STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035172	A. Building B. Wing	12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haven of Safford	1933 Peppertree Drive Safford, AZ 85546

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, interviews, review of facility documentation and policies, the facility failed to protect the rights of one resident (# 76) to be free from verbal abuse by a staff member (Staff # 30). The deficient practice has the potential to violate the resident's right to safety and prevent further harm. Based on clinical record review, interviews, review of facility documentation and policies, the facility failed to protect the rights of one resident (# 76) to be free from verbal abuse by a staff member (Staff # 30). The deficient practice has the potential to violate the resident's right to safety and prevent further harm. Findings include,Resident #76 was originally admitted to the facility on [DATE], with the most recent admission date being July 19, 2025, with diagnoses that included cerebral infarction, unspecified; legal blindness, as defined in USA; chronic pain syndrome, adjustment disorder with mixed anxiety and depressed mood, other bipolar disorder, restlessness and agitation, and unspecified otitis externa, right ear. A care plan revealed the following areas of focus:Communication Impairment care plan, related to a hearing deficit and slurred speech, initiated on April 10, 2025, revealed interventions focused on maintaining the resident's current level of communication. These interventions included making sounds, using appropriate gestures, and responding to yes/no questions. In addition, staff are directed to anticipate and meet the resident's needs to support effective communication and overall comfort.Impaired Cognitive Function and Dementia Care Plan, initiated April 10, 2025, revealed interventions focused on supporting the resident's ability to communicate basic needs through daily activities, including following one-to-three step instructions, navigating their room, reading, doing puzzles, administering medications, and communicating with staff and family regarding the resident's capabilities.A quarterly Minimum Data Set (MDS) assessment, dated October 7, 2025, revealed a Brief Interview for Mental Status (BIMS) score was 11, indicating moderate cognitive impairment. The assessment indicated the resident had minimal difficulty with hearing, defined as difficulty in some environments, such as when a person speaks softly or the setting is noisy. A Behavior Management care plan, with the revised date of November 11, 2025, addressed behaviors related to impaired cognitive function and safety awareness related to the resident exhibition of physical and verbal behaviors.A nursing progress note, dated November 11, 2025, revealed that the resident was referred to telepsychology services due to increased agitation.A pharmacist medication regimen review form, dated November 12, 2025, identified an increase in the resident's distressed behaviors. The review noted that behaviors documented in the progress notes (self-isolation and delusions) did not align with those being tracked for medication orders. The pharmacist advised the facility to update the target behavior tracking, prior to making any medication changes. Additionally, the pharmacist requested documentation of non-pharmacological interventions to address these behaviors.A Tracking Target Symptoms/Behavior order, dated November 16, 2025, called for the number of false accusations made to be tracked every shift.Resident council minutes dated November 18,2025 included that Certified Nursing Assistant's (CNA) need to be more respectful. A Psychiatric follow-up note dated November 18, 2025, revealed the resident experienced pain and distress after falling on two separate occasions while being assisted by staff. The note also commented that the resident expressed overall dissatisfaction with quality of life at the facility. In addition, the note referenced that the resident's family member filed a complaint with the facility in regards to the injuries sustained. However, grievance logs submitted by the facility revealed no evidence of the concerns from the resident's representative. A behavior progress note, dated November 18, 2025 at 1:30 p.m., revealed that a nurse heard the resident yell and scream while CNAs attempted to provide care. The note indicated that the resident called the CNA's stupid fucking bitch, and they were unable to diffuse the situation after multiple attempts. A nursing progress note, dated November 19, 2025, indicated that throughout the shift, the resident repeatedly called for the nurse and CNA, and used the call light inappropriately. The note further revealed the resident directed profane language toward staff and was noted to be difficult to redirect. Staff interventions were documented as continuing to follow the resident's established plan of care to manage these behaviors.A Treatment Administration Record (TAR) dated November 19-21, 2025 revealed that the resident made 10 false accusations during that time.Review of the clinical record revealed no evidence of verbal abuse by staff on November 19, 2025. However, facility investigations revealed that a student nurse (#1) reported observations of verbal abuse on November 20, 2025 related to Resident #76 and Staff #30.A police report for the incident dated November 19, 2025, revealed law enforcement was contacted by the Executive Director (ED/Staff #

