

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2026
NAME OF PROVIDER OR SUPPLIER Quiburi Mission Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 850 South Highway 80 Benson, AZ 85602	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and review of facility documents and policy, the facility failed to send a notice of discharge to the State Ombudsman for one resident (#59). The deficient practice could result in the residents not being followed up for transfer or discharges concerns. Findings include: Resident #59 was admitted to the facility on [DATE], with diagnoses of metabolic encephalopathy, type 2 diabetes mellitus, and hypertension. The Resident's Hospital Discharge Summary revealed that the Resident was discharged from the hospital to the facility for therapy services. The Discharge Planning/Discharge progress notes dated 2/15/2026, revealed that the Resident arrived at the facility accompanied by his family. Documentation indicated the resident's family member expressed concern that the assigned room did not have adequate space for the resident's belongings. Documentation further revealed the family elected to take the resident home against medical advice (AMA). Review of the electronic medical record, including the AMA Release Form dated 2/15/2026, revealed that the Resident was discharged to home with the responsible party on 2/15/2026. On 04/29/2026, at 10:25 AM, the Administrator (Staff #600) was requested to provide documentation of discharge notices sent to the Ombudsman for the last 6 months. On 04/30/2026 at 8:29 AM, the administrator documented on CMS Form 807 that the ombudsman did not require the facility to send discharge notices directly to her. The Administrator further documented that social service staff were addressing residents whose discharge notices had not been sent. On 4/30/2026, at 8:54 AM, the Administrator (Staff #600) provided an additional written statement acknowledging that sending discharge notices to the Ombudsman was a regulatory requirement and indicated the facility would send notices for discharged residents moving forward. A phone interview was conducted on 04/30/2026, at 9:57 AM with the Ombudsman. The Ombudsman stated that she had periodically received discharge notices in the past, including notices from the previous administrator (Staff #666), but had not received discharge notices from the facility after 12/4/2026. The Ombudsman confirmed the facility is required to provide discharge notices per regulation. A review of the facility's policy titled Transfer and Discharge which was revised on 04/2025, revealed that the purpose of the policy was to ensure that the residents are transferred and discharged from the facility in compliance with the state and federal laws and to provide a complete, safe, and appropriate discharge planning and necessary information to the continuing care provider.</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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