STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035196	A. Building B. Wing	01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandridge Post Acute	255 West Brown Road Mesa, AZ 85201

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 0607

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Develop and implement policies and procedures to prevent abuse, neglect, and theft.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 49399

Based on staff interviews, facility documentation and policy review, the facility failed to implement their abuse policy, by failing to report and investigate an allegation of abuse involving one resident (#1) to the State Agency. The deficient practice could result in further incidents of abuse.

Findings include:

Resident #1 was admitted to the facility on [DATE], with diagnoses of senile degeneration of brain, unspecified dementia and major depressive disorder.

Review of Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 6.0 indicating severe impairement.

Record revealed resident #1 was admitted to hospice services on January 3, 2025.

An interview was conducted on January 13, 2025 at 1:58 pm with a certified nursing assistant (CNA)/Staff #124. Staff #124 identified resident #1 who was observed sitting in a reclining chair with her feet elevated, eyes close, dressed in pants and sweat shirt. Staff #124 stated that resident #1 is newly admitted under hospice services. And while resident is receiving hospice care, a hospice aid comes to give resident her shower. Staff #124 stated that resident still answers questions, can pivot for transferring in and out of bed, and resident requires prompting and assistance with toileting.

An interview was conducted on January 13, 2025 at 2:11 pm with a licensed practical nurse (LPN)/Staff #134. Staff #134 stated that she works in the dementia unit, she helps with activities of daily living (ADLs), and assist with feeding residents. She stated that regarding resident #1, resident was recently placed on hospice care, resident can follow directions, resident walks a little bit less than compared a week ago, and staff #134 stated that she has no knowledge of any allegations of abuse. Staff #134 stated that resident is by herself in the room without a roommate. Staff #134 stated that the blinds in the resident's room are torn up, they hang a sheet over the window to cover the window. She reiterated that she has no knowledge of allegation of abuse to any of her residents. And for any allegation that she is made aware of, she will report it to her supervisor right away. In addition, she stated that she receives abuse training yearly. Furthermore, staff #134 stated that the care of resident #1 involves a hospice nurse that comes and a hospice CNA that gives resident a bath. Staff #134 showed the surveyors resident's hospice medical record paper copy in a binder located in the nurses station which included hospice contact number, hospice nurse/Staff #232 and the hospice aid/Staff #240.

(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: 035196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandridge Post Acute	255 West Brown Road Mesa, AZ 85201

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On January 13, 2025 at 3:17 pm, operation manager/staff #300 stated that they received an allegation of abuse from adult protective services (APS) today at 12:45 pm, and he stated that he had submitted a facility report at 2:30 pm. The Department's Complaints/Incident Tracking System revealed the facility reported the allegation of abuse on January 13, 2025 at 2:38 pm to the State Agency. An interview was conducted on January 13, 2025 at 4:04 pm with a CNA/Staff #240. Staff #240 stated that she saw resident #1 on Monday which is January 6, on Wednesday which is January 8, and Monday which is January 13. Staff #240 stated that she help resident with her showers and the resident did not refuse any of her showers. She stated that on Monday, January 6, during her initial visit to resident #1, staff #240 stated that resident kept repeating that she was raped and would like to press charges. In addition, Staff #240 stated that the resident has bruise redness on her left side of the neck which looks like a choked mark or something like a hand placed on the neck, bruising on top of both hands and bruise on the left above resident's wrist. The bruise is purple and greenish in color. The resident's left upper arm inside the elbow has dark purple bruising. Staff #240 stated that after giving the resident her shower, she informed her nurse Staff #232 and a female social worker which she showed her the pictures. Staff #240 stated that she asked her nurse at that time if they have a sheet for her to document her skin assessment and she was told no. An interview was conducted on January 13, 2025 at 4:20 pm with a registered nurse (RN)/Staff #232. Staff #232 stated that she initially met the resident on January 6. She stated that Staff #240 gave resident a shower, and Staff #240 asked resident about the bruise on her wrist, and then the resident told her that she has been raped by a big black male. Staff#232 stated that the bruise and allegation of rape was reported to her by Staff #240 after she had finished giving resident her shower. Staff #232 stated that after being made aware of the allegation, she did a head to toe assessment, and she found bruise on resident's both wrist, resident only alert to self, the bruising did not look like grab marks, she ask the resident questions and the resident was unable to provide her details. Staff #232 stated that she then spoke with Staff #302 who is the social worker of the facility, and Staff #232 also reported the allegation to her director of nursing (DON). Staff #232 stated that she saw resident again on January 8th and resident made same statement that she has been raped. She saw the resident Monday, January 13, and resident did not say anything about rape. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER Sandridge Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 255 West Brown Road Mesa, AZ 85201	

