STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035175	A. Building B. Wing	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Peak Care Center	8825 South 7th Street Phoenix, AZ 85042

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47910 Based on review of clinical record review, staff interviews, facility policy and procedure, the facility failed to ensure incontinence care was provided for one resident (#2). The deficient practice could result in residents not receiving necessary care and services to maintain skin integrity and personal hygiene. Findings include: Resident #2 was admitted on [DATE] diagnoses of borderline personality disorder, chronic systolic (congestive) heart failure, chronic pain syndrome, major depressive disorder, recurrent severe without psychotic features, type 2 diabetes mellitus with diabetic neuropathy, unspecified, morbid (severe) obesity due to excess calories, anxiety disorder, unspecified, opioid dependence. Review of the Care Plan date-initiated February 19, 2025 revealed the resident had a focus for bowel and bladder incontinence. Interventions included providing peri-care after each incontinent episode and reporting any skin changes to the provider. Further review of the care plan revealed the resident had a focus has an ADL self-care performance deficit related to morbid obesity, immobility and respiratory failure. Interventions included the need for a bariatric bed. A review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating resident's cognition is intact. Further review of the MDS revealed resident has upper extremity impairment on one side, is dependent for toileting hygiene, substantial/maximal assistance for showers and bathing, dependent for upper an lower body dressing, partial to moderate assistance with personal hygiene. Review of the bladder and bowel assessment revealed resident is always incontinent of bowel and bladder. Review of the skin conditions assessment of the MDS revealed resident at risk for developing pressure ulcers/injuries. Review of the medication assessment section revealed resident prescribed opioid medication. Review of physicians order dated February 21, 2025 revealed a short turnaround time (STAT) order for an Electric bariatric bed 54x88 diagnosis (DX): Morbid Obesity. Height (HT)-66 WT-511.0 lbs.; resident may have bariatric mattress for pressure redistribution, every day and night shift, order date February 21, 2025. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035175	A. Building B. Wing	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Peak Care Center	8825 South 7th Street Phoenix, AZ 85042

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Progress Notes revealed a therapy screen text dated February 21, 2025 at 2:14 pm. Revealing the following note text New admission therapy screen completed on this date. Pt noted to be dep for functional transfers via Hoyer, Max/Dep for dressing and peri-care and setup for self-feeding tasks. No functional changes noted warranting therapy at this time; will continue to monitor pt's status for future changes. Review of the weight summary dated March 12, 2025 revealed a weight value of 492.5 pounds via mechanical lift. An interview was conducted on March 18, 2025 at 11:42 am with resident #2. Initial observation of the resident revealed a strong odor of urine. Resident #2 was in bed uncovered in a hospital gown, with head of bed raised approximately 20-30 degrees. Residents head was at the uppermost edge at the top of the bed. Both of the resident's feet were pushed against the footboard of the bed. The residents girth allowed approximately 2-3 inches on each side of the resident with limited room for repositioning. The resident's upper arms were approximately 4-6 inches from touching the mobility bars located on both sides of the bed. The elevation of the bed placed the resident in a V-type position on her back. Resident #2 stated she was supposed to have a bariatric bed upon admission and per the resident had contacted the facility prior to admission to ensure the facility had a bariatric bed for her. Resident #2 stated she does not have enough room on the sides of the bed, is uncomfortable and is stuck in one position. Resident #2 became tearful describing her story. Resident #2 stated the staff have hard time turning her because there is not room and is pushed against the rails. Resident #2 stated it scares me, I feel like I am going to fall out and the rails hurt me when I'm pushed against them. Resident #2 stated she is unhappy with the facility and provider and had asked to be moved to another facility. An interview was conducted on March 18, 2025 at 12:19 pm with Certified Nursing Assistant (CNA/Staff#9). Staff #9 stated she had been an employed with the facility since October 2024. Staff #9 stated she was familiar with resident #2 and was assigned for her care. Staff #9 stated resident #2 is incontinent and wears incontinence briefs, but will call when she wants to be changed. Staff #9 stated she had not checked resident #2 for incontinence since she had started her shift at 6:30am. Staff #9 stated I have been really busy doing room changes and showers and I didn't let the nurse know I hadn't changed her [resident #2]. Staff #2 stated resident #2 should have been checked every two hours but this morning has been really busy- I know I should have further stating I'll go check on her now. Staff #9 stated if she is delayed with care she will let the other CNA's know, because resident #2 is cares in pairs and let the nurse know. Staff #9 stated the unit is short staffed with three CNA's on the unit and that there should be four CNA's. Staff #9 stated she is assigned ten residents with most requiring cares in pairs. Staff #9 stated the staff have been requesting additional help. Staff #9 stated she is unable to get done what she needs to attend to for the resident because she has been too busy. Staff #9 stated she had not ben able to change resident #2 all day- not since her shift started I had showers and vitals and all the residents that I had to take care of today, we are always short lately and today has been really busy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035175	A. Building B. Wing	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Peak Care Center	8825 South 7th Street Phoenix, AZ 85042

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on March 18, 2025 at 12:40 pm with Registered Nurse/Assistant Director of Nursing (ADON/Staff #11). Staff #11 stated his expectations for checking on residents who are incontinent are that incontinent residents should be checked every two hours and if a resident had not had not been checked since the night prior it does not meet the two-hour timeframe for incontinence care. Staff #11 stated the risks of not providing incontinence care is skin breakdown and rash. An interview was conducted on March 18, 2025 at 12:51 pm with Registered Nurse/ Director of Nursing (DON/Staff #13). The DON stated her expectations in providing incontinence care for the residents is staff should round on them every two hours or if they need care in between they should provide it. Staff #13 stated not providing care since start of shift does not meet her expectation in providing incontinence care, stating the risks in not providing care are possible wounds, and infections. Review of the facility policy titled Activities of Daily Living (ADL), Supporting Revised March 2018 states Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Resident who are unable to carry out activities of daily living independently will receive the service necessary to maintain good nutrition, grooming and personal and oral hygiene.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035175	A. Building B. Wing	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Peak Care Center	8825 South 7th Street Phoenix, AZ 85042

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47910 Based on resident and staff interviews, clinical record review, and facility policy, the facility failed to ensure services/treatment and accommodation of needs are provided per plan of care and physician orders for one resident (#2) regarding the need for a bariatric bed and opioid medication. The deficient practice could result in residents not receiving the services as outlined in their care plan. Findings include: Resident #2 was admitted on [DATE] with diagnoses that included borderline personality disorder, chronic systolic (congestive) heart failure, chronic pain syndrome, major depressive disorder, recurrent severe without psychotic features, type 2 diabetes mellitus with diabetic neuropathy, unspecified, morbid (severe) obesity due to excess calories, anxiety disorder, unspecified, opioid dependence. Review of the Care Plan date-initiated February 19, 2025 revealed the resident had a focus for bowel and bladder incontinence. Interventions included providing peri-care after each incontinent episode and reporting any skin changes to the provider. Further review of the care plan revealed the resident had a focus has an ADL self-care performance deficit related to morbid obesity, immobility and respiratory failure. Interventions included the need for a bariatric bed. Review of the care plan revealed additional focus's for nutritional problem or potential nutritional problem, Obesity (494 lbs, BMI 68.9) and chronic pain requiring opioid medication. Interventions included to administer medications and analgesia as per orders, anticipate the resident's need for pain relief and respond immediately to any complaint of pain. Review of physicians order dated February 21, 2025 revealed a short turnaround time (STAT) order for an Electric bariatric bed 54x88 diagnosis (DX): Morbid Obesity. Height (HT)-66 WT-511.0 lbs.; resident may have bariatric mattress for pressure redistribution, every day and night shift, order date February 21, 2025; oxycodone HCl Oral Tablet 15 MG (Oxycodone HCl) Give 1 tablet by mouth every 6 hours as needed for pain order date February 21, 2025; Xtampza ER Oral Capsule Extended Release 12 Hour Abuse- Deterrent 27 MG (Oxycodone) Give 1 capsule by mouth two times a day for pain. A review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating resident's cognition is intact. Further review of the MDS revealed resident has upper extremity impairment on one side, is dependent for toileting hygiene, substantial/maximal assistance for showers and bathing, dependent for upper an lower body dressing, partial to moderate assistance with personal hygiene. Review of the bladder and bowel assessment revealed resident is always incontinent of bowel and bladder. Review of the skin conditions assessment of the MDS revealed resident at risk for developing pressure ulcers/injuries. Review of the medication assessment section revealed resident was prescribed opioid medication. Regarding Bariatric Bed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035175	A. Building B. Wing	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Peak Care Center	8825 South 7th Street Phoenix, AZ 85042

