STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035216	A. Building B. Wing	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caring House	510 South Ocotillo Road Sacaton, AZ 85147

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, records, and review of the RAI (Resident Assessment Instrument) manual, the facility failed to ensure that the MDS (Minimum Data Set) assessment accurately reflected the status of 1 out of 2 residents reviewed for falls (R12) and failed to reflect the PASARR (Preadmission Screening and Resident Review) status for 1 out of 2 residents reviewed for PASARR requirements (R8). Specifically, R12's MDS did not reflect a fall with major injury and R8's MDS did not reflect her PASARR Level II status for 3 consecutive years. The deficient practice may result in residents not receiving care appropriate to their individual needs.Findings include:For R12:Review of the admission Record revealed R12 was admitted to the facility on [DATE] with diagnoses which included repeated falls and Parkinson's Disease with dyskinesia (involuntary, uncontrollable movements that can develop as a side effect of long-term levodopa (dopamine agonists) treatment for Parkinson's disease), without mention of fluctuations.An eINTERACT SBAR (Situation, Background, Assessment and Recommendation) Summary for Providers note dated 04/28/25 at 9:40 PM included that the resident was observed by a CNA (Certified Nurse's Aide) walking from his bed to the hallway, falling to the floor, and landing on his left side. According to the note, the resident did not hit his head. Skin tears were noted to the right forearm and left knee. The resident was unable to move the left lower extremity (LLE) without increased pain. Per the note, the provider was notified and gave orders to send the resident out to the hospital.A fall care plan dated 04/28/25 related to a witnessed fall with skin tear had a goal for the resident to have no falls with major injury. Interventions included to monitor/document/report PRN (as needed) x 72 hours to MD (Medical Doctor) for signs or symptoms of pain, bruises, changes in mental status, new onset confusion, sleepiness, inability to maintain posture, or agitation.Review of the X-Ray results dated 04/29/25 revealed no evidence of displaced pelvic fracture and no acute findings in the left femur.On 05/03/25 at 1:12 PM a Health Status Note revealed the resident reported increased pain for LLE. According to the note, the family called and requested that the provider provide additional pain medication. The provider was notified, and orders were received to change Tylenol (non-opioid analgesic) to 1000 mg (milligrams) every 6 hours as needed (PRN) and ibuprofen (Non-steroidal Anti-Inflammatory Drugs) 600 mg every 6 hours PRN.A Health Status Note dated 05/18/25 at 10:40 PM included that the resident had been medicated with PRN medication for complaints of pain to the LLE/hip area. The note stated that the resident was able to move his leg, bear weight, and had no signs of edema or bruising. The resident was informed and reminded about an early morning appointment for CT (Computed Tomography/medical imaging) scan of LLE. The resident voiced understanding.On 05/19/25 at 7:59 AM a Health Status Note included that the resident returned from the CT scan appointment with no new orders. According to the note, the resident had a broken left hip.At 10:51 AM on 05/19/25 an Alert Note indicated a new order was received to transfer the resident to the hospital for further evaluation.Review of the MDS assessment dated [DATE], indicated R12 was discharged with return anticipated.The MDS dated [DATE] revealed that the resident re-entered the facility.Review of the 1st assessment following the 5/23/25 entry, the significant change/5-day MDS, assessment dated [DATE] revealed Question A0310E (Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035216	A. Building B. Wing	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caring House	510 South Ocotillo Road Sacaton, AZ 85147

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	most recent admission/entry or reentry?) was answered No. Inaccurately answering this question no, disabled Section J1700 (Fall History on Admission/Entry or Reentry.) Therefore, no responses were submitted for the following questions: A. Did the resident have a fall any time in the last month prior to admission/entry or reentry? B. Did the resident have a fall any time in the last 2-6 months prior to admission/entry or reentry? And/or C. Did the resident have any fracture related to a fall in the 6 months prior to admission/entry or reentry? In Section J1800 the question asked, Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA (Omnibus Budget Reconciliation Act of 1987) or Scheduled PPS (Prospective Payment System), whichever is more recent? The response was No.During an interview conducted on 07/23/25 with an MDS Coordinator (MDS 2) she stated that she coded the 05/29/25 assessment as a No for section J1800, because the resident had not had any falls since his readmission on [DATE]. She stated that she combined the