

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 05/08/2026
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)		
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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. Number of residents sampled: 104. Findings include: The PBJ (Payroll-Based Journal) Staffing Data Report revealed that the facility consistently triggered for excessively low weekend staffing for all three quarters in 2025 and, the 1st quarter of 2026. Per the report, submitted weekend staffing data was excessively low. The facility assessment reviewed on May 7, 2026 revealed that the facility was licensed to provide care for 127 residents, had an average daily census of 108. Average census for short stay residents is 13, for long-stay residents is 117, including an average of 30-40 residents with vent/trach and/or dialysis needs, and the facility averages 65 admission and discharge per month. Reviewed the facility assessment staffing plan and it included the following: -Full time Director of nursing (DON)-Full time Licensed Practical Nurse Assistant Director of Nursing-Full time night shift Unit Manager Post-Acute Rehabilitation Supervisor-Full Time Nursing Assistant (CNA)-Restorative Certified Nursing Assistant (CNA) up to two and half full days-Registered Nurse/Licensed Practical Nurse (RN/LPN) post-acute 6AM-6PM: up to 6- Registered Nurse/Licensed Practical Nurse (RN/LPN) post-acute 6PM-6AM: up to 6-Registered Nurse/Licensed Practical Nurse (RN/LPN) post-acute 6AM-6PM: up to 1- Registered Nurse/Licensed Practical Nurse (RN/LPN) post-acute 6PM-6AM: up to 1-Certified Nursing Assistant (CNA) 6AM-6PM: up to 12-Certified Nursing Assistant (CNA) 6pm-6am: up to 10Reviewed the staff schedule, and based on the review, there were three units in the facility (Canyon, Central, and [NAME]), and the shifts are 6AM-6PM, and 6PM-6AM. Reviewed assignment sheet, Daily Posting, and Punch details of the first quarter of the PBJ (Payroll-Based Journal) from October 1, 2025 through December 31, 2025. On October 24, 2025, Daily Posting revealed that the census was 102, and there were a total of 14 RN/LPN, and 18 CNAs. The daily posting revealed 384 total hours between nursing and CNA staff. 6AM-6PM: Canyon: Two RNs/LPNs, Four CNAs 6AM-6PM: Central: One RNS/LPN, Two CNAs 6AM-6PM: [NAME]: Three RNs/LPNs, Five CNAs 6PM-6AM: Canyon: Three RNs/LPNs, Three CNAs 6PM-6AM: Central: One RNs/LPNs, Three CNAs 6PM-6AM: [NAME]: Three RNs/LPNs, Three CNAs Review of the Punch-Details for October 24, 2025 revealed that there were 135.75 hours for RN/LPN total, and 181.56 hours for CNA. On October 25, 2025, Daily Posting revealed that the census was 101, and there were a total of 14 RN/LPN, and 19 CNAs. The daily posting revealed 396 total hours between nursing and CNA staff. 6AM-6PM: Canyon: Two RNs/LPNs, Four CNAs 6AM-6PM: Central: One RNS/LPN, Two CNAs 6AM-6PM: [NAME]: Three RNs/LPNs, Five CNAs 6PM-6AM: Canyon: Three RNs/LPNs, Three CNAs 6PM-6AM: Central: One RNs/LPNs, Three CNAs 6PM-6AM: [NAME]: Three RNs/LPNs, Three CNAs Review of the Punch-Details for October 25, 2025 revealed that there were 135.75 hours for RN/LPN total, and 181.56 hours for CNA. On October 26, 2025, Daily Posting revealed that the census was 99, and there were a total of 14 RN/LPN, and 18 CNAs. The daily posting revealed 384 total hours between nursing and CNA staff. 6AM-6PM: Canyon: Three RNs/LPNs, Four CNAs 6AM-6PM: Central: One RNS/LPN, Two CNAs 6AM-6PM: [NAME]: Three (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 035245	If continuation sheet Page 1 of 5

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	RNs/LPNs, Five CNAs6PM-6AM: Canyon: Three RNs/LPNs, Three CNAs6PM-6AM: Central: One RNs/LPNs, One CNAs6PM-6AM: [NAME]: Three RNs/LPNs, Three CNAsReview of the Punch-Details for October 26, 2025 revealed that there was 79 hours for RN/LPN total, and 117.34 hours for CNA.Reviewed assignment sheet, Daily Posting, and Punch-in details of the second quarter of the PBJ (Payroll-Based Journal) from January 3, 2025 through January 5, 2025.On January 3, 2025, assignment sheet revealed the following assignments:6AM-6PM: Canyon: Three RNs/LPNs, Four CNAs6AM-6PM: Central: One RNS/LPN, Two CNAs6AM-6PM: [NAME]: Three RNs/LPNs, Four CNAs6PM-6AM: Canyon: Three RNs/LPNs, Three CNAs6PM-6AM: Central: One RNs/LPNs, Two CNAs6PM-6AM: [NAME]: Three RNs/LPNs, Three CNAsReview of the Punch-Details for January 3, 2025 through January 5, 2025 revealed that there was 42.19 hours for RN/LPN total, and 178 hours for CNA.On January 4, 2025, Daily Posting revealed that there were a total of 14 RN/LPN and 18 CNAs. The daily posting revealed 380 total hours between nursing and CNA staff.The assignment sheet revealed:6AM-6PM: Canyon: Three RNs/LPNs, Four CNAs6AM-6PM: Central: One RNS/LPN, Two CNAs6AM-6PM: [NAME]: Three RNs/LPNs, Four CNAs6PM-6AM: Canyon: Three RNs/LPNs, Three CNAs6PM-6AM: Central: One RNs/LPNs, Two CNAs6PM-6AM: [NAME]: Three RNs/LPNs, Three CNAsReview of the Punch-Details for January 4, 2025 