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Progress Notes revealed a therapy screen text dated February 21, 2025 at 2:14 pm. Revealing the following note text New admission therapy screen completed on this date. Pt noted to be dep for functional transfers via Hoyer, Max/Dep for dressing and peri-care and setup for self-feeding tasks. No functional changes noted warranting therapy at this time; will continue to monitor pt's status for future changes. Review of the Progress Notes revealed a nurse note text dated February 21, 2025 at 4:12 pm revealing the following text Specialty Bari bed 54x88 ordered through Preferred Home Care [PHONE NUMBER]. Stated it will take 5-7days for insurance approval. Due to Preferred only working with insurances, bed was unable to be delivered and billed to facility while waiting on insurance approval. Preferred requested to change order to STAT and that would decrease approval time by half. Orders faxed and confirmation received. Review of the Progress Notes dated March 5, 2025 at 12:30 pm revealed a nurses' note that stated Followed up with Preferred. Was informed BariBed was denied by insurance. CM (Case Manager) notified. Review of the weight summary dated March 12, 2025 revealed a weight value of 492.5 pounds via mechanical lift. Regarding Medication: Review of the Progress notes revealed a nurse note dated March 17, 2025 at 7:29 pm revealing the following text resident will be out of her Xtampza after her dose tonight. This nurse called the pharmacy for refill and Dr. [NAME] will need to send a new (prescription) RX. Resident needs for her AM dose 3/18/25 Review of the pain level summary dated March 18, 2025 at 10:47am for resident #2 revealed a documented numerical pain scale value of 8 out of a numerical scale of 1-10 with 10 being the worse. An interview was conducted on March 18, 2025 at 11:42 am with resident #2. Initial observation of the resident revealed a strong odor of urine. Resident #2 was in bed uncovered in a hospital gown, with head of bed raised approximately 20-30 degrees. Residents head was at the uppermost edge at the top of the bed. Both of the resident's feet were pushed against the footboard of the bed. The residents girth allowed approximately 2-3 inches on each side of the resident with limited room for repositioning. The resident's upper arms were approximately 4-6 inches from touching the mobility bars located on both sides of the bed. The elevation of the bed placed the resident in a V-type position on her back. Resident #2 stated she was supposed to have a bariatric bed upon admission and per the resident had contacted the facility prior to admission to ensure the facility had a bariatric bed for her. Resident #2 stated she does not have enough room on the sides of the bed, is uncomfortable and is stuck in one position. Resident #2 became tearful describing her story. Resident #2 stated the staff have hard time turning her because there is not room and is pushed against the rails. Resident #2 stated it scares me, I feel like I am going to fall out and the rails hurt me when I'm pushed against them. Resident #2 reported being in pain and not having her long acting medication Xtampza. Resident #2 stated she has to wait to get it because the facility did not order her medication. Resident again stated I am in a lot of pain and they don't believe me. Resident #2 stated she is unhappy with the facility and provider and had asked to be moved to another facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035175	A. Building B. Wing	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Peak Care Center	8825 South 7th Street Phoenix, AZ 85042

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on March 18, 2025 at 11:55 am with Licensed Practical Nurse (LPN/Staff #6). Staff #6 stated resident #2 had refused her blood pressure, diuretic, and bowel care medication in the morning and had also refused her supplements. Staff #6 stated the resident had reported to her that she had looked up the meds and said they were for schizo. Staff #6 stated she reassure the resident that the medications were not antipsychotics. Staff #6 stated when a resident refuses medication she will try to encourage and if they continue to refuse, she will document and notify her primary care physician and the psych provider. Staff #6 stated the resident had complained of shoulder pain, but has an order for Lidocaine. Staff#6 stated the resident is prescribed 27 mg of Xtampza, a scheduled pain medication. Staff #6 stated the medication was not pre-ordered and was scheduled for a dose at 8am. Staff #6 stated the process for obtaining an order for narcotics is