

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035225	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Sun City Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  9940 West Union Hills Drive Sun City, AZ 85373	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50116</p> <p>Based on observation, interviews, record review, and the state agency reporting system, the facility failed to ensure resident rights to informed consent regarding insurance changes for 4 of 5 sampled residents (#1, #2, #3 and #4). Failing to fully inform what a change in plan can do, may cause a delay in care, change benefits to assist a resident that was chosen for a specific reason or harm to a resident.</p> <p>Findings include:</p> <ul style="list-style-type: none"> <li>- Resident #1 was admitted on [DATE] with medical diagnoses that include: cellulitis, anemia, peripheral vascular disease, type 2 diabetes mellitus with hyperglycemia.</li> </ul> <p>An MDS (Minimum Data Set) assessment dated [DATE] revealed a BIMS (Brief Interview for Mental Status) score of 15 indicating that resident #1 was cognitively intact.</p> <ul style="list-style-type: none"> <li>- Resident #2 was admitted on [DATE] with medical diagnoses that include hemiplegia, affecting right dominant side, chronic obstructive pulmonary disease, hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, senile degeneration of brain.</li> </ul> <p>An MDS (Minimum Data Set) assessment dated [DATE] revealed a BIMS (Brief Interview for Mental Status) score of 10 indicating that resident #2 has moderate cognition impairment.</p> <ul style="list-style-type: none"> <li>- Resident #3 was admitted on [DATE] with medical diagnoses fracture of the lower end of right radius, fracture of tibia or fibula following insertion of orthopedic implant, joint prosthesis, or bone plate right leg, anemia, essential primary hypertension, type 2 diabetes mellitus with hyperglycemia, acute kidney failure.</li> </ul> <p>An MDS (Minimum Data Set) assessment dated [DATE] revealed a BIMS (Brief Interview for Mental Status) score of 14 indicating that resident #3 was cognitively intact.</p> <ul style="list-style-type: none"> <li>- Resident #4 was admitted on [DATE] with medical diagnoses that include unspecified dementia with other behavioral disturbances, other sequelae of cerebral infarction.</li> </ul> <p>An MDS (Minimum Data Set) assessment dated [DATE] revealed a BIMS (Brief Interview for Mental Status) score of 03 indicating that resident #4 has severe cognition impairment.</p> <p>(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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with Social Services Director (Staff #15) on February 27, 2025 at 9:08 AM and revealed that there was concern regarding insurance and Medicare. There is a current resident, resident #3 that brought it to staff member #15's attention. Resident #3 had left voice mail messages around the beginning of the month, asking why there was a change to the insurance. Resident #3 was concerned because copays may not be covered. When investigated, found out that resident #3 was disenrolled from the AZ Complete plan. After that resident #1 was discovered to have a change. The interview was cut short due privacy and staff members going in and out of the room that was connected to the conference room.</p> <p>Resident #1, Resident #2, Resident #3 and Resident #4 names were given to contact about insurance changes.</p> <p>An interview was conducted with resident #1's Power of Attorney (POA) on February 27, 2025 at 1124 am when unable to reach resident #1. The POA stated that staff member #20 is the one who went into resident #1's room and talked to who he thought was resident #1 but was the roommate. The roommate said he was resident #1 and signed the papers to switch insurance. Now the problem is getting resident #1 back onto insurance. Resident #1 was to have angioplasty on February 26, 2025. Now has to wait until [DATE], when the new insurance is in effect. Resident #1 also had over \$700 in medications that insurance did not cover. Staff member #10 was met at the pharmacy and paid for the medications with a business card. Another bill was just sent to staff #10 for \$180 and was told staff #10 would take care of it.</p> <p>An interview was conducted with Social Services Director (Staff #15) on February 27, 2025 at 1:03 pm. Staff #15 stated that a long term patient's husband called and asked why did the insurance change and that the husband had changed it back in a timely manner. However the patient then died 3 days later. A name was not provided due to staff #15 having to reverify the name. The next resident, resident #2's Power of Attorney (POA) emailed staff member 15 on [DATE], regarding changes with the insurance. An investigation was started on resident 2's insurance. A public fiduciary of resident #4 submitted a report in January regarding the change as well. The interview then switched from resident issues to the topic of getting more part Bs in the morning meeting and it was a daily thing. This started in August or September (2024). At first staff member #15 did not understand the importance of getting more Bs. Administrator staff member #5 and Therapy Director Staff #10 would discuss how many Bs they now have in the morning meeting. The Bs are when residents are disenrolled from Medicare advantage plans to straight Medicare A and B. The old unit manager was let go when voiced concerns over changing insurance. As the only social worker (staff #15) it took time to call and talk, to investigate. The more that was investigated, staff #15 knew that offering resources to the residents was needed and it was staff #15's job duty. Administrator in Training (AIT) staff member #20, was doing what was told by Staff member #10 to do. An email was shown to staff member #10 regarding resident#4 from the public fiduciary (PF) and staff member #10 stated they can't refuse. Resident #4's PF argued with staff #10 and staff #10 said that the family was okay therapy. Then resident #3 was discovered. After resident #3 then resident #1. Resident #1's POA was pissed. Resident #1's POA told staff #15 that staff #10 was going to pay all the bills. Resident #1's POA also emailed the business manager staff #35. The old social worker from there notified staff #15 of this. Staff #10 was also making us do respiratory programs. The respiratory therapist left because of this.