

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

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>035207                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>05/19/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Springdale Village Post Acute                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>7255 East Broadway Road<br>Mesa, AZ 85208 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |                                                 |
| F 0725<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many<br><br>Note: The nursing home is<br>disputing this citation. | <p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on resident and staff interviews, facility documentation and policy review, the facility failed to ensure there was sufficient staff to meet the needs of the residents. The deficient practice could result in residents not receiving appropriate care and treatment that they need. Findings include: The PBJ (Payroll-Based Journal) Staffing Data Report revealed the facility triggered for excessively low weekend staffing for FY (fiscal year) Quarter 2 2025 (January 1 - March 31), and Quarter 4 2025 (July 1 - September 30). Per the report, submitted weekend staffing data was excessively low. The PBJ revealed the facility triggered for failure to have licensed nursing coverage 24 hours/day for FY Quarter 1 2025 (October 1- December 31), FY Quarter 2 2025 (January 1 - March 31). Per the report, submitted 24 hours/day licensed nursing coverage was excessively low. The 2026 Facility Assessment, reviewed February 2026, revealed that the facility was licensed to provide care for 122 residents and had an average daily census of 35-50, which consisted of both long and short-term stays. The 2026 Facility Assessment revealed that staffing decisions are determined at the facility level (corporate input may be included) to ensure there are enough staff with appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care. The policy further revealed that the facility will consider staffing needs for each shift, such as day, evening and night, and will adjust as necessary based on any changes to its resident population. Review of the facility timeclock punch details for members of the nursing staff revealed that there was not continuous 24 hours of nursing coverage on the dates of: May 31, 2025 June 1, 2025 June 2, 2025 June 6, 2025 June 7, 2025 June 8, 2025 June 9, 2025 June 12, 2025 June 13, 2025 June 14, 2025 Daily staffing posting documentation was requested to be reviewed for the dates of May 31, 2025 through June 14, 2025. The Director of Nursing (DON/Staff #61) stated that he was unable to locate the documents. An interview was conducted on May 18, 2026 at 11:54 a.m. with the ombudsman who shared concerns residents have brought to her that included concerns such as long wait times for call lights to be answered and that call lights are not answered in the evenings. An interview was conducted with Certified Nursing Assistant (CNA/Staff #57) on May 19, 2026 at 1:28 p.m. The CNA stated that she had never been on duty when a nurse was not present. An interview was conducted with Registered Nurse (RN/Staff #48) on May 19, 2026 at 1:41 p.m. The RN stated that she has enough time to complete her duties and that she is responsible for 15 to 16 residents on average, with 23 being the maximum number of residents she has provided care for in the past. She stated that staffing needs are determined based upon acuity and number of patients. The RN stated that she had never been the sole nurse working at the facility in the past. An interview was conducted on May 19, 2026 at 1:52 p.m. with the Director of Nursing (DON/Staff #61). The DON stated that a resident's acuity, needs, and diagnoses are considered when determining staffing requirements and assignments. He stated that staffing is based on state standard PPD (staffing hours per patient day) and that acuity is reviewed upon admission. The DON stated that census is considered when scheduling staffing. He further stated that the facility assessment included a determination of the level and competency of staff needed to meet each resident's needs each day and during emergencies. The DON stated that there is an alternate staffing plan to account for when staff (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                                   | (X6) DATE                            |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>Facility ID:<br>035207 | If continuation sheet<br>Page 1 of 7 |

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| F 0725<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many<br><br>Note: The nursing home is<br>disputing this citation. | members are unable to work their scheduled shifts. He further stated that the facility scheduled an extra nurse for weekend coverage. The DON stated that staffing needs are determined based upon acuity and patient needs and that the facility did not use agency staff. The DON stated that there are no days when there are no licensed nurses available to provide care for residents and the staffing concerns his organization inherited from the previous owner of the facility did not meet expectations. The DON stated a potential consequence of not having licensed nurses staffed in a 24-hour period is that there would be no ability to assess clinically to treat and provide medications to residents. Facility policy titled Nursing Services Sufficient Staff, revised March 2026, revealed It is the policy of the facility to have sufficient nursing staff with the appropriate competencies and skillsets to provide nursing and related services to promote resident safety and attain or maintain the highest practicable mental, psychosocial well-being of each resident, as determined by resident assessment and individual plans of care and considering the number, acuity and diagnosis of the facility's resident population in accordance with the facility assessment. |                                                                                        |                                                 |