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on January 13, 2025 at 5:01 pm with social service director/Staff #302. Staff #302 stated that his role as a social worker involves follow up with grievances. Staff #302 stated that he has no knowledge of any allegation of abuse not until this morning when APS came in. He stated that he works Monday thru Friday from 08:30 to 5:00 pm. He stated that one of the hospice nurse reported to him that one of their resident, resident #1, who is in their memory care unit, that there was something reported to nursing and at that time he was in the nursing station, and he stated that one of their resident was saying weird things, referring in the past about something happened to her, that the resident was saying random things like having hallucination or delusion, and that the resident was saying that stuff was missing in the past. Staff #302 stated that the resident was doing very well and then she turns for the worst, her health declined, and on January 2, 2025 he called hospice to evaluate her because resident was not acting like her usual self, and not talking to every body like her normal self. He added that normally the resident was walking, talking, and making phone calls, then on January 2nd when he saw the resident, the resident was not walking, talking or calling anyone. Staff #302 stated that he spoke with a female nurse between 8:00 am to 5:00 pm, who spoke with the hospice nurse, who staff #302 stated he does not remember the name of the nurse he spoke with. Staff #302 stated that when something is reported to him like grievance, he will bring it to their morning meetings or stand up meeting with the IDT (interdisciplinary team) department which is composed of the administrator, DON, nurse managers, housekeeping manager, MDS nurse, the whole management team. His responsibility when an allegation of abuse is reported to him is to report to his administrator or the DON. An interview was conducted on January 13, 2025 at 5:39 pm with resident #1. During the interview, resident verbally stated her name, stated she has been here couple years, stated that she has been hurt, she has been raped, she stated she does not like being raped, she was raped twice, she has 2 rapes here, and it is not a pleasant situation. She stated that they pin you down, person is big guy three times her size, it happened right in her room, they are aware of it, it happens in the morning in a hurry, you have two people , big guys, both males, her clothes comes off, one is not a big guy but the other guy is a bigger guy, he pulls her aside, next thing she knew her underwear is pulled, she is having nightmare, she does not know how to explain it, it usually happens in her room, like he is changing her diaper, he gets her pants and underwear off, he changes her, so she gets a clean start for the day, the next thing she knew he puts a new diaper on, this big guy can just hold you down, then he puts her in a different clothes, it is scary and spooky. Resident pointed down below her mid waist area and stated that he doesn't put it inside but it is humiliating. Surveyor observe bruise, light purple bluish on top of resident's right hand, and bruise upper left wrist. The surveyors returned in the resident's room at 6:07 pm on January 13, 2025 after resident had a male and a female CNAs perform patient care. The interview with resident continued. The resident stated that the rape is in his apartment, the big guy came one time in the morning, a huge black man wears a blue uniform, the alleged perpetrator #400 is an older guy, huge shoulders, can't miss him because he is so big, alleged perpetrator #400 hurt her in her shoulder, lower back, did not enter her, he held her down. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER Sandridge Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 255 West Brown Road Mesa, AZ 85201	