revealed that there was 63.57 hours for RN/LPN total, and 175 hours for CNAOn January 5, 2025, Daily Posting revealed that there were a total of 14 RN/LPN and 18 CNAs. The daily posting revealed 386 total hours between nursing and CNA staff.Review of the assignment sheet for January 5, 2026 revealed:6AM-6PM: Canyon: Three RNs/LPNs, Four CNAs6AM-6PM: Central: One RNS/LPN, Two CNAs6AM-6PM: [NAME]: Three RNs/LPNs, Four CNAs6PM-6AM: Canyon: Three RNs/LPNs, Three CNAs6PM-6AM: Central: One RNs/LPNs, Two CNAs6PM-6AM: [NAME]: Three RNs/LPNs, Three CNAsReview of the Punch-Details for January 5, 2025 revealed that there were 65.76 hours for RN/LPN total, and 210.44 hours for CNA.During resident interviews conducted during the initial pool on May 5, 2026, several residents who were alert and oriented reported experiencing long wait times before receiving the assistance they needed. One male resident mentioned that he often had to wait up to an hour a couple of times a week for help and noted that there was no specific day or time when this problem was more common. A male resident shared that he had to wait 40 to 50 minutes for assistance, explaining that the staff was supposed to change him at 5:00 a.m. that morning but was unable to do so. As a result, he ended up wet, including his bed sheets. A female resident reported waiting an hour for the assistance she needed, which prompted her to request a bedside commode to avoid soiling herself. Additionally, a female resident pointed out that the facility tends to be short-staffed on weekends.In an interview with an alert and oriented male resident conducted on May 6, 2026 at 11:19 a.m., he stated that sometimes staff takes a long time to respond the room; and that the facility was short-staff yesterday (May 5, 2026). He stated that yesterday (May 5, 2025) staff was doing a bed change and moved him out of bed. He said that it took a long time for staff to change the bed.On May 7, 2026, 1:06 PM., Resident (resident #49), who reported that the facility is always short of staff, especially on weekends. She added that she requires total assistance with her care, and every time she pushes her call light it takes at least an hour for the staff to answer. The resident said that even if the staff answer her call light, the staff will just turn her call light off and tell her that they will be back because they are with another resident.On May 5, 2026 at 3:06 PM, during an interview with resident #148, she stated that between 4:00 PM to 6:00 PM dinner, staff all go to the dining room, and no one is assigned to work on the floor to answer call lights. During the resident interview, a family member(daughter) was visiting the resident. The daughter stated that she had witnessed no staff to be available. The daughter added that when she calls her mom (resident #148), the resident complains about not enough staff available on the floor.During an interview on May 7, 2026 at 2:39 PM, a Certified Nursing Assistant CNA (staff #80), mentioned that the facility often faces staffing shortages. She noted that each of the three units normally has two CNAs and one nurse, even on weekends. She mentioned that staff members usually support each other; so if one unit is short a (continued on next page)		

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	CNA, the less busy unit often helps out. An interview with a Licensed Practical Nurse (staff #68), conducted on April 8, 2025, at 10:35 a.m., revealed that staffing levels were determined based on the facility census. She explained that staffing ratios remained consistent for both weekdays and weekends. She shared that regular shifts run from 6 am to 6 pm and 6 pm to 6 am, with three units in the facility. Typically, each shift includes one nurse and two CNAs per unit. During an interview with the staffing coordinator (staff #147), on May 8, 2025, at 9:23 a.m., the staffing coordinator stated that staffing ratios are based on resident census. She added that each of the three units typically has two CNAs and one nurse per shift, and that CNAs are generally good at assisting one another with their tasks. She clarified that she isn't directly involved with submitting staffing data to CMS, as the facility's corporate office manages this. Overall, she stated that the facility has enough staff to meet residents' care needs. During an interview with the Director of Nursing (staff #97), on May 8, 2026, at 10:46 a.m., she clarified that she wasn't working at the facility during 2025 but has been there since January 2026. She mentioned that the staffing data reported to CMS for the quarterly PBJ reports is pulled directly from their payroll software, which tracks who worked and the hours worked each day. The DON stated the risks of sufficient staffing in the facility, could significantly increase the likelihood of bedsores, falls, missed medications, and also degrades facility ratings and exacerbates burnout among existing staff. Review of the facility policy titled, Sufficient Staff, revealed that it is the policy