contacting the provider. Staff #6 state the medication is on a card and the last nurse that pulls the meds would have got the script and passed the information in report. Staff #6 stated she was informed in report that she would need to re-order and that the medication was last administered on March 17, 2025 at 9:50 pm. Staff #6 stated the order still had not been signed by the provider , but that she also has the option to obtain an E-Script. Staff#6 stated the on call provider stated she can get an e-script if the provider is not in the building by 3pm on March 18, 2025. Staff #6 stated resident #2 had administered an as needed dose of 15mg of oxycodone in place of the ordered 27 mg of Xtampza at 8:00 am. Staff #6 stated the provider had been in the building earlier that day, but had forgot to have the provider sign the order. Staff #6 stated if the provider did not return to the facility by 3pm the nurse practitioner would sign for the medication. Staff #6 stated she could have checked the PIXIS for the medication, but had not at that time. Staff #6 stated the risks of not administering a resident pain medication as ordered can cause increased pain, lead to behavioral issues and defiance. On March 18, 2025 at 12:25pm LPN/Staff #6 stated she checked the PIXIS for the ordered 27 mg of Xtampza. Staff #6 stated there was none available in the PIXIS. An interview was conducted on March 18, 2025 at 12:40 pm with Registered Nurse/Assistant Director of Nursing (ADON/Staff #11). Staff #11 stated resident #2 is a meds seeker, refuses care at times, has not got up to take her bed bath and will call 911 to be taken to the hospital. Staff #11 stated the process for medication that will not be available for the next scheduled dose, is the expectation is that normally when they get down to the last 3-5 days of medications and if it is a script medication, have the doctor sign and fax to the pharmacy and hope to get the same day. Staff #11 stated it is obvious the order for 27 mg of Xtampza for resident #2 got looked over, the nurse practitioner passed over and did not sign the medication order. Staff #11 stated the nurse should have checked the PIXIS when the resident requested the medication or realize that the medication was not available. Staff #11 stated the risks of not providing a resident their scheduled medications as ordered by the provider for pain is increased pain, detox, irritation and agitation with not getting the pain medications. Staff #11 stated resident #2 is prescribed a scheduled deterrent which can cause increased pain, agitation aggravation if not given as scheduled because she has been taking them for a while and needs the regular scheduled dose Staff # 11 conducted on observation of resident #2 while in bed, stating the bed was provided by central supply. Staff #11 stated resident #2 has insufficient room to reposition herself in the bed and the bed looks like it is too small for her, she is close to the rails and her feet are at the end of the bed. Staff #11 stated the risks with not being provided with the correct bariatric bed is skin breakdown with inability to move in the bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035175	A. Building B. Wing	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Peak Care Center	8825 South 7th Street Phoenix, AZ 85042

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on March 18, 2025 at 12:51 pm with Registered Nurse/ Director of Nursing (DON/Staff #13). The DON stated the order for the bariatric bed for resident #2 was denied by the insurance and the supplier does not deal with facilities directly, only through insurance. The DON stated she does not feel the bed is sufficient for the resident to reposition herself, but that the facility has been trying to obtain a bigger bed for the resident. The DON stated risks of not being able to reposition in a smaller bed is decreased mobility, contractures, and risks for skin breakdown. DON/Staff #13 stated her expectations for ordering medications is that staff order the medications when on the last row of the medications on the card, check the PIXIS, call the physician to order, call the physician for the script and have the pharmacy send it out STAT. The DON stated the providers can do it electronically, they can do it anywhere- staff do not have to wait for a wet signature and this would include narcotics as the provider can e-script. The DON stated the nurse should have been sent the order electronically and not waited for the script to be signed and she should have been informed where they were at with the process. The DON stated the risks with not administering pain medication as ordered can cause pain, increased behaviors and not eating. DON/Staff #13 invited (Case Manager/ LPN/Staff #52) and (Central Supply/Staff #16) to the interview at 1:18pm. Staff #52 stated resident #2 was provided a standard size bariatric bed [Medical bed dimensions of smaller bariatric models are approximately 88 inches long and 42 inches wide] and the Preferred Medical Supply did not have the size that the resident requires. Staff #16 she has been a part of the process in locating the physician ordered size bariatric bed for resident #2. Staff #16 stated that the plan was to start calling