Significant Change with the 5-Day MDS to reflect the resident's significant change. When asked if the assessment accurately reflected the resident's fall with major injury, she stated No. Review of the RAI manual Section A, page A-6: Coding Instructions for A0310E, Is This Assessment the First Assessment (OBRA, Scheduled PPS, or OBRA Discharge) since the Most Recent Admission/Entry or Reentry? Code 0, no: if this assessment is not the first of these assessments since the most recent admission/entry or reentry. Code 1, yes: if this assessment is the first of these assessments since the most recent admission/entry or reentry. For R8:Review of the Admissions Record revealed R8 was admitted to the facility on [DATE] with diagnoses which included type 2 diabetes mellitus (a chronic condition where the body doesn't use insulin properly and eventually may not produce enough insulin to maintain normal blood glucose levels) without complications and unspecified asthma (a chronic lung disease that makes it harder to move air in and out of the lungs), uncomplicated.Review of the PASARR Level II determination letter dated 08/18/21 revealed the resident was determined to qualify for specialized services in accordance with CFR-483.120. An Annual MDS assessment dated [DATE] included a response to A1500, Is the resident currently considered by the state level II PASARR process to have serious mental illness and/or intellectual disability or a related condition? as No.The Annual MDS assessment dated [DATE] included a No response to A1500, Is the resident currently considered by the state level II PASARR process to have serious mental illness and/or intellectual disability or a related condition?Review of the Annual MDS assessment dated [DATE] revealed the response to A1500 was, No, indicating the resident was not currently considered by the state level II PASARR process to have serious mental illness and/or intellectual disability or a related condition.A PASARR Level I screening dated 07/17/25. The screening indicated the resident's diagnoses included the serious mental illness schizophrenia. According to the screening, the resident's mental disorders included depression, adjustment disorder with mixed anxiety, and depressed mood. Further, the screening indicated the resident displayed no symptoms related to adaptation to change, including self-injury or self-mutilation and/or hallucinations or delusions. The screening additionally revealed the resident had not currently, or within the past 2 years, received mental health services including inpatient psychiatric hospitalization. The referral determination demonstrated that no referral was necessary for any Level II services. The document was signed by the MDS Coordinator (MDS 2).On 07/23/25 at 1:24 PM an interview was conducted with MDS 2. When asked why a PASARR Level I screening had been completed 07/17/25, she stated that they had started completing a level I PASARR on the resident annually. After review of the PASARR Level II Determination Letter, MDS 2 was asked if the screening dated 07/17/25 and /or the previous 3 Annual MDS assessments were an accurate reflection of the resident's status, she stated No.On 07/24/25 at 2:13 PM a follow-up interview was conducted with an MDS Coordinator (MDS 3). She reviewed the PASARR determination letter from 2021 which indicated that R8 was Level II positive. She then reviewed the MDS annual assessment dated [DATE] and stated that the assessment stated the resident was not Level II. When asked if the assessment should state that R8 was Level II positive, she replied Yes. She stated that it was important for evaluations to be accurate to ensure (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035216	A. Building B. Wing	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caring House	510 South Ocotillo Road Sacaton, AZ 85147

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the resident is receiving the proper care.On 07/25/25 at 9:54 AM an interview was conducted with the Director of Nursing. She stated that her expectation was for all MDS assessments to be accurate. She stated that inaccuracies may affect the overall care of residents.(Cross-reference to F644)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035216	A. Building B. Wing	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caring House	510 South Ocotillo Road Sacaton, AZ 85147