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| <p>F 0727</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on review of facility documentation, staff interviews and facility policy, the facility failed to use the services of a registered nurse (RN) for at least 8 consecutive hours a day, 7 days a week. The deficient practice has the potential to affect resident care. Findings include: Review of the PBJ (payroll-based journal) Fiscal Year (FY) Quarter 2, 2025 (January 1 - March 31) revealed No RN hours on the following dates: January 1, 2025 January 2, 2025 January 3, 2025 January 4, 2025 January 5, 2025 January 6, 2025 January 7, 2025 January 8, 2025 January 9, 2025 January 10, 2025 January 11, 2025 January 12, 2025 January 13, 2025 January 14, 2025 January 15, 2025 January 16, 2025 January 17, 2025 January 18, 2025 January 19, 2025 January 20, 2025 January 21, 2025 January 22, 2025 January 23, 2025 January 24, 2025 January 25, 2025 January 26, 2025 January 27, 2025 January 28, 2025 January 29, 2025 January 30, 2025 January 31, 2025 February 1, 2025 February 2, 2025 February 3, 2025 February 4, 2025 February 5, 2025 February 6, 2025 February 7, 2025 February 8, 2025 February 9, 2025 February 10, 2025 February 11, 2025 February 12, 2025 February 13, 2025 February 14, 2025 February 15, 2025 February 16, 2025 February 17, 2025 February 18, 2025 February 19, 2025 February 20, 2025 February 21, 2025 February 22, 2025 February 23, 2025 February 24, 2025 February 25, 2025 February 26, 2025 February 27, 2025 February 28, 2025 Review of the PBJ FY Quarter 3 2025 (April 1 - June 30) revealed no RN hours on the following dates: April 6, 2025 May 31, 2025 June 7, 2025 June 8, 2025 June 14, 2025 A request was made on May 17, 2026 at 8:29 a.m. to obtain punch details for all licensed staff, which included RN hours. Director of Nursing (DON/Staff # 61) revealed that they did not have access to all the dates listed on the request. Review of the facility timeclock punch details from May 31, 2025 to June 14, 2025 revealed the following dates with no RN on duty for 8 consecutive hours: May 31, 2025 June 1, 2025 June 7, 2025 June 8, 2025 June 14, 2025 Review of the facility timeclock punch details from March 1, 2025 to March 6, 2025 revealed 2 dates with no RN on duty for 8 consecutive hours: March 1, 2025 March 2, 2025 An interview was conducted on May 18, 2026 at 11:54 a.m. with the Ombudsman. The Ombudsman shared concerns residents have brought to her that included concerns such as long wait times for call lights to be answered and that call lights are not answered in the evenings. An interview was conducted with Registered Nurse (RN/Staff #48) on May 19, 2026 at 1:41 p.m. The RN stated that she has enough time to complete her duties and that she is responsible for 15 to 16 residents on average, with 23 being the maximum number of residents she has provided care for in the past. She stated that staffing needs are determined based upon acuity and number of patients. The RN stated that she had never been the sole nurse working at the facility in the past. An interview was conducted on May 19, 2026 at 1:52 p.m. with (DON/Staff #61). The DON stated that a resident's acuity, needs, and diagnoses are considered when determining staffing requirements and assignments. He stated that staffing is based on state standard PPD (staffing hours per patient day) and that acuity is reviewed upon admission. The DON stated that census is considered when scheduling staffing. He further stated that the facility assessment included a determination of the level and competency of staff needed to meet each resident's needs each day and during emergencies. The DON stated that there is an alternate staffing plan to account for when staff members are unable to work their scheduled shifts. He further stated that the facility scheduled an extra nurse for weekend coverage. The DON stated that staffing needs are determined based upon acuity and patient needs and that the facility did not use agency staff. The DON stated that there are no days when there are no licensed nurses available to provide care for residents and the staffing concerns his organization inherited from the previous owner of the facility did not meet expectations. He stated that he was made aware of the facility's one-star staffing rating. The DON stated a potential consequence of not having licensed nurses staffed in a 24-hour period is that there would be no ability to assess clinically to treat and provide medications to residents. Facility policy titled Nursing Services Sufficient Staff, revised March 2026, revealed It is (continued on next page)</p> |                                                                                        |                                                 |

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| F 0727<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | the policy of the facility to have sufficient nursing staff with the appropriate competencies and skillsets to provide nursing and related services to promote resident safety and attain or maintain the highest practicable mental, psychosocial well-being of each resident, as determined by resident assessment and individual plans of care and considering the number, acuity and diagnosis of the facility's resident population in accordance with the facility assessment. |                                                                                        |                                                 |