different companies and see if they have it there. Staff #16 stated she had contacted Synapse Supply and they did not have what the facility was looking for. Staff #16 stated that Preferred Medical Supply had placed the facility on the wait list for the bed as they did not have one available. Staff #16 stated that she had verbally informed (administrator/staff #26) that the bariatric bed for resident #2 was not available. An interview was conducted on March 18, 2025 at 1:38 pm with (administrator/staff #26) and (Admissions/Administrator in Training #8) Staff #26 stated the facility will try to locate a bed for resident #2 and had reached out to Legend Medical on March 14, 2025. Staff #26 stated he has also reached out to other administrators in the valley to see if they had one on loan. Review of the facility policy titled :Care Plans, Comprehensive Person-Centered Revised March 2022 states A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Review of the facility policy titled Accommodation of Needs Revised March 2021 states Our facility's environment and staff behaviors are directed toward assisting the resident in maintaining and/or achieving safe independent; functioning, dignity and well-being. Review of the facility policy titled Medication and Treatment Orders Revised July 2016 states Orders for medication and treatments will be consistent with principles of safe and effective order writing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035175	A. Building B. Wing	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Peak Care Center	8825 South 7th Street Phoenix, AZ 85042

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47910 Based on clinical record review, staff interviews, and facility policy, the facility failed to ensure one resident (#2) was provided services consistent with professional standards of practice. The deficient practice could result in unmanaged pain for the resident. Findings include: Resident #2 was admitted on [DATE] diagnoses of borderline personality disorder, chronic systolic (congestive) heart failure, chronic pain syndrome, major depressive disorder, recurrent severe without psychotic features, type 2 diabetes mellitus with diabetic neuropathy, unspecified, morbid (severe) obesity due to excess calories, anxiety disorder, unspecified, opioid dependence. Review of the Care Plan date-initiated February 19, 2025 revealed the resident had a focus for chronic pain requiring opioid medication. Interventions included Administer medications and analgesia as per orders, anticipate the resident's need for pain relief and respond immediately to any complaint of pain. A review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating resident's cognition is intact. Further review of the MDS revealed resident has upper extremity impairment on one side, is dependent for toileting hygiene, substantial/maximal assistance for showers and bathing, dependent for upper an lower body dressing, partial to moderate assistance with personal hygiene. Review of the bladder and bowel assessment revealed resident is always incontinent of bowel and bladder. Review of the skin conditions assessment of the MDS revealed resident at risk for developing pressure ulcers/injuries. Review of the medication assessment section revealed resident prescribed opioid medication. Review of physicians order dated February 21, 2025 revealed an order for oxycodone HCl Oral Tablet 15 MG (Oxycodone HCl) Give 1 tablet by mouth every 6 hours as needed for pain order date February 21, 2025; Xtampza ER Oral Capsule Extended Release 12 Hour Abuse- Deterrent 27 MG (Oxycodone) Give 1 capsule by mouth two times a day for pain. Review of Medication Administration Record (MAR) for March 2025 revealed last dose administered of Xtampza extended release (ER) oral capsule ER 12-hour abuse-deterrent 27 MG (Oxycodone) Give 1 capsule by mouth two times a day for pain -start date- 02/20/2025 2000 given Monday March 17, 2025 at 10:00 pm. Further review of the MAR revealed 27MG of Xtampza ER was not administered as ordered at 08:00 am. Review of the Progress Notes revealed a nurse note text dated March 17, 2025 at 7:29 pm revealing the following text res will be out of her Xtampza after her dose tonight. This nurse called the pharmacy for refill and Dr. [NAME] will need to send a new (prescription) RX. Res needs for her AM dose 3/18/25 Review of the pain level summary dated March 18, 2025 at 10:47am for resident #2 revealed a documented numerical pain scale value of 8 out of a numerical scale of 1-10 with 10 being the worse. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035175	A. Building B. Wing	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Peak Care Center	8825 South 7th Street Phoenix, AZ 85042

