

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Sunview Respiratory and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 12207 North 113th Avenue Youngtown, AZ 85363	

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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47910</p> <p>Based on clinical record review, observations, staff interviews, and policies and procedures, the facility failed to ensure that a request for a modification of a health care institution was approved by the state agency prior to establishing a dialysis center and provided dialysis treatment(s) from March 1, 2024 through March 07, 2025 to 9 residents (#17, 10, 13, 15, 8, 20, 4, 6, and 11) inside the facility. The deficiency may result in non compliance with federal, state, and local laws and professional standards.</p> <p>Findings include:</p> <p>During the complaint survey conducted March 7, 2025 through March 7, 2025, an initial request for documentation was made which included copies of dialysis contracts, the facility's modified license for in-house dialysis services, license for the contracted dialysis provider, and a list and schedule for all residents receiving in-house dialysis services from the contracted dialysis provider.</p> <p>On March 7, 2025 at 11:18 a.m. an interview was conducted with Administrator/Staff #8 who provided the dialysis contracts for the partner dialysis provider. Staff #8 stated that upon the remodeling the dialysis unit, the building plans were submitted to the state; and that, the facility's approval letter was received. Review of the document revealed an approval of architectural plans and specifications, however further review of the document revealed that a multipurpose room [ROOM NUMBER] had been used for inpatient dialysis services. Staff #8 stated the start date for the actively contracted in-house dialysis services started March 1, 2024. Staff #8 stated that a different dialysis company previously provided in-house dialysis services for the patients in their rooms- they went room to room - which started in 2010 - however the presently active dialysis provider started their in-house services March 2024. Staff #8 stated, I thought the plans were the approved plans to perform dialysis in the building.</p> <p>On March 7, 2025 at 11:58 a.m. a follow-up interview was conducted with Administrator/Staff #8. Staff #8 provided resident dialysis lists and stated that he had requested the dialysis' providers' license, but was still waiting for the documentation. Staff #8 stated that as far as modifying the license, he had assumed that the modification plans provided initially were the modification for the facility license to provide dialysis in the facility. Staff # 8 provided on letterhead statement that the facility is unable to acquire licensure from the contracted dialysis provider nor was the facility able to provide a copy of their modified license.</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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of the list of residents receiving in-house dialysis services with the actively contracted dialysis provider included the following residents:</p> <p>Resident #17 was admitted to the facility December 07, 2024 with diagnosis including end stage renal disease, dependence on renal dialysis Onset date for renal dialysis December 12, 2024 . Dialysis days are scheduled Mondays, Wednesdays and Fridays.</p> <p>Resident #13 was admitted to the facility December 05, 2024 with diagnosis including end stage renal disease, dependence on renal dialysis Onset date for renal dialysis February 05, 2024 . Dialysis days are scheduled Tuesday, Thursdays and Saturdays.</p> <p>Resident #15 was admitted to the facility December 11, 2024 with diagnosis including acute renal failure, dependence on renal dialysis Onset date for renal dialysis December 11, 2024 Dialysis days are scheduled Tuesday, Thursdays and Saturdays.</p> <p>Resident #8 was admitted to the facility March 06, 2025 with diagnosis including end stage renal disease, type 2 diabetes mellitus with diabetic chronic kidney disease. Onset date January 29, 2025. Dialysis days are scheduled Tuesday, Thursdays and Saturdays.</p> <p>Resident #20 was admitted to the facility December 21, 2021 with diagnosis including end stage renal disease, dependence on renal dialysis. Onset date for renal dialysis January 15, 2024. Dialysis days are scheduled Mondays, Wednesdays and Fridays.</p> <p>Resident #4 was admitted to the facility June 07, 2024 with diagnosis including acute renal failure, dependence on renal dialysis Onset date for renal dialysis June 07, 2024. Dialysis days are scheduled Tuesday, Thursdays and Saturdays.</p> <p>Resident #6 was admitted to the facility November 12, 2024 with diagnosis including end stage renal disease, dependence on renal dialysis. Onset date for renal dialysis November 12, 2024. Dialysis days are scheduled Mondays, Wednesdays, Fridays and Saturdays.</p> <p>Resident #11 was admitted to the facility June 14, 2024 with diagnosis including end stage renal disease, dependence on renal dialysis Onset date for renal dialysis June 14, 2024 Dialysis days are scheduled Tuesday, Thursdays and Saturdays.</p> <p>A review of the facility assessment updated August 1, 2024 revealed there is an average of approximately 55 residents with a degree of end stage renal disease, with an average of 16 on hemodialysis. Further review of the facility assessment revealed an average daily census of 16 residents receiving dialysis services.</p> <p>(continued on next page)</p>		

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<p>F 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>An interview was conducted March 7, 2025 at 12:50pm with the dialysis nurse (RN/Staff # 42). Staff #42 stated the facility can accommodate four beds dialysis unit. Observation revealed six dialysis machines and two dialysis residents' bedside receiving dialysis treatment. Staff #42 stated the process for residents who receive dialysis in-house is that residents are brought in by the certified nursing assistants. Staff #42 stated the resident is assessed and the nurse will review the orders upon the resident's arrival. Staff #42 stated the run depends on the resident's blood work. The residents blood work is completed weekly and reviewed before dialysis runs which includes a post and pre-blood urea nitrogen (BUN) and tells them about the BUN number. The normal BUN ranges 14-17. Abnormal dialysis BUN ranges 40's-70's. Staff #42 stated the residents always receive their dialysis on time. If the resident has an appointment, the nurse work with them, but generally the resident has a schedule. The runs depend on the schedule and census.</p> <p>Review of the Arizona Administration Code S R9-10-426, titled, Physical Plant Standards revealed, an administrator shall ensure that: a nursing care institution complies with: the applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that were in effect on the date the nursing care institution submitted architectural plans and specifications to the Department for approval according to R9-10-104.</p> <p>Review of the Arizona Administration Code S R9-10-104, titled, Approval of Architectural Plans and Specifications revealed, for approval of architectural plans and specifications for the construction or modification of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01, an applicant shall submit to the Department an application packet including: An application in a Department-provided format provided by the Department that contains:</p> <p>- For modification of a licensed health care institution that requires approval of architectural plans and specifications: The health care institution's existing licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations; and the requested licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations for the health care institution; etc.</p>		