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| <p>F 0732</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Post nurse staffing information every day.</p> <p>Based on observation, staff interviews and policy review, the facility failed to ensure current nurse staffing information was posted on a daily basis. The deficient practice could result in staffing information not being readily available to residents and visitors. Findings include: Upon entry, an observation was conducted on May 17, 2026 at 7:34 a.m. in the facility lobby. The date listed on the daily staffing posting posted in the facility lobby was observed to be May 14, 2026. The daily posting revealed 1 RN scheduled from 6 a.m. to 6 p.m., 3 LPN's from 6 a.m. to 6 p.m., 5.66 CNA's from 6 a.m. to 6 p.m., 0 RN hours posted from 6 p.m. to 6 a.m., 3 LPN's from 6 p.m. to 6 a.m., and 4 CNA's from 6 p.m. to 6 a.m. A second observation occurred on May 17, 2026 at 1:16 p.m., which revealed the daily staff posting was updated to the date of May 17, 2026. An interview was conducted on May 19, 2026 at approximately 1:52 p.m. with the Director of Nursing (DON/Staff #61). The DON stated that it is the facility expectation that daily staffing postings are updated daily and displayed in the facility lobby. He further stated that daily staffing postings not being updated and posted for the dates of May 15, 2026 and May 16, 2026 did not meet facility policy. Review of the 2026 Facility Assessment Policy titled, Staffing Charts, revealed that nurse staffing information is posted on a daily basis and included the facility name, current date, census, total number and actual hours worked per shift for registered nurses, licensed practical/vocational nurses, and certified nurse aides. The facility policy further revealed that staffing information is posted at the beginning of each shift and in a prominent location that is readily accessible to residents and visitors.</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>035207                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>05/19/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Springdale Village Post Acute                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>7255 East Broadway Road<br>Mesa, AZ 85208 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |                                                 |
| <p>F 0645</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, staff interviews, and facility policy and procedure review, the facility failed to ensure that a Preadmission Screening and Resident Review (PASRR) Level 1 evaluation was completed after 30 days for 1 of 18 sampled residents (Resident #14) with a diagnosis of Serious Mental Illness (SMI). This deficient practice occurred within a resident census (universe) of 70. Failure to complete the required PASRR screening and referral process may result in residents with serious mental illness not being identified for, assessed for, or receiving necessary specialized mental health services and supports. -Regarding Resident #14 Resident #14 was admitted to the facility on [DATE], with diagnoses that included bipolar disorder, diabetes mellitus, muscle weakness, rheumatoid arthritis, and hypertension. A care plan initiated on August 18, 2025 lists resident has self-care performance deficit due to bipolar disorder, potential for mood problem related to disease process and medication side effects, potential for pressure ulcer development due to bipolar disorder, psychotropic medication use related to bipolar disorder, acute and chronic pain related to bipolar disorder. A care plan initiated on August 18, 2025 and revised on December 11th, 2025 indicated that the resident required an Antimanic Agent used to treat Bipolar disorder. Also, Activities of Daily Living (ADL) Self Care Performance Deficit r/t Addison's, encephalopathy, bipolar disorder, and impaired mobility. Psychotropic medications use, related to behavior management for bipolar disorder as evidenced by mood swings. An order summary revealed the following orders: -Lithium Carbonate oral capsule 600mg, give 1 capsule by mouth one time a day every Monday, Wednesday, Friday, Saturday for Bipolar Disorder, dated August 21, 2025. A Pre-admission Screening and Resident Review (PASRR) Level 1, dated August 7, 2025, for resident #14 revealed the resident had a Mental Illness (MI) that included bipolar disorder. The screening was completed by Wellsprings Therapy Center of [NAME], and it indicated convalescent care (30days). Further review of the medical record revealed no evidence that a Level 1 PASRR was not completed until December 1, 2025 and did not identify whether a Level 2 was indicated. Also, a Level 2 PASRR had not been submitted to the appropriate State-designated agency for review for resident #14. A Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 10, which indicated moderate cognitive impairment. The resident was administered high risk medication that included an antimanic agent, Lithium 600mg every day Monday, Wednesday, Friday and Sunday for bipolar disorder. An interview was conducted on May 18, 2026 at 11:15 A.M. with the Social Services Director (staff #10) and Case Manager (staff # 37) who stated that it is her responsibility to complete PASRR Level 1 after 30 days from admission, and PASRR Level 2 evaluations. She stated that on admission she ensures that the PASRR Level 1 is completed and accurate, and if the resident has a mental illness a PASRR Level 2 evaluation will be completed and submitted. Staff #10 stated that a Level 2 PASRR should be completed and submitted for any resident with a mental illness diagnosis or an intellectual disability. She stated that for resident #14, there was a Level 1 PASRR on admission from Wellsprings Post-Acute dated August 7, 2025, and no follow up PASRR was completed by the facility. An interview was conducted on May 18, 2026 at 2:21 P.M. with the Director of Nursing (DON/staff #27) who stated a PASRR Level 2 is to be sent to the State-designated authority for review when there is an MI diagnosis. The DON stated the risk of not completing the Level 1 and Level 2 PASRR could result in not implementing the appropriate level of care and services for a resident. An interview was conducted on May 19, 2026 at 7:10 A.M. with Administrator (staff #80) who stated that the DON was not able to find a 30-day Level 1 PASRR for resident #14 who was admitted on [DATE]. Also, there was no Level 2 PASRR submitted to the state designated authority for review. The facility policy titled, PASRR with a review date of March 2026, revealed that the facility admits only residents whose medical and nursing care needs can be met. All new admissions are screened for mental disorders (MD), intellectual disabilities (ID) or related disorders (RD) per the Medicaid (continued on next page)</p> |                                                                                        |                                                 |

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

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>035207                                                                                                                                                                                                                                                                                                                                    | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>05/19/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Springdale Village Post Acute                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>7255 East Broadway Road<br>Mesa, AZ 85208 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                              |                                                                                        |                                                 |
| F 0645<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Pre-admission Screening and Resident Review (PASRR) program. A Level 1 PASRR screen is conducted for all potential admissions to determine if the individual meets the criteria for a MD, ID or RD. If the Level 1 screen indicates that the individual may meet the criteria, he or she is referred to the state PASRR representative for the Level 2 evaluation and determination screening process. |                                                                                        |                                                 |