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure Preadmission Screening and Resident Review (PASARR) screenings were coordinated and/or referred for Level II evaluations as required for newly evident Serious Mental Illness (SMI) diagnoses for two of two residents (Resident (R) 9 and R12) reviewed for PASARR requirements out of a total sample of 19 residents. The deficient practice may result in residents with Mental Disorders (MD) and/or Intellectual Disabilities (ID) not receiving specialized services to meet their needs. Findings: For R9: Review of R9's “admission Record, dated 07/25/25 and found in the electronic medical record (EMR) under the “Profile” tab, indicated the resident was admitted to the facility on [DATE] with diagnoses including Congestive Heart Failure (CHF), Adjustment Disorder and Other Specified Mental Disorders Due to Known Physiological Condition. Review of R9's “Psychiatric Provider Encounter Progress Note,” dated 11/08/24 and found in the EMR under the “Documents” tab, revealed a diagnosis of Personality Disorder was added to the resident's diagnosis list on 11/08/24. Review of R9's significant change in status Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/30/25 and found in the EMR under the “MDS” tab, indicated a Brief Interview for Mental Status (BIMS) score of 15 out of 15 (which indicated the resident was cognitively intact). The assessment indicated the resident was not receiving any psychotropic medication. The assessment indicated the resident frequently exhibited signs of depression including feeling down, depressed, or hopeless and having little interest or pleasure in doing things. The assessment indicated the resident did not exhibit any behaviors during the assessment period. Review of R9's most recent “Level 1 PASSAR” document, dated 11/14/24 and found in the EMR under the “Documents” tab, revealed the Level 1 PASARR did not include the resident's personality disorder diagnosis added on 11/08/24. An updated and accurate Level 1 PASARR revised to include the resident's personality disorder diagnosis could not be located in R9's medical record. During an interview with Minimum Data Set Nurse (MDS1) on 07/23/25 at 1:04 PM, MDS1 confirmed the MDS Nurses were responsible for updating and ensuring the accuracy of residents' PASARR assessments after their initial admission to the facility. MDS1 stated a resident's Level 1 PASARR was expected to be updated/resubmitted with any change in psychotropic medication or any added psychiatric/major mental illness diagnosis so a determination could be made related to the potential addition of Level 2 PASARR services. MDS1 confirmed a new Level 1 PASARR should have been completed and submitted after R9's diagnosis of personality disorder was added to her record on 11/08/24. MDS1 confirmed she was not able to locate anything in R9's record to indicate this had been done. During an interview with the Administrator and the Director of Nursing (DON) on 07/25/25 at 9:18 AM, both confirmed their expectation was a new Level 1 PASARR was to be completed and submitted with any change in mental health diagnoses or change in the administration of psychiatric medication (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035216	A. Building B. Wing	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caring House	510 South Ocotillo Road Sacaton, AZ 85147

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	for a resident. They stated they expected each resident's PASARR to be accurate and both confirmed R9's Level 1 PASARR should have been updated and resubmitted with her new 11/08/24 diagnosis of personality disorder. Review of the facility's “Coordination of Pre-admission Screening and Resident Review (PASARR) Policy,” dated 04/2025 indicated, “The Level 1 screen will be reviewed at each care conference by the interdisciplinary team for accuracy. Any necessary update may be made at this time.” For R8: Review of the Admissions Record revealed R8 was admitted to the facility on [DATE] with diagnoses which included type 2 diabetes mellitus (a chronic condition where the body doesn't use insulin properly and eventually may not produce enough insulin to maintain normal blood glucose levels) without complications and unspecified asthma (a chronic lung disease that makes it harder to move air in and out of the lungs), uncomplicated. Review of the PASARR Level II Determination Letter dated 08/18/21 revealed the resident was determined to qualify for specialized services in accordance with CFR-483.120. The letter additionally instructed to please notify the office of any significant medical and/or psychiatric changes, identified on the Resident Assessment – Minimum Data Set (MDS), or when a Serious Mental Illness (SMI) was newly suspected, that occur during the client's stay at the facility. The PASARR II assessment dated [DATE] indicated the resident's diagnoses included psychotic disorder with delusions due to known physiological conditions (a mental health condition where delusions develop as a direct consequence of a known medical illness or condition affecting brain function), unspecified mental disorder due to known physiological condition (a mental health condition where a specific diagnosis cannot be determined, but it's known to be caused by an underlying physiological issue), and adjustment disorder, unspecified (a diagnosis given when an individual experiences emotional or behavioral symptoms in response to a stressful event, but the symptoms don't clearly fit into one of the more specific types of adjustment disorder. According to the documentation, no specialized services were recommended for the resident at that time. It appeared that all of her needs could and were being met by the facility within their scope of services. Further, the documentation stated that the resident