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on January 13, 2025 at 6:50 pm with the DON/Staff #305. The DON stated that for reporting allegation of abuse, they have a two-hour window. Their staff receive annual training on abuse. The DON stated that he was made aware of the allegation of abuse at 12:45 pm from APS for possible sexual assault and bruising. Then, he spoke with his administrator and reported it to the Department of Health (DHS) only. The DON stated that he refers to the policy and procedure to who he reports to for possible sexual assault, and he added to report to the state licensing, ombudsman, resident representative, APS, law enforcement officials, resident attending physician/medical director. At 6:58 pm on January 13, 2025, Staff #300 stated that he does not know if it was reported to the law enforcement because the social service does it. At 7:03 pm on January 13, 2025, Staff #302 joined the interview and stated that the law enforcement was notified today, and stated that once the state surveyors conclude today then they will notify the ombudsman and the case manager. At 7:09 pm on January 13, 2025, LPN/unit manager/Staff #310 stated that she called the law enforcement and informed them of the allegation of rape at 6:30 pm. Review of record revealed a social service note dated January 14, 2025 that the ombudsman and case manager were notified about the allegation that the resident's family reported to APS and State. Review of the facility policy titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, with a revision date of April 2021 revealed a policy statement All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Reporting allegations to the Administrator and authorities (2) The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing/cerificaation agency responsible for surveying/licensing the facility; b. The local/state ombudsman; c. the resident's representative; d. Adult protective services; e. law enforcement officials; f. The resident's attending physician; and g. the facility's medical director. (3) Immediately is defined as: a. within two hours of an allegation involving abuse.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER Sandridge Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 255 West Brown Road Mesa, AZ 85201	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49399 Based on staff interviews, facility documentation and policy review, the facility failed to ensure that an allegation of abuse for one resident (#1) was reported to the State Agency. The deficient practice can result in further incidents of abuse not being reported in accordance with professional standards. Findings include: Resident #1 was admitted to the facility on [DATE], with diagnoses of senile degeneration of brain, unspecified dementia and major depressive disorder. Review of Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 6.0 indicating severe impairement. Record revealed resident #1 was admitted to hospice services on January 3, 2025. An interview was conducted on January 13, 2025 at 1:58 pm with a certified nursing assistant (CNA)/Staff #124. Staff #124 identified resident #1 who was observed sitting in a reclining chair with her feet elevated, eyes close, dressed in pants and sweat shirt. Staff #124 stated that resident #1 is newly admitted under hospice services. And while resident is receiving hospice care, a hospice aid comes to give resident her shower. Staff #124 stated that resident still answers questions, can pivot for transferring in and out of bed, and resident requires prompting and assistance with toileting. An interview was conducted on January 13, 2025 at 2:11 pm with a licensed practical nurse (LPN)/Staff #134. Staff #134 stated that she works in the dementia unit, she helps with activities of daily living (ADLs), and assist with feeding residents. She stated that regarding resident #1, resident was recently placed on hospice care, resident can follow directions, resident walks a little bit less than compared a week ago, and staff #134 stated that she has no knowledge of any allegations of abuse. Staff #134 stated that resident is by herself in the room without a roommate. Staff #134 stated that the blinds in the resident's room are torn up, they hang a sheet over the window to cover the window. She reiterated that she has no knowledge of allegation of abuse to any of her residents. And for any allegation that she is made aware of, she will report it to her supervisor right away. In addition, she stated that she receives abuse training yearly. Furthermore, staff #134 stated that the care of resident #1 involves a hospice nurse that comes and a hospice CNA that gives resident a bath. Staff #134 showed the surveyors resident's hospice medical record paper copy in a binder located in the nurses station which included hospice contact number, hospice nurse/Staff #232 and the hospice aid/Staff #240. On January 13, 2025 at 3:17 pm, operation manager/staff #300 stated that they received an allegation of abuse from adult protective services (APS) today at 12:45 pm, and he stated that he had submitted a facility report at 2:30 pm. The Department's Complaints/Incident Tracking System revealed the facility reported the allegation of abuse on January 13, 2025 at 2:38 pm to the State Agency. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER Sandridge Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 255 West Brown Road Mesa, AZ 85201	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on January 13, 2025 at 4:04 pm with a CNA/Staff #240. Staff #240 stated that she saw resident #1 on Monday which is January 6, on Wednesday which is January 8, and Monday which is January 13. Staff #240 stated that she help resident with her showers and the resident did not refuse any of her showers. She stated that on Monday, January 6, during her initial visit to resident #1, staff #240 stated that resident kept repeating that she was raped and would like to press charges. In addition, Staff #240 stated that the resident has bruise redness on her left side of the neck which looks like a choked mark or something like a hand placed on the neck, bruising on top of both hands and bruise on the left above resident's wrist. The bruise is purple and greenish in color. The resident's left upper arm inside the elbow has dark purple bruising. Staff #240 stated that after giving the resident her shower, she informed her nurse Staff #232 and a female social worker which she showed her the pictures. Staff #240 stated that she asked her nurse at that time if they have a sheet for her to document her skin assessment