December 6, 2022, with diagnoses that included atherosclerotic heart diseases, pain in right shoulder, type II diabetes, depression, muscle weakness, and complete rotator cuff tear or rapture of left shoulder. Review of the physician orders revealed the following orders: -Oxycodone HCl tablet 5 milligram (mg), to give 1 tablet by mouth every 4 hours as needed for mild pain 1-3, with start date of November 13, 2022. -Oxycodone HCl tablet 5 mg, to give 2 tablets by mouth every 4 hours as needed for moderate pain 4-7, with start date of November 13, 2022. -Oxycodone HCl tablet 5 mg, to give 3 tablets by mouth every 4 hours as needed for severe pain 8-10, with start date of November 13, 2022. A care plan initiated on November 14, 2022, revealed that the resident was prescribed an opioid for pain and interventions included to administer medication as prescribed. A Medicare 5-day Minimum Data Set (MDS) assessment dated [DATE], included a Brief Interview for Mental Status (BIMS) score of 14, which indicated intact cognition. A November 2022, Medication Administration Records (MAR) revealed that Oxycodone HCl tablet 5 mg, to give 2 tablets by mouth every 4 hours as needed for moderate pain 4-7, was administered outside of physician ordered parameters and 2 tablets were administered when the pain level was either lower than 4 or higher than 7 on the following dates: -November 16, 2022, at 6:43 a.m., for a pain level of 8. (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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-November 26, 2022, at 12:05 a.m., for a pain level of 3. A November 2022, Medication Administration Records (MAR) revealed that Oxycodone HCl tablet 5 mg, to give 3 tablets by mouth every 4 hours as needed for severe pain 8-10, was administered outside of physician ordered parameters and that 3 tablets were administered when the pain level was lower than 8 on the following dates: -November 15, 2022, at 12:35 a.m., for a pain level of 7. - November 16, 2022, at 5:52 p.m. for a pain level of 7. - November 17, 2022, at 12:21 a.m. for a pain level of 1 and at 5:49 p.m. for a pain level of 7. -November 18, 2022, at 9:45 a.m. for a pain level of 7 and at 3:12 p.m. for a pain level of 6. -November 20, 2022, at 5:24 a.m. for a pain level of 7, at 12:49 p.m. for a pain 7 and at 6:08 p.m. for a pain level of 7. - November 21, 2022, at 3:17 p.m. for a pain level of 7. - November 23, 2022, at 10:39 p.m. for a pain level of 7. - November 24, 2022, at 11:37 a.m. for a pain level of 7 and at 4:29 p.m. for a pain level of 7. - November 28, 2022, at 11:33 a.m. for a pain level of 7 and at 4:25 p.m. for a pain level of 7. - November 30, 2022, at 3:58 a.m. for a pain level of 3, at 11 a.m. for a pain level of 6 and at 4:07 p.m. for a pain level of 7. A December 2022, Medication Administration Records (MAR) revealed that Oxycodone HCl tablet 5 mg, to give 3 tablets by mouth every 4 hours as needed for severe pain 8-10, was administered outside of physician ordered parameters and that 3 tablets were administered when the pain level was lower than 8 on the following dates: -December 3, 2022, at 1:32 a.m. for a pain level of 6, at 11:51 a.m. for a pain level of 7 and at 4:12 p.m. for a pain level of 7. -December 4, 2022, at 11:59 a.m. for a pain level of 7, and at 4:12 p.m. for a pain level of 7. - December 3, 2022, at 12:21 p.m. for a pain level of 7, at 11:51 a.m. for a pain level of 7 and at 5:21 p.m. for a pain level of 7. An interview was conducted on April 9, 2026 at 12:31 p.m., with a Licensed Practical Nurse (LPN/ staff # 161), who stated that she provides medication administration to residents and before giving medications to residents, she verifies doctors order, dosage amount, and resident's name. Staff #161 then reviewed Resident #167 clinical record and stated that resident had an order of Oxycodone HCl tablet 5 milligrams, to give 1 tablet by mouth every 4 hours as needed for mild pain 1-3, then to give 2 tablets by mouth every 4 hours as needed for moderate pain 4-7, and to give 3 tablets by mouth every 4 hours as needed for moderate pain 8-10. LPN then reviewed the MAR for the month of November and (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	December, 2022, and stated that pain level in MAR referred to resident's pain before medication was given to resident. The LPN stated that oxycodone 5 mg, to give 2 tablets for moderate pain 4-7, had been administered out of parameter on two occasions and then oxycodone 5 mg, to give 3 tablets for severe pain 8-10, had been administered out of parameter on seventeen occasions for the month of November 2022. The LPN further stated that risk if physician orders were not followed then residents would have medication side effects and could be lethargic and weak. An interview was conducted on April 