

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2026
NAME OF PROVIDER OR SUPPLIER  Citrus Heights Respiratory and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  3130 East Broadway Road Mesa, AZ 85204	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, staff interviews, and policy review, the facility failed to ensure that medical records were maintained for the regulated timeframe for one of three residents (#37). The deficient practice could result in incomplete documentation in resident medical records. Findings include: Review of an admission Minimum Data Set (MDS) that was submitted to the Centers for Medicare &amp; Medicaid Services (CMS) and accepted on April 5, 2022, revealed that Resident #37 was admitted to the facility on [DATE]. The MDS also revealed that a Brief Interview for Mental Status (BIMS) was conducted with a score of 11, which indicated moderate cognitive impairment. The MDS further revealed that the resident exhibited verbal behaviors as well as other behavioral symptoms not directed towards others for one to three days. The MDS revealed that Resident #37 had active diagnoses of hypertension, diabetes mellitus, end-stage renal disease, hyperlipidemia, seizure disorder or epilepsy, anxiety, depression, and bipolar disorder. A request was made on February 24, 2026, at 10:25 a.m. for Resident #37's facesheet, medical diagnoses list, physician orders, Medication Administration Record/Treatment Administration Record (MAR/TAR) for her full stay, progress notes for her full stay, completed MDS, care plan, census list, and self reports or investigations, as well as a list of self-reports in 2022. The facility signed and verified on February 24, 2026, at 12:34 p.m. that Resident #37 was not a resident after March 1, 2025, and that they were unable to provide records for that resident. The facility signed and verified that they could not provide the list of self-reports in 2022 because they have no records from previous owner. An interview was conducted on February 24, 2026, at 10:46 a.m. with the Medical Records Director (Staff #45), who stated that the medical record would include the whole resident chart with insurance information, diagnoses, hospital records, or any form filled out during the resident's stay. The Medical Records Director further stated that the facility was expected to maintain resident records for 10 years, and the importance of maintaining the records was in case anything happened, for legal purposes, or if a surveyor or family member requested them. The Medical Records Director also stated that the risk of not maintaining the records was a legal risk, losing her job, and it posed a risk to the continuity of care, which could cause a delay in a resident's care if someone needed access to records but couldn't, and she gave an example of hospital records. An interview was conducted on February 24, 2026, at 11:58 a.m. with the Clinical Resource (Resource/Staff#34) and Registered Nurse Unit Manager (RN unit manager/Staff#11), who stated that they wrote on the request form that Resident #37 was not a resident at the facility, and they clarified that they could not confirm if she was a resident because they did not have access to the resident's medical records before March 1, 2025. The resource stated that they were talking with their lawyer to go after the company they acquired the facility from, and stated that they do not have access to the old records because the company with prior ownership did not pay the bill for their Electronic Medical Record (EMR). A telephonic interview was conducted on February 24, 2026, at 12:02 p.m. with the Director of Nursing, Staff #29, who stated that the medical record includes all of a resident's medical information, such as the facesheet, progress notes, care plan, information about billing, and more. The DON stated that medical records needed to be maintained for 10 years, but if (continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>she never had them, it would be hard to maintain them. The DON further stated that the importance of maintaining a residents medical record is so that you can look at the history of a patient if something comes up, and that the risk on not maintaining the medical record would be that it would be hard to find information about a resident if information was requests, and it would impact the resident because they wouldn't have access to their medical history. The DON stated that they did not have any paper or electronic records for Resident #37 because the prior owners quit paying for their EMR, and that no one could figure out how to get into their old system. The DON further stated that they would not have access to any resident records from before March 1, 2025, unless the resident was in the facility on or after that date. Review of a policy titled, Medical Record, Content of, was revised in May of 2022 and revealed that it was the policy of the facility to maintain a separate medical record for each resident admitted to the facility, and the resident's name would be placed on all medical record forms. The policy also revealed that the medical record should contain pertinent identification data to meet the facility's needs and accurately identify the resident would be recorded on admission updated periodically, and included, but were not limited to residents name, address, telephone number, date of birth , date of admission, physician's name and number, name, address, and telephone number of a resident's legal representative or interested family member. Review of a policy titled, Record Retention Schedule, was revised in November of 2024, and revealed the minimum retention requirements for skilled nursing facilities. The policy revealed that resident medical records needed to be retained for 10 years, and that all investigations needed to be retained for 5 years.</p>		