and she was told no. An interview was conducted on January 13, 2025 at 4:20 pm with a registered nurse (RN)/Staff #232. Staff #232 stated that she initially met the resident on January 6. She stated that Staff #240 gave resident a shower, and Staff #240 asked resident about the bruise on her wrist, and then the resident told her that she has been raped by a big black male. Staff#232 stated that the bruise and allegation of rape was reported to her by Staff #240 after she had finished giving resident her shower. Staff #232 stated that after being made aware of the allegation, she did a head to toe assessment, and she found bruise on resident's both wrist, resident only alert to self, the bruising did not look like grab marks, she ask the resident questions and the resident was unable to provide her details. Staff #232 stated that she then spoke with Staff #302 who is the social worker of the facility, and Staff #232 also reported the allegation to her director of nursing (DON). Staff #232 stated that she saw resident again on January 8th and resident made same statement that she has been raped. She saw the resident Monday, January 13, and resident did not say anything about rape. An interview was conducted on January 13, 2025 at 5:01 pm with social service director/Staff #302. Staff #302 stated that his role as a social worker involves follow up with grievances. Staff #302 stated that he has no knowledge of any allegation of abuse not until this morning when APS came in. He stated that he works Monday thru Friday from 08:30 to 5:00 pm. He stated that one of the hospice nurse reported to him that one of their resident, resident #1, who is in their memory care unit, that there was something reported to nursing and at that time he was in the nursing station, and he stated that one of their resident was saying weird things, referring in the past about something happened to her, that the resident was saying random things like having hallucination or delusion, and that the resident was saying that stuff was missing in the past. Staff #302 stated that the resident was doing very well and then she turns for the worst, her health declined, and on January 2, 2025 he called hospice to evaluate her because resident was not acting like her usual self, and not talking to every body like her normal self. He added that normally the resident was walking, talking, and making phone calls, then on January 2nd when he saw the resident, the resident was not walking, talking or calling anyone. Staff #302 stated that he spoke with a female nurse between 8:00 am to 5:00 pm, who spoke with the hospice nurse, who staff #302 stated he does not remember the name of the nurse he spoke with. Staff #302 stated that when something is reported to him like grievance, he will bring it to their morning meetings or stand up meeting with the IDT (interdisciplinary team) department which is composed of the administrator, DON, nurse managers, housekeeping manager, MDS nurse, the whole management team. His responsibility when an allegation of abuse is reported to him is to report to his administrator or the DON. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER: Sandridge Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE: 255 West Brown Road Mesa, AZ 85201	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on January 13, 2025 at 5:39 pm with resident #1. During the interview, resident verbally stated her name, stated she has been here couple years, stated that she has been hurt, she has been raped, she stated she does not like being raped, she was raped twice, she has 2 rapes here, and it is not a pleasant situation. She stated that they pin you down, person is big guy three times her size, it happened right in her room, they are aware of it, it happens in the morning in a hurry, you have two people , big guys, both males, her clothes comes off, one is not a big guy but the other guy is a bigger guy, he pulls her aside, next thing she knew her underwear is pulled, she is having nightmare, she does not know how to explain it, it usually happens in her room, like he is changing her diaper, he gets her pants and underwear off, he changes her, so she gets a clean start for the day, the next thing she knew he puts a new diaper on, this big guy can just hold you down, then he puts her in a different clothes, it is scary and spooky. Resident pointed down below her mid waist area and stated that he doesn't put it inside but it is humiliating. Surveyor observe bruise, light purple bluish on top of resident's right hand, and bruise upper left wrist. The surveyors returned in the resident's room at 6:07 pm on January 13, 2025 after resident had a male and a female CNAs perform patient care. The interview with resident continued. The resident stated that the rape is in his apartment, the big guy came one time in the morning, a huge black man wears a blue uniform, the alleged perpetrator #400 is an older guy, huge shoulders, can't miss him because he is so big, alleged perpetrator #400 hurt her in her shoulder, lower back, did not enter her, he held her down. An interview was conducted on January 13, 2025 at 6:50 pm with the DON/Staff #305. The DON stated that for reporting allegation of abuse, they have a two-hour window. Their staff receive annual training on abuse. The DON stated that he was made aware of the allegation of abuse at 12:45 pm from APS for possible sexual assault and bruising. Then, he spoke with his administrator and reported it to the Department of Health (DHS) only. The DON stated that he refers to the policy and procedure to who he reports to for possible sexual assault, and he added to report to the state licensing, ombudsman, resident representative, APS, law enforcement officials, resident attending physician/medical director. At 6:58 pm on January 13, 2025, Staff #300 stated that he does not know if it was reported to the law enforcement because the social service does it. At 7:03 pm on January 13, 2025, Staff #302 joined the interview and stated that the law enforcement was notified today, and stated that once the state surveyors conclude today then they will notify the ombudsman and the case manager. At 7:09 pm on January 13, 2025, LPN/unit manager/Staff #310 stated that she called the law enforcement and informed them of the allegation of rape at 6:30 pm. Review of record revealed a social service note dated January 14, 2025 that the ombudsman and case manager were notified about the allegation that the resident's family reported to APS and State. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandridge Post Acute	255 West Brown Road Mesa, AZ 85201