9, 2026 at 1:35 p.m., with an LPN (staff # 108), who stated that she provided medication administration to residents. Staff #108 then stated that physician orders need to be followed before giving medications to residents because physicians are the ones who prescribe medication and know the dosage of medications. Staff #161 then reviewed the clinical record for Resident #167 and stated that resident had an order of Oxycodone HCl tablet 5 milligrams, to give 1 tablet by mouth every 4 hours as needed for mild pain 1-3, then to give 2 tablets by mouth every 4 hours as needed for moderate pain 4-7, and to give 3 tablets by mouth every 4 hours as needed for severe pain 8-10. The LPN then reviewed the MAR for the month of November and December, 2022, and stated that pain level in MAR referred to resident's pain before medication was given to resident. The LPN further stated that Oxycodone was not given within the parameter for the designated pain scale. The LPN further stated that if medication was administered outside of parameters and resident was given triple the dose, it would cause respiratory distress and dependency of narcotics. An interview was conducted on April 9, 2026 at 2:04 p.m., with a Director of Nursing (DON/staff # 147), who stated that her expectation from staff would be to administer medications as per physician order to the residents. DON then stated that unit managers follow up with nurses on the MAR to ensure medications were administered correctly as per the orders. The DON then reviewed the MAR for Resident #167 for the month of November and December, 2022, and stated that pain level in the MAR referred to resident's pain before medication was given to the resident. The DON stated that that resident had an order of Oxycodone HCl tablet 5 milligrams, to give 1 tablet by mouth every 4 hours as needed for mild pain 1-3, then to give 2 tablets by mouth every 4 hours as needed for moderate pain 4-7, and to give 3 tablets by mouth every 4 hours as needed for severe pain 8-10. The DON further stated that oxycodone 5 mg, to give 2 tablets for moderate pain 4-7, had been administered out of parameter on two occasions and then oxycodone 5 mg, to give 3 tablets for severe pain 8-10, had been administered out of parameter on seventeen occasions for the month of November 2022. Then, for December 2022, oxycodone 5 mg, to give 3 tablets for severe pain 8-10, had been administered out of parameter on six occasions and physician orders were not followed. The DON also stated that he would consider this a documentation error and this was concerning for him. -Regarding Resident #3: Resident (#3) was admitted to the facility on [DATE] with diagnoses that include encephalopathy, respiratory failure with hypoxia, organism pneumonia, type-2 diabetes mellitus without complications, essential (primary) hypertension, cognitive communication deficit, and need for assistance with personal care. The MDS dated [DATE] revealed a BIMS score of 13, which indicated that the resident is cognitively intact. The clinical record revealed the following physician order dated December 13, 2025: (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Midodrine HCl Oral Tablet 10 MG (Midodrine HCl) Give 1 tablet by mouth every 8 hours for hypotension HOLD if SB/P (systolic blood pressure) greater than 110 Review of the Medication Administration Record for the months of January 2026, February 2026, March 2026, and April 2026 revealed Midodrine HCl was administered by a nurse outside of physician ordered parameters on the following dates with the blood pressure (BP) reading at the time of administration noted as follows: January 12, 2026: Morning medication administration, BP 112/73, by RN Staff #222 January 17, 2026: Evening medication administration, BP 138/68, by RN Staff #222 January 19, 2026: Morning medication administration, BP 132/68, by RN Staff #222 January 24, 2026: Morning medication administration, BP 125/66, by RN Staff #222 January 24, 2026: Evening medication administration, BP 132/76, by LPN Staff #25 January 25, 2026: Evening medication administration, BP 118/59. by LPN Staff #194 January 26, 2026: Morning medication administration, BP 128/68, by LPN Staff #194 February 1, 2026: Evening medication administration, BP 120/69, by RN Staff #222 February 2, 2026: Morning medication administration, BP 120/69. by RN Staff #222 February 6, 2026: Morning medication administration, BP 112/72, by RN Staff #222 February 6, 2026: Evening medication administration, BP 142/69, by RN Staff #222 February 7, 2026: Morning medication administration, BP 124/76, by RN Staff #222 February 8, 2026: Evening medication administration, BP 116/67, by LPN Staff #160 February 9, 2026: Midday medication administration, BP 113/74, by LPN Staff #94 February 12, 2026: Morning medication