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An email was observed from resident #1's POA dated February 13, 2025 7:34 pm. The email was sent to staff #15. The email stated that staff member #20 called her on [DATE] at 1:35pm. Then spoke with staff member #10 on the 29th from resident #1's phone about the mistake and was told they would take care of it and that they would make it right.</p> <p>An interview was conducted with resident #2's POA on February 27, 2025 at 2:52 pm and revealed that the POA was contacted as to why the resident's insurance was changing. Was contacted by staff #10 and was told that resident #2 could have greater access to physical therapy. The POA was all for increased therapy if resident #2 was for having more therapy and if the insurance was equal or better. The POA was assured that was the case and then authorized the change. The POA stated that resident #2 said that he is not getting the therapy, but has Alzheimer's and can't remember when they go into his room. The POA lives out of state and has not seen resident #2 for a few months.</p> <p>An interview was conducted on February 27, at 3:25 pm with resident #1. Resident #1 stated that he did not sign any papers to switch to Medicare A and B. Resident #1 stated that he found out about the changes when his POA informed him. Appointments were canceled and a procedure had to be rescheduled because the doctor did not take that insurance.</p> <p>An interview was conducted with resident #4's PF on February 27, 2025 at 3:50 pm revealed that it was brought to her attention from resident #4's case worker. The administrator thought resident #4 would be great for therapy. No consent was given by the PF. The PF contacted staff #10 and was told the daughter consented. They never reached out to the PF to see if resident #4 wanted therapy. Was told that AIT staff #20 was the one that reached out to daughter to get the consent. The PF then went and enrolled resident #4 into hospice. Resident #4 expired on February 12, 2025.</p> <p>An interview was conducted with resident #3 on February 28, 2025 at 8:46 am and revealed that the resident is at the facility for wound care and therapy. Resident #3 stated that she did not sign to transfer insurance because new insurance was picked in November. In December had an accident that landed a hospital stay and then to the facility for therapy. Resident #3 did not understand why the doctor was disconnected from her, so spoke to staff #15. Resident #3 was taking pain medications and could not remember signing anything because of being out of it. Resident # 3 stated that she needs the transportation benefit. Resident #3 requested to speak with her son. The interview continued with resident #3, son, and daughter in law on speaker phone. The accident that happened in December started the insurance issues. The first insurance was good through the end of December then the new insurance began in January, which was confusing in the beginning. The first insurance company would not talk to us unless we were on a three way call and that is how the insurance was found out. Resident #3 received a call from insurance #2 that started in January, regarding that the insurance was canceled and was switched to Medicare. That was on a Friday ,d+[DATE] weeks ago. Either on [DATE] or February 7. Nobody authorized the change to Medicare AB plan. Resident #3 stated that she researched the plans because of the added extra benefits.</p> <p>The medication administration record (MAR) was noted for resident #3 to have received pain medication, oxycodone 5mg 1 tablet by mouth at least once a day during the month of January. Twice a day for 28 days of the month of January and three times a day for 12 of the days in January. Four times a day for 2 of the days in January.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with AIT, staff #20, on February 28, 2025 at 1222 pm and revealed that he is not employed at that facility and is not assigned to the facility as of February 1, 2025. Prior to that his title was operations, which is like an internship to get into the company. Staff #20 would go around to the residents and would tell them that they could get more therapy and have safe discharge. Went to resident #1, had not known him prior and thought he could benefit from therapy. Always getting options that could benefit. Asked his name (to the roommate) and was not super cognitive and then called the POA. Looking back, now knows why the name was a super barrier. Resident #1's sister (POA) was on board because resident #1 could not come home early. Staff #20 then stated that I laid it all that he had an advantage plan and to a Medicare plan, he could stay longer. Staff #20 did not know that switching plans would effect resident #1's upcoming procedure because it was never brought up. Staff #20 has spent countless hours trying to fix and wanted to do everything to fix. Staff #20 stated that there was no form to sign, just their presence when switching. Nothing was printed. Staff #20 revealed the same happened with resident #3. Just completed the form online. There is no confirmation. They receive something in the mail. When staff #20 was questioned regarding other benefits it affects when residents leave the facility and it affects their transportation, I was not aware, I'm not too in depth with what happens.</p> <p>Resident rights policy reviewed. It is the policy of this facility that resident rights be followed per state and federal guidelines as well as other regulative agencies. Four residents that resided in this facility had their Medicare advantage plan switched to Medicare A and B. They were not fully aware of the consequences and effects that switching plans will do once they leave the facility.</p>		