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on March 18, 2025 at 11:42 am with resident #2. Resident #2 reported being in pain and not having her long acting medication Xtampza. Resident #2 stated she has to wait to get it because the facility did not order her medication. Resident again stated I am in a lot of pain and they don't believe me. Resident #2 stated she is unhappy with the facility and provider and had asked to be moved to another facility. An interview was conducted on March 18, 2025 at 11:42 am with Licensed Practical Nurse (LPN/Staff #6). Staff #6 stated resident #2 had refused her blood pressure, diuretic, and bowel care medication in the morning and had also refused her supplements. Staff #6 stated the resident had reported to her that she had looked up the meds and said they were for schizo. Staff #6 stated she reassure the resident that the medications were not antipsychotics. Staff #6 stated when a resident refuses medication she will try to encourage and if they continue to refuse, she will document and notify her primary care physician and the psych provider. Staff #6 stated the resident had complained of shoulder pain, but has an order for Lidocaine. Staff#6 stated the resident is prescribed 27 mg of Xtampza, a scheduled pain medication. Staff #6 stated the medication was not pre-ordered and was scheduled for a dose at 8am. Staff #6 stated the process for obtaining an order for narcotics is contacting the provider. Staff #6 state the medication is on a card and the last nurse that pulls the meds would have got the script and passed the information in report. Staff #6 stated she was informed in report that she would need to re-order and that the medication was last administered on March 17, 2025 at 9:50 pm. Staff #6 stated the order still had not been signed by the provider , but that she also has the option to obtain an E-Script. Staff#6 stated the on call provider stated she can get an e-script if the provider is not in the building by 3pm on March 18, 2025. Staff #6 stated resident #2 had administered an as needed dose of 15mg of oxycodone in place of the ordered 27 mg of Xtampza at 8:00 am. Staff #6 stated the provider had been in the building earlier that day, but had forgot to have the provider sign the order. Staff #6 stated if the provider did not return to the facility by 3pm the nurse practitioner would sign for the medication. Staff #6 stated she could have checked the PIXIS for the medication, but had not at that time. Staff #6 stated the risks of not administering a resident pain medication as ordered can cause increased pain, lead to behavioral issues and defiance. On March 18, 2025 at 12:25pm LPN/Staff #6 stated she checked the PIXIS for the ordered 27 mg of Xtampza. Staff #6 stated there was none available in the PIXIS. An interview was conducted on March 18, 2025 at 12:40 pm with Registered Nurse/Assistant Director of Nursing (ADON/Staff #11). Staff #11 stated resident #2 is a meds seeker, refuses care at times, has not got up to take her bed bath and will call 911 to be taken to the hospital. Staff #11 stated the process for medication that will not be available for the next scheduled dose, is the expectation is that normally when they get down to the last 3-5 days of medications and if it is a script medication, have the doctor sign and fax to the pharmacy and hope to get the same day. Staff #11 stated it is obvious the order for 27 mg of Xtampza for resident #2 got looked over, the nurse practitioner passed over and did not sign the medication order. Staff #11 stated the nurse should have checked the PIXIS when the resident requested the medication or realize that the medication was not available. Staff #11 stated the risks of not providing a resident their scheduled medications as ordered by the provider for pain is increased pain, detox, irritation and agitation with not getting the pain medications. Staff #11 stated resident #2 is prescribed a scheduled deterrent which can cause increased pain, agitation aggravation if not given as scheduled because she has been taking them for a while and needs the regular scheduled dose (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035175	A. Building B. Wing	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Peak Care Center	8825 South 7th Street Phoenix, AZ 85042

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on March 18, 2025 at 12:51 pm with Registered Nurse/ Director of Nursing (DON/Staff #13). DON/Staff #13 stated her expectations for ordering medications is that staff order the medications when on the last row of the medications on the card, check the PIXIS, call the physician to order, call the physician for the script and have the pharmacy send it out STAT. The DON stated the providers can do it electronically, they can do it anywhere- staff do not have to wait for a wet signature and this would include narcotics as the provider can e-script. The DON stated the nurse should have been sent the order electronically and not waited for the script to be signed and she should have been informed where they were at with the process. The DON stated the risks with not administering pain medication as ordered can cause pain, increased behaviors and not eating. Review of the facility policy titled Pain Assessment and Management Revised October 2022 States The purpose of this procedure are to help the staff identify pain in a resident, and develop interventions that are consistent with the resident's goals and needs and that address the underlying causes of pain. 1.The pain management program is based on a facility-wide commitment to appropriate assessment and treatment of pain, based on professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management