administration, BP 123/82, by RN Staff #222 February 12, 2026: Midday medication administration, BP 116/72, by LPN Staff #160 February 13, 2026: Evening medication administration, BP 116/68, by LPN Staff #160 February 14, 2026: Evening medication administration, BP117/67, by RN Staff #222 February 15, 2026: Morning medication administration, BP 125/75, by RN Staff #222 February 18, 2026: Morning medication administration, BP 112/62, by LPN Staff #47 February 19, 2026: Evening medication administration, BP 118/73, by RN Staff #84 (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	February 23, 2026: Morning medication administration, BP 115/68, by LPN Staff #47 February 25, 2026: Evening medication administration, BP 132/80, by LPN Staff #219 March 1, 2026: Morning medication administration, BP 125/71, by RN Staff #61 March 1, 2026: Evening medication administration, BP 122/80, by LPN Staff #219 March 2, 2026: Evening medication administration, BP 128/69, by LPN Staff #25 March 10, 2026: Evening medication administration, BP 123/63, by LPN Staff #47 March 15, 2026: Morning medication administration, BP 118/68, by LPN Staff #25 March 15, 2026: Evening medication administration, BP 123/75, by LPN Staff #215 March 24, 2026: Morning medication administration, BP 120/80, by LPN Staff #215 March 24, 2026: Evening medication administration, BP 125/66, by LPN Staff #117 March 27, 2026: Evening medication administration, BP 124/60, by LPN Staff #47 March 31, 2026: Evening medication administration, BP 125/55, by LPN Staff #46 April 4, 2026: Evening medication administration, BP 154/76, by LPN Staff #25 An interview was conducted on April 10, 2026 with RN (staff #98). Staff #98 stated the facility policy regarding following physician-ordered parameters for administering medications is that the provider/physician is contacted for clarification when parameters are noted to be outside of the administration window. Staff #98 stated that the consequences of not following physician-ordered medication administration parameters is that a patient is put into danger and an accident could occur. An interview was conducted on April 10, 2026 with LPN (staff #65). Staff #65 stated that the facility policy regarding following physician-ordered parameters for administering medications is to follow the parameters the physician stated in the order. Staff #65 stated that the consequences of not following physician-ordered medication administration parameters is that a medication error would occur. Staff #65 was asked to review the Medication Administration Record for the month of March 2026 and to identify dates where Midodrine HCl was administered outside of physician-ordered parameters for resident #3. Staff #65 identified a few dates through a brief record review that physician-ordered parameters were not followed on the dates of March 1, 2026 for the morning medication administration, March 15, 2026 for the morning medication administration, and March 24, 2026 for the morning medication administration. An interview was conducted on April 10, 2026 with DON (Director of Nursing, staff #147). Staff #147 stated that the facility policy regarding following physician-ordered parameters for administering medications is to follow the orders as written. Staff #147 stated that the consequences of not following physician-ordered medication administered parameters would be dependent upon the type of medication being administered. Staff #147 was asked to review the Medication Administration Record for the month of March 2026 and to identify if Midodrine HCl was administered to resident #3 following (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	physician-ordered parameters. Staff #147 performed a record review and stated that the physician's orders were not followed and that a consequence of not following the orders is that the resident's blood pressure could increase by receiving the medication. Review of the facility's policy titled Physicians Orders with a review date of December 2024 revealed it is the policy of the facility that drugs shall be administered only upon the order of a person duly licensed and authorized to prescribe such drugs, and to accurately implement orders in addition to medication orders (treatments, procedures) only upon the order of a person duly licensed and authorized to do so in accordance with the resident's plan of care. A review of the policy titled Administration of Drugs with a revised date of June 2023, revealed that medications must be administered in accordance with the written orders of the attending physician. Review of the policy titled Unnecessary Drugs with a revised date of December 2024, revealed that Residents receive only those medications, in doses and for the duration clinically indicated to treat the resident's assessed condition(s).