Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 07/30/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIE	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035205	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI	(X3) DATE SURVEY COMPLETED 05/14/2025		
Suncrest Healthcare Center		2211 East Southern Avenue Phoenix, AZ 85040			
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 Note: The nursing home is disputing this citation.	and neglect by anybody. **NOTE- TERMS IN BRACKETS H Based on clinical record review, sta (#2) did not abuse another residen harmed. Findings Include: - Regarding Resident #2: Resident #2 was admitted on [DAT chronic obstructive pulmonary dise An Admission Minimum Data Set (I Status score of 13, which indicated A progress noted dated February 1 altercation with Resident #4 outside knocked her tooth out and that Res and APS notified. A care plan focus initiated on [DAT coping, refuse care, exposing hims - Regarding Resident #4 Resident#4 was originally admitted paraplegia, sleep terrors, body dys A care plan focus initiated [DATE] i choosing to restrict intake for weigh breaking facility protocol, false acci-	16, 2023 at 03:10 a.m. revealed that Rese on the patio. Resident #4 named Resident #4 hit Resident #2 with a stick. The revealed a focus on the resident has self, and occasional outbursts of anger.	ONFIDENTIALITY** 50116 cility failed to ensure one resident ult in residents being physically ntia, chronic ischemic heart disease, ent had a Brief Interview for Mental esident #2 was involved in an sident #2 as the resident that 'he Police were immediately notified ving potential to behaviors/ altered e quadriplegia, C5-C7 incomplete e quadriplegia, C5-C7 incomplete with other resident discharges g her belongings. dent #2 knocked Resident #4's		

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 035205

If continuation sheet Page 1 of 2

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			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035205	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER Suncrest Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2211 East Southern Avenue Phoenix, AZ 85040	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	which indicates the resident is cogn An interview was conducted on [DA altercation before at this facility. Re There was a witness to the altercat and was punched in the mouth, the Resident #4 had newly cemented in An interview was conducted on [DA Licensed Practical Nurse (LPN) stadid not remember the incident but serfused treatment. Review of a policy revised in [DATE of abuse including Physical Abuse.]	[DATE] revealed a Brief Interview for Mitively intact. ATE] at 11:13 a.m. with Resident #4 and esident #4 revealed that it was with a goin, but died last year at another facilitien punched a second time and that was in bridges. The police came and no change at 11:55 a.m. with Administrator (aff #3 no longer lives in the country and estated that Resident #4 did loose a too Physical abuse and Neglect Policy reveals that the Resident Rights reveals the priation of property, and exploitation.	od revealed that she had been in an uy that is no longer in the facility. y. There was a verbal argument is when her teeth were lost. arges were pressed. Staff #6) and revealed that the imoved back to [NAME]. Staff #6 th because it is written here, and ealed that there are different types ing, pinching and kicking.