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, with a revision date of April 2021 revealed a policy statement All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Reporting allegations to the Administrator and authorities (2) The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing/cerificaation agency responsible for surveying/licensing the facility; b. The local/state ombudsman; c. the resident's representative; d. Adult protective services; e. law enforcement officials; f. The resident's attending physician; and g. the facility's medical director. (3) Immediately is defined as: a. within two hours of an allegation involving abuse.

Printed: 04/30/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER Sandridge Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 255 West Brown Road Mesa, AZ 85201	

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49399 Based on interviews and review of the facility policy, the facility failed to investigate and correct alleged violations of abuse for resident #1. The deficient practice could lead to residents suffering from psychosocial harm and further abuse of residents. Findings include: Resident #1 was admitted to the facility on [DATE], with diagnoses of senile degeneration of brain, unspecified dementia and major depressive disorder. Review of Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 6.0 indicating severe impairement. Record revealed resident #1 was admitted to hospice services on January 3, 2025. An interview was conducted on January 13, 2025 at 1:58 pm with a certified nursing assistant (CNA)/Staff #124. Staff #124 identified resident #1 who was observed sitting in a reclining chair with her feet elevated, eyes close, dressed in pants and sweat shirt. Staff #124 stated that resident #1 is newly admitted under hospice services. And while resident is receiving hospice care, a hospice aid comes to give resident her shower. Staff #124 stated that resident still answers questions, can pivot for transferring in and out of bed, and resident requires prompting and assistance with toileting. An interview was conducted on January 13, 2025 at 2:11 pm with a licensed practical nurse (LPN)/Staff #134. Staff #134 stated that she works in the dementia unit, she helps with activities of daily living (ADLs), and assist with feeding residents. She stated that regarding resident #1, resident was recently placed on hospice care, resident can follow directions, resident walks a little bit less than compared a week ago, and staff #134 stated that she has no knowledge of any allegations of abuse. Staff #134 stated that resident is by herself in the room without a roommate. Staff #134 stated that the blinds in the resident's room are torn up, they hang a sheet over the window to cover the window. She reiterated that she has no knowledge of allegation of abuse to any of her residents. And for any allegation that she is made aware of, she will report it to her supervisor right away. In addition, she stated that she receives abuse training yearly. Furthermore, staff #134 stated that the care of resident #1 involves a hospice nurse that comes and a hospice CNA that gives resident a bath. Staff #134 showed the surveyors resident's hospice medical record paper copy in a binder located in the nurses station which included hospice contact number, hospice nurse/Staff #232 and the hospice aid/Staff #240. On January 13, 2025 at 3:17 pm, operation manager/staff #300 stated that they received an allegation of abuse from adult protective services (APS) today at 12:45 pm, and he stated that he had submitted a facility report at 2:30 pm. The Department's Complaints/Incident Tracking System revealed the facility reported the allegation of abuse on January 13, 2025 at 2:38 pm to the State Agency. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER Sandridge Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 255 West Brown Road Mesa, AZ 85201	