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on observations, interviews, facility documentation, and policy, the facility failed to ensure that safeguards and systems were in place to ensure accurate reconciliation and accounting for all controlled substances for one of three medication carts sampled. The deficient practice could result in inventory loss and potential diversion. A medication cart observation was conducted on December 9, 2025, at 10:24 a.m. with Licensed Practical Nurse (LPN/Staff # 46). Photographic images were obtained, with Staff # 46 present, of the Progressive Care Units (PCU) Narcotic Count Reconciliation Sheets. The narcotic sheets were reviewed with Staff # 46 for the months of October 2025 to December 2025. Staff #46 identified multiple entries with either no nurse signatures or only one nurse signature. The review of the Narcotic Count Reconciliation Sheet was conducted for two weeks, October 1-14, 2025 revealed the following:-Two nurses' signatures were not present on 2 shifts between October 1 and 14, 2025.-One nurse's signature was not present on 9 shifts between October 1 and 14, 2025.Review of the Narcotic Count Reconciliation Sheet for October 27- 31, 2025, revealed:- One missing nurse signature, October 27, 2025- Two missing nurse signatures, October 28, 2025- Two missing nurse signatures, October 29, 2025- Three missing nurse signatures, October 30, 2025- Four missing nurse signatures, October 31, 2025 Review of the Shift Change Sign-off Sheet for November 1-15, 2025, revealed:-Four missing nurse signatures on November 1, 2025. -One missing nurse signature on November 2, 2025. Review of the Narcotic Count Reconciliation Sheet for November 1-15 revealed:- One missing nurse signature on November 1, 2025.- Three missing nurse signatures on November 2, 2025.- Three missing nurse signatures on November 7, 2025.- November 6-7, 2025, has no entries.- November 8-15 has no entries. Review of the Shift Change Sign-Off Sheet for November 1-15 revealed-One missing nurse signature on November 4, 2025- Two missing nurse signatures on November 6, 2025- One missing nurse signature on November 7, 2025.- Two missing nurse signatures on November 8, 2025.- One missing nurse signature on November 10, 2025.-One missing nurse signature on November 11, 2025.-Two missing nurse signatures on November 13, 2025.-One missing nurse signature on November 15, 2025.Review of the Count Reconciliation Sheet for December 1- 8, revealed: No entries. Review of the Shift Change Sign-Off Sheet for December 1-8, 2025, revealed:- Two missing nurse signatures on December 1, 2025.- One missing nurse signature on December 2, 2025.- One missing nurse signature on December 3, 2025.- Two missing nurse signatures on December 4, 2025.- Two missing nurse signatures on December 6, 2025.- Two missing nurse signatures on December 7, 2025.- Two missing nurse signatures on December 8, 2025A surveyor request, dated December 9, 2025, at 4:10 p.m., called for copies of medication cart logs for 3 months for all 3 medication carts, including the shift change sign-off sheet and the narcotic count logs. The facility only submitted Shift Change Sign-Off sheets.Review of a follow-up e-mail correspondence, dated December 11, 2025, with the facility's Pharmacist representative revealed that nurses should be doing a count together at shift change for an accurate reconciliation. An interview was conducted on December 9, 2025, at 10:24 a.m. with LPN staff # 46 revealed that there are two nurses required to count and sign off each shift. The LPN revealed not knowing why so many entries were missing, but stated her is signed off today. The purpose of two nurse signatures is to verify their narcotic count accuracy, but they do have two different narcotic count sheets; some nurses sign on one form, and some sign on the other. Upon reviewing the PCU narcotic log, Staff #46 identified multiple entries with missing signatures and stated that the missing signatures did not meet facility expectations. An interview was conducted on December 9, 2025, at 2:49 p.m. with Registered Nurse/Staff #51. Staff #51 stated that the narcotic count process involves both the day shift and night shift nurses conducting the count together to verify accuracy. Staff #51 further stated that if a discrepancy is identified, the procedure is to notify one of the nurse supervisors. Staff #51 explained that the purpose of a dual-nurse count is to ensure narcotic counts are accurate and that any discrepancies are identified promptly. Staff #46 stated that the established procedure is to complete the narcotic count immediately after shift report and then sign the narcotic log. The nurse further explained that the off-going nurse references the narcotic log while the oncoming nurse counts the medication cards and narcotics.An interview was conducted on December 9, 2025, at 3:41 p.m. with the Director of Nursing (DON/Staff #24). Regarding the missing entries present on narcotic count sheets, the DON revealed that any missing entry does not meet the facility's expectations. The DON stated the expectation is for both nurses to count and sign to avoid the possibility of missing medications.The facility's Medications: Controlled Substances policy, effective January 1, 2024, dictates that the nurse receiving the