was appropriate for SNF (Skilled Nursing Facility) placement due to her high level of care needed. However, review of the Annual MDS assessment dated [DATE] included a response to A1500, “Is the resident currently considered by the state level II PASARR process to have serious mental illness and/or intellectual disability or a related condition?” as “No.” A Hospital H&P (History & Physical), Surgery dated 07/23/22 indicated the resident's medical history included schizophrenia. Review of the resident's record provided no evidence of where this diagnosis was made, by whom, or when. The Annual MDS assessment dated [DATE] included a response to A1500, “Is the resident currently considered by the state level II PASARR process to have serious mental illness and/or intellectual disability or a related condition?” as “No.” On 09/20/23 an Emergency Department Document revealed the resident was seen by ED (Emergency (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035216	A. Building B. Wing	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caring House	510 South Ocotillo Road Sacaton, AZ 85147

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Department) triage for worsening psychosis symptoms. The documentation included that the resident had a history of psychosis with delusions and hallucinations. According to the documentation, her hallucinations had been worsening, and she had been becoming aggressive towards peers and staff at the nursing facility. The documentation indicated that the resident received medical clearance for psychiatric admission. Psychosis qualifiers included “Schizophrenia, unspecified.” Review of the MDS revealed the resident was subsequently readmitted to the facility on [DATE]. However, review of the resident's record did not demonstrate that the state PASARR Coordinator's office had been notified of the new diagnosis as instructed in the Level II determination letter. Review of the Annual MDS assessment dated [DATE] revealed the response to A1500 was, “No,” indicating the resident was not currently considered by the state level II PASARR process to have serious mental illness and/or intellectual disability or a related condition. Review of the Medication Administration Records (MARs) dated January 2025 through July 2025 revealed the resident displayed ongoing behaviors of auditory hallucinations and [self] scratching and skin picking. A PASARR Level I screening dated 07/17/25. The screening indicated the resident's diagnoses included the serious mental illness schizophrenia. According to the screening, the resident's mental disorders included depression, adjustment disorder with mixed anxiety, and depressed mood. Further, the screening indicated the resident displayed no symptoms related to adaptation to change, including self-injury or self-mutilation and/or hallucinations or delusions. Additionally, the screening revealed the resident had not currently, or within the past 2 years, received mental health services including inpatient psychiatric hospitalization. The referral determination demonstrated that no referral was necessary for any Level II services. The document was signed by the MDS Coordinator (MDS 2). On 07/23/25 at 1:24 PM an interview was conducted with MDS 2. When asked why a PASARR Level I screening had been completed 07/17/25, she stated that they had started completing a level I PASARR on the resident annually. When asked if a Level II referral had been sent to the state when the resident developed a new diagnosis for schizophrenia in 2023, she stated that they completed the Level I screening again and did not find the resident appropriate for Level II referral “because the resident did not trigger any elements of the “Symptoms” section of the screening form.” When this writer pointed out the selection “hallucinations or delusions” under the symptoms related to “Adaptation to Change” category, she stated “Oh.” When asked if the screening was an accurate reflection of the resident's status, she stated “No.” On 07/24/25 at 9:38 AM an interview was conducted with the MDS Coordinators (MDS 1, MDS 3, and MDS 2). MDS 2 stated that during the period that surrounded the newest PASARR [07/17/25] she stated that the box should have been checked on the “Symptoms” section of the PASARR because hallucinations and delusions have been ongoing since she has been here. She stated that skin-picking had been going on for about a year, and that it was related to anxiety. When asked about their process, MDS 1 stated that if a resident developed a new psychiatric diagnosis, they would complete a Level I screening again. She stated with any new psychiatric diagnosis, that will trigger a new Level I PASARR. She stated that if the resident had any new diagnosis with symptoms, this would trigger a referral for Level II referral. When asked if the resident should have triggered for a Level II referral based upon the evidence, MDS 1 stated Yes. MDS 2 stated that she thought they had (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035216	A. Building B. Wing	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caring House	510 South Ocotillo Road Sacaton, AZ 85147