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on January 13, 2025 at 4:04 pm with a CNA/Staff #240. Staff #240 stated that she saw resident #1 on Monday which is January 6, on Wednesday which is January 8, and Monday which is January 13. Staff #240 stated that she help resident with her showers and the resident did not refuse any of her showers. She stated that on Monday, January 6, during her initial visit to resident #1, staff #240 stated that resident kept repeating that she was raped and would like to press charges. In addition, Staff #240 stated that the resident has bruise redness on her left side of the neck which looks like a choked mark or something like a hand placed on the neck, bruising on top of both hands and bruise on the left above resident's wrist. The bruise is purple and greenish in color. The resident's left upper arm inside the elbow has dark purple bruising. Staff #240 stated that after giving the resident her shower, she informed her nurse Staff #232 and a female social worker which she showed her the pictures. Staff #240 stated that she asked her nurse at that time if they have a sheet for her to document her skin assessment and she was told no. An interview was conducted on January 13, 2025 at 4:20 pm with a registered nurse (RN)/Staff #232. Staff #232 stated that she initially met the resident on January 6. She stated that Staff #240 gave resident a shower, and Staff #240 asked resident about the bruise on her wrist, and then the resident told her that she has been raped by a big black male. Staff#232 stated that the bruise and allegation of rape was reported to her by Staff #240 after she had finished giving resident her shower. Staff #232 stated that after being made aware of the allegation, she did a head to toe assessment, and she found bruise on resident's both wrist, resident only alert to self, the bruising did not look like grab marks, she ask the resident questions and the resident was unable to provide her details. Staff #232 stated that she then spoke with Staff #302 who is the social worker of the facility, and Staff #232 also reported the allegation to her director of nursing (DON). Staff #232 stated that she saw resident again on January 8th and resident made same statement that she has been raped. She saw the resident Monday, January 13, and resident did not say anything about rape. An interview was conducted on January 13, 2025 at 5:01 pm with social service director/Staff #302. Staff #302 stated that his role as a social worker involves follow up with grievances. Staff #302 stated that he has no knowledge of any allegation of abuse not until this morning when APS came in. He stated that he works Monday thru Friday from 08:30 to 5:00 pm. He stated that one of the hospice nurse reported to him that one of their resident, resident #1, who is in their memory care unit, that there was something reported to nursing and at that time he was in the nursing station, and he stated that one of their resident was saying weird things, referring in the past about something happened to her, that the resident was saying random things like having hallucination or delusion, and that the resident was saying that stuff was missing in the past. Staff #302 stated that the resident was doing very well and then she turns for the worst, her health declined, and on January 2, 2025 he called hospice to evaluate her because resident was not acting like her usual self, and not talking to every body like her normal self. He added that normally the resident was walking, talking, and making phone calls, then on January 2nd when he saw the resident, the resident was not walking, talking or calling anyone. Staff #302 stated that he spoke with a female nurse between 8:00 am to 5:00 pm, who spoke with the hospice nurse, who staff #302 stated he does not remember the name of the nurse he spoke with. Staff #302 stated that when something is reported to him like grievance, he will bring it to their morning meetings or stand up meeting with the IDT (interdisciplinary team) department which is composed of the administrator, DON, nurse managers, housekeeping manager, MDS nurse, the whole management team. His responsibility when an allegation of abuse is reported to him is to report to his administrator or the DON. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER: Sandridge Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE: 255 West Brown Road Mesa, AZ 85201	