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on a review of records and staff interviews, it was revealed that the facility failed to follow infection control guidelines for laundry services, medication preparation, and medication storage. This deficient practice can result in the failure to prevent and control infection transmission amongst a vulnerable population.Findings include:-Regarding the Laundry AreaRe: Laundry RoomAn observation of the facility's laundry room was conducted on December 9, 2025, at 10:15 a.m., with a laundry services employee (Staff #16). During the observation, the following deficiencies were identified on the dirty (soiled) side of the laundry department:1. The linen cart designated for dirty items contained loose articles of clothing that were uncovered.2. Two folded white blankets with visible debris and areas of dark soiling were located underneath both the washer and dryer.3. A blue and white fitted sheet was uncovered inside a gray mobile storage container.4. Two of the three yellow mobile storage containers were uncovered, containing soiled laundry. The third yellow container had its lid inverted on top, not fully closing the container, with colored laundry protruding beneath the inverted lid.5. A gray mobile storage container, positioned near the sink and the dryer, was uncovered and overfilled beyond its intended capacity. A blue blanket and a gray, white, and black patterned blanket were placed on top of other soiled laundry within the container.6. A gray storage container, underneath the yellow Laundry Trash Only!!! sign, had trash that reached the top of the container. A dark gray lid was present beside the wall on the floor, next to the container. A complaint received September 5, 2025, on the online Arizona Department of Health Complaint portal, revealed concern that the facility was not following infection control guidelines, in order to provide residents with a safe environment from infectious diseases. A review of a maintenance work order dated November 16, 2025, revealed the facility's washing machine required a new seal on the appliance's door. A review of a maintenance work order, dated December 10, 2025, repeated the request for the facility's washing machine seal replacement, the day after the survey exit. An interview was conducted with laundry personnel (Staff #16) on December 9, 2025, at 10:05 a.m. Staff #16 stated uncertainty regarding whether dirty laundry was required to be covered in the dirty area of the laundry room and indicated they would clarify this with management. However, Staff #16 stated that trash cans should be covered to avoid contamination.Staff #16 continued that a work order had been placed for a leaking washing machine and that a blanket was placed on the floor to keep it dry and prevent slips. Staff #16 further stated that the gray container with the blankets on top in the dirty section of the laundry room was not covered because it had just been unloaded from the washer while the staff member prepared the next load. The washed laundry was placed in the gray container until the dryer became available.An interview was conducted on December 9, 2025, at 2:28 p.m. with CNA (Staff #94). Staff #94 stated that when dirty laundry is removed from a resident's room, it is bagged, tied, and placed inside the large laundry bin. Staff #94 explained that laundry is bagged to prevent contamination and reduce the spread of illness within the facility.An interview was conducted on December 9, 2025, at 2:58 p.m. with RN/Staff # 51. Staff # 51 revealed dirty laundry can spread infection, so it is important to follow infection control guidelines. Staff #51 stated having no need to go to the soiled utility area, but knows that laundry, when transported down the hallway, has to be bagged and tied to decrease the spread of infection. An interview was conducted on December 9, 2025, at 3:20 p.m. with the Environmental Services Director (Staff # 77). Staff # 77 revealed that trash cans in the laundry room are expected to be covered to prevent contamination and smells. Staff #77 revealed the expectation for CNAs is to make sure laundry is bagged and contained properly before placing the bag in the dirty laundry bin. Staff # 77 continued that while in the laundry area, the dirty laundry is covered at all times to avoid an infection control issue. When the laundry is being sorted, Staff #77 revealed that the staff is required to wear Personal Protective Equipment (PPE) to also decrease the risk of contamination. Staff # 77 also stated that clean laundry should never be stored in the dirty side of the laundry area, in order to avoid cross-contamination.Staff #77 stated that the washing machine leak was a new issue, and that blankets were placed on the floor to prevent the drainage from spreading. Staff #77 explained that whenever the blanket becomes wet or soiled, Staff #16 would replace it with a clean one. Staff #77 noted that having the blanket on the floor near the washing machine and dryer posed a risk of contaminating clean laundry if it came into contact with the dirty blanket.Staff #77 stated that Staff #16 reported placing a load of laundry that completed the wash cycle in the gray container while waiting for the dryer, as the next load needed to start. Staff # 77 stated this practice was problematic because wet laundry can stagnate, develop odors, and host bacteria. In addition, Staff # 77 stated clean laundry should