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	more to learn about PASARR. Review of the policy titled Coordination of Pre-admission Screening and Resident Review (PASRR), reviewed 4/24 included “Preadmission Screening and Resident Review (PASRR)” is a federal requirement to help ensure that individuals who have MD or intellectual disabilities are not inappropriately placed in nursing homes for long term care. PASRR requires that 1) all applicants to a Medicaid-certified facility be evaluated for a serious MD and/or ID; 2) be offered the most appropriate setting for their needs (in the community, a nursing facility, or acute care setting); and 3) receive the services they need in those settings. [The facility] shall incorporate the recommendations from the PASRR Level II determination and the PASRR evaluation into a resident's assessment, care planning, and transitions of care. Coordination shall include: 2. Referring all Level II residents and all residents with newly evident or possible serious MD (Mental Disorders), ID (Intellectual Disorders), or related condition for Level II resident review upon a significant change in status assessment. According to the Resident Assessment Instrument (RAI) Manual, revised October 2024, pp. 2-30-31, The nursing facility must provide the SMH (State Mental Health)/ID (Intellectual Disabilities)/DDA (Developmental Diabilities Administration) authority with referrals as described below, independent of the findings of SCSA (Significant Change in Status Assessment). PASRR Level II is to function as an independent assessment process for this population with special needs, in parallel with the facility's assessment process. Nursing facilities should have a low threshold for referral to SMH/ID/DDA , so that these authorities may exercise their expert judgment about when a Level II evaluation is needed. Referral should be made as soon as criteria indicating such are evident -- the facility should not wait until the SCSA is complete. Referral for Level II Resident Review Evaluations is required for individuals previously identified by PASRR to have Mental Illness, Intellectual Disability/Developmental Disability, or a related condition in the following circumstances: Note: This is not an exhaustive list: A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms; A resident with behavioral, psychiatric, or mood related symptoms that have not responded to ongoing treatment. (Cross-reference to F641)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035216	A. Building B. Wing	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caring House	510 South Ocotillo Road Sacaton, AZ 85147

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review the facility failed to provide pharmaceutical services to meet the needs of Resident (R) 2, one of five residents reviewed for unnecessary meds, when Staff held R2's long acting insulin 3 times in July unnecessarily, without an order or notifying the physician. This had the potential to cause R2 to experience hyperglycemia (elevated blood sugar). Hyperglycemia can lead to various short-term and long-term complications. Short-term effects include ketoacidosis (A complication of diabetes in which acids build up in the blood to levels that can be life-threatening), dehydration, and confusion. Long-term complications include diabetic retinopathy, nephropathy, neuropathy, cardiovascular disease, and increased risk of infections. Findings: Review of the admission Record revealed the facility admitted R2 most recently on 05/02/2025. Diagnoses included type 2 diabetes mellitus with other specified complications, and hypertensive end stage renal disease with dependence on dialysis. Review of physician orders revealed orders for both a long acting insulin (Glargine) given once a day, and short acting insulin (Lispro) given twice a day. The orders read, Insulin Glargine Subcutaneous Solution 100 UNIT/ML (Insulin Glargine) Inject 15 unit subcutaneously [under the skin in fatty tissue] one time a day every. Ordered on 05/08/2025.HumaLOG Solution 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale: if [blood sugar is] 151 - 200 = [give] 3 Units; 201 - 250 = 5 Units; 251 - 300 = 7 Units; 301 - 350 = 10 Units; 351 - 400 = 12 Units; 401 - 999 = 14 Units. Greater than 400, administer 14 Units and notify provider for further orders, subcutaneously two times a day related to type 2 diabetes mellitus with other specified complication (E11.69) related to type 2 diaetes (sic) mellitus with hyperglycemia (E11.65) Onset: 15-30 mins. Peak 1-2 hrs. Follow Hypoglycemia protocol for BS less than 70mg/dl. For BS over 400mg/dl call provider. Hold Insulin for BS less than 100mg/dl and call provider. Ordered on 05/08/2025. Review of the July 2025 Medication Administration Record (MAR) revealed licensed nurse LPN1 entered code 5 for the Insulin Glargine administration on July 11th, 16th, and 21st. Code 5 means Hold/See Progress Notes. The corresponding progress notes read as follows:07/11/2025 at 4:40 AM - Blood sugar at 7707/16/2025 at 5:05 AM - residents (sic) blood sugar 80 07/21/2025 at 4:44 AM - B/S [blood sugar] 88The notes did not indicate if the resident was having any signs or symptoms of low blood sugar, if the physician was notified or contacted with any concerns. Target blood sugar reading before meals for diabetic persons, according to the Centers for Disease Control and Prevent (CDC) is 80 to 130 mg/dL (milligrams per decaliter); and blood sugar below 70 mg/dL is considered low. During an interview on 07/24/2025 at 1:56 PM the Unit Manager, RN4 was asked about insulin glargine. When asked if it should be held when there was not an order to hold it, or if the blood sugar was above 70 mg/dL she stated it was a long acting insulin and would not lower insulin quickly after administration. She concurrently reviewed the held insulin glargine progress notes and July MAR for R2. She confirmed the code 5 meant the medication was held and a progress note was entered. She stated that holding the insulin glargine on those days were med errors, and the nurse would need coaching, He/She is not following orders. When asked what the nurse should do if they had a concern with the order she stated He/She should notify the provider. Blood sugar reading after holding the insulin glargine were concurrently reviewed as follows:On 07/11/2025 the 11:39 AM blood sugar reading was 303 mg/dL.On 07/16/2025 the 5:23 PM reading was 250 mg/dL.On 07/21/2025 the 11:38 AM reading was 305 mg/dL. Review of facility policy TCH.120.114 titled Insulin Administration with review date 05/2025 revealed that long acting insulin Glargine had an onset time of 3-4 hours, did not peak, and lasted 24 hours.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035216	A. Building B. Wing	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caring House	510 South Ocotillo Road Sacaton, AZ 85147

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of 19 residents sampled (R35), was able to call for assistance when their call bell was not within reach and R35 was not capable of retrieving and using it. As a result, R35 was not able to call for help until the surveyor alerted the staff. This had the potential for R35's needs to be unmet. FindingsReview of the admission Record revealed the facility admitted R35 most recently on 04/12/2023 with a primary diagnosis of acute posthemorrhagic anemia (a condition where the body experiences a sudden and significant drop in red blood cells and hemoglobin due to a rapid loss of blood). Other diagnoses included disorders of bone density, cerebral infarction (the death of brain tissue due to a prolonged decrease in blood flow, also known as stoke) with left sided hemiplegia and hemiparesis (weakness or paralysis on one side of the body), hearing loss, aphasia (a language disorder that affects a person's ability to communicate), reduced mobility, end stage renal disease (permanent kidney failure) with dependence on dialysis, ischemic cardiomyopathy (a condition where the heart muscle (myocardium) weakens and enlarges due to decreased blood flow, often caused by coronary artery disease), coronary artery disease, mild neurocognitive disorder (a term encompassing conditions characterized by a decline in cognitive abilities, including memory, language, and problem-solving, often due to brain injury or disease), dementia, and diabetes. During an interview and observation with R35 on 07/21/2025 at 3:50 PM, R35 was in bed. Throughout the interview R35's hands were motionless under the covers. Observed the call bell was attached to the side of bed, hanging down below the bed. R35 stated he did not recall how long he had been at the facility. Following the interview the surveyor sat in the hallway near R35's room observing. Between 3:56 PM and 4:06 PM R35 could he heard to call out help nine times. While staff were observed in the hallway, they were not immediately outside of R35's door and did not respond to the vocalizations. The surveyor notified the licensed nurse at the nurses' station, LPN5, at 4:06 PM that R35 had been calling out. Upon walking into R35's room he stated he wanted to get up. LPN5 concurrently observed the call light was hanging off the side of the bed and she stated R35 could not reach the call bell when it was over the side. She explained R35 had an injury to his shoulder on his right side, his dominate side that was not affected by his stroke, and the call bell needed to be placed near or in his hand for him to operate it. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the facility assessed R35 to have functional impairment on one side both upper and lower extremities. R35's eating ability (to use suitable utensils to bring food to the mouth) was assessed as needing setup or clean-up assistance; and R35 was depend on staff for toileting hygiene, showers/bathing, dressing lower body, and transfers. Review of hospital records dated 07/03/2025 revealed R35 had a fractured right humerus (the long bone of the upper arm). During an interview on 07/24/25 at 10:31 AM nursing assistant CNA60 stated that R35 required assistance with feeding now since his right shoulder injury. During an interview on 07/25/2025 at 10:05 AM Physical Therapist (PT)3 and PT4 confirmed R35 had a history of a stroke with left-sided weakness and relies on his right side. PT3 stated, Since his fracture he is limited on both sides. During a follow up interview with LPN5 on 07/25/2025 at 10:14 AM, LPN5 described the expectation on the floor was for anyone available to respond if a resident is calling out, They need to check on him, why he is calling. She described R35's ability to use his right arm/hand had changed recently, he use to be able to propel his wheelchair and feed himself, now they have to move him and feed him. With respect to the call bell she stated, If it is in his hand I am sure he could [push the button]. She added that after the incident on 07/21/2025 the facility provided R35 with an adaptive call bell that is pressure sensitive. Review of R35's care plan revealed interventions on the fall prevention focus that the call light should be reachable. The creation date read 5/14/2024. The Director of nursing stated on 07/25/2025 at 11:09 AM, [The] call bell should be within reach of the resident, and they are capable of using it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035216	A. Building B. Wing	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caring House	510 South Ocotillo Road Sacaton, AZ 85147

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on interview and record review, the facility failed to ensure Resident (R) 38, one of three residents reviewed for beneficiary notices was provided a written Notice of Medicare Non-Coverage (NOMNC), and Advanced Beneficiary Notice of Non-coverage (ABN) when the facility identified R38's Part A benefit last covered day was due to end. This had the potential for R38 and/or their representative to be unaware of their appeal rights or how to activate an appeal. Findings: Review of the admission Record revealed the facility admitted R38 on 02/25/2025. R38 was their own responsible party. R38's spouse was listed as Emergency Contact #1 Review of the Beneficiary Protection Notification Review worksheet provided by the facility indicated R38's Medicare Part A benefit started on 02/25/2025 and the last covered day was 03/26/2025. The Beneficiary Notice worksheet indicated R38 remained in the facility after their last Medicare A covered day. Review of the NOMOC filed in R38's medical record revealed the form included that coverage for physical/occupational/speech therapy, and nursing services would end on 03/26/2025, and R38 had the right to appeal the decision, and who to contact if they chose to appeal. The form read, Please sign below to indicate you received and understood this notice. The form was unsigned. Under Additional Information the form indicated several refusals and that facility staff #80 contacted R38's next of kin on 03/24/2025 who gave a verbal understanding and ?consent for a verbal signature'. The form did not indicate the form was provided to R38 or that R38 was aware of the notice. Review of the ABN filed in R38's medical record revealed starting on 03/27/2025 the facility estimated the cost of Physical/Occupational/Speech Therapy and Daily Skilled Nursing Care services would be $1,500 per day/item or service. The form read, Signing below means that you have received and understand this notice. The form was unsigned by R38 or an authorized representative. Under Additional Information the form indicated facility staff #80 contacted R38's next of kin on 03/24/2025 who gave a verbal understanding, selected Option 3 and gave consent for a verbal signature. Option 3 on the form read, I do not want the care(s) listed above, I understand that I am not responsible for paying, and I cannot appeal to see if Medicare would pay. The form did not indicate the form was provided to R38 or that R38 was aware of the decision. During an interview on 07/24/2025 at 12:01 PM the Director of Finance (DoF) described their process was to send the NOMNC and ABN forms electronically for signatures. DoF confirmed that when a resident or their repetitive was not computer savvy, that posed some challenges. After a concurrent review of R38's form and electronic medical record DoF stated he would confirm if the form was sent. On 07/24/2025 at 12:45 PM DoF followed up and stated the beneficiary notice forms for R38 were not sent, they may have been put at the unit's nursing station, however they did not have a process to verify if that was done, if the resident received it, or obtain a signature after the fact. During an interview on 07/24/2025 at 1:27 PM the Administrator described his expectation was that staff would at least go over the form and explain it to them. He confirmed that they did struggle with families that were not technologically savvy, he would hope they would have the notice available to get a wet signature when they are here. When asked about the importance of ensuring the resident or their representative received the written notice, he acknowledged the written notice could be important for someone who was discharged from benefits since it has who to call to make an appeal.