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on January 13, 2025 at 5:39 pm with resident #1. During the interview, resident verbally stated her name, stated she has been here couple years, stated that she has been hurt, she has been raped, she stated she does not like being raped, she was raped twice, she has 2 rapes here, and it is not a pleasant situation. She stated that they pin you down, person is big guy three times her size, it happened right in her room, they are aware of it, it happens in the morning in a hurry, you have two people , big guys, both males, her clothes comes off, one is not a big guy but the other guy is a bigger guy, he pulls her aside, next thing she knew her underwear is pulled, she is having nightmare, she does not know how to explain it, it usually happens in her room, like he is changing her diaper, he gets her pants and underwear off, he changes her, so she gets a clean start for the day, the next thing she knew he puts a new diaper on, this big guy can just hold you down, then he puts her in a different clothes, it is scary and spooky. Resident pointed down below her mid waist area and stated that he doesn't put it inside but it is humiliating. Surveyor observe bruise, light purple bluish on top of resident's right hand, and bruise upper left wrist. The surveyors returned in the resident's room at 6:07 pm on January 13, 2025 after resident had a male and a female CNAs perform patient care. The interview with resident continued. The resident stated that the rape is in his apartment, the big guy came one time in the morning, a huge black man wears a blue uniform, the alleged perpetrator #400 is an older guy, huge shoulders, can't miss him because he is so big, alleged perpetrator #400 hurt her in her shoulder, lower back, did not enter her, he held her down. An interview was conducted on January 13, 2025 at 6:50 pm with the DON/Staff #305. The DON stated that for reporting allegation of abuse, they have a two-hour window. Their staff receive annual training on abuse. The DON stated that he was made aware of the allegation of abuse at 12:45 pm from APS for possible sexual assault and bruising. Then, he spoke with his administrator and reported it to the Department of Health (DHS) only. The DON stated that he refers to the policy and procedure to who he reports to for possible sexual assault, and he added to report to the state licensing, ombudsman, resident representative, APS, law enforcement officials, resident attending physician/medical director. At 6:58 pm on January 13, 2025, Staff #300 stated that he does not know if it was reported to the law enforcement because the social service does it. At 7:03 pm on January 13, 2025, Staff #302 joined the interview and stated that the law enforcement was notified today, and stated that once the state surveyors conclude today then they will notify the ombudsman and the case manager. At 7:09 pm on January 13, 2025, LPN/unit manager/Staff #310 stated that she called the law enforcement and informed them of the allegation of rape at 6:30 pm. Review of record revealed a social service note dated January 14, 2025 that the ombudsman and case manager were notified about the allegation that the resident's family reported to APS and State. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER: Sandridge Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE: 255 West Brown Road Mesa, AZ 85201	

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, with a revision date of April 2021 revealed a policy statement All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Reporting allegations to the Administrator and authorities (2) The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing/cerificaation agency responsible for surveying/licensing the facility; b. The local/state ombudsman; c. the resident's representative; d. Adult protective services; e. law enforcement officials; f. The resident's attending physician; and g. the facility's medical director. (3) Immediately is defined as: a. within two hours of an allegation involving abuse.