of this 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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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, review of records and facility policy, the facility failed to ensure expired medications were discarded for 1 (Resident #109) of 104 residents. The deficient practice could result in adverse drug reactions. Findings include: Resident #109 was initially admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses that included: seizures, atrial fibrillation, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, acute respiratory failure with hypoxia, and hypertensive heart disease without heart failure. The order summary revealed an order dated September 9, 2025 for Ativan Solution 2 MG/ML (Lorazepam) with instructions to inject 1 ml intramuscularly every 6 hours as needed for seizure activity. Further review of the order summary revealed an order status of discontinued with no end date indicated. During an observation of the Central Section medication storage room on May 7, 2026, at approximately 10:57 a.m., the following medication was found to be stored past expiration: - 1 vial of Lorazepam, expiration date December, 2025, located in the medication storage refrigerator, inside the controlled medications lock box. An interview was conducted on May 7, 2026 at approximately 11:04 a.m., with Licensed Practical Nurse (LPN/Staff #9). Staff #9 stated that expiration date of the Ativan Solution was December, 2025. Staff #9 further stated that the risk associated with storing expired medications is that the composition changes and that it could be too potent or not strong enough, depending on the medication. An interview was conducted on May 7, 2026 at approximately 12:32 p.m., with Licensed Practical Nurse (LPN/Staff #11). Staff #11 stated that the expected time frame for disposal of expired medications is as soon as it is noticed. Additionally, Staff #11 reported that they are not trained on the removal of expired medications. Further, Staff #11 stated that expired medications should not be left in medication storage and the expectation is that another nurse would verify the expiration date, and log it in the controlled substances binder. Staff #11 then stated the potential risk depends on the medication, but that the potential harm would be an adverse or reduced effect depending on the medication and patient. An interview was conducted on May 7, 2026 at approximately 12:49 p.m., with Licensed Practical Nurse (LPN/Staff #86). Staff #86 stated that expired medications should not be kept in medications storage. Additionally, Staff #86 stated the expectation for disposing of expired medications was that staff should make sure they are checking dates and not giving expired medications. Staff #86 further stated if they find expired medications, staff are to dispose of them and make sure they have up to date medications. Further, Staff #86 revealed that the potential risk would be that someone might use it and it could affect the patient with side effects and adverse reactions. An interview was conducted on May 7, 2026 at approximately 1:16 p.m., with the Director of Nursing (DON/Staff #97). Staff #97 revealed that there isn't a routine cadence if an expired medication is found, and that staff bring it to her, they verify the amount together and they would 'waste' it with another Registered Nurse, and then scan the paper into medical records. Additionally, Staff #97 stated that they do not have an expected time frame for expired medication disposal. Further, Staff #97 stated that facility staff 'routinely' audit the medical storage rooms. When asked if expired medications should be left in medication storage, Staff #97 stated that nursing would have never administered the medication and that it would have been brought to her. She further stated that the expectation regarding expired medication was that staff identify the expired medication and that they immediately bring them to her. Review of the facility policy titled, Medication Access and Storage, revised June 2025, revealed that facility policy states in procedure 11, that outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are removed from stock, disposed of according to procedures for medication destruction and reordered from the pharmacy, if a current order (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	exists.Review of the policy titled, Medication, Destruction of, revised January 2025, revealed that facility policy states in Key Procedure Point 1, that medications not returned to the Pharmacy for credit will be destroyed following receiving a physician's order discontinuing its use, the resident's discharge, the resident's death or passage of its expiration date. Additionally, Procedure 1 states that discontinued drugs will be destroyed following discontinuance or after discharge, licensed staff of non-liquid drugs, and that all scheduled/legend drugs will be destroyed by two personnel licensed or registered in the health field.		