

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER Palm Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 13575 West McDowell Road Goodyear, AZ 85395	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on clinical record review, staff interviews, and facility documents and policy, the facility failed to ensure electronic medical records remained confidential for one resident (Resident #159). The universe was 163. The deficient practice could result in violations of patient privacy. Findings include: An observation during medication administration was conducted on January 28, 2026 at 8:12 a.m. with registered nurse (RN) Staff #169. Staff #169 gathered the medications to be administered to Resident #159. Staff #169 proceeded to turn around and walk into the resident's room at 8:23 a.m. An observation conducted on January 28, 2029 at 8:24 a.m. with Staff #169, revealed that upon returning to the medication cart, the electronic health records (EHR) for Resident #159 was still in view and open. Staff #169 confirmed that it Resident #159's EHR was visible at that time. Staff #169 revealed that the risks may be anybody could see that. An interview was conducted on January 28, 2026 at 2:00 p.m. with social services director Staff #34 who stated that leaving your computer screen unsecured would be a risk for HIPAA violation. An interview was conducted on January 29, 2026 at 9:22 a.m. with certified nursing assistant (CNA) Staff #130 who stated that charting conducted on the screens in certain areas may be visible to residents; and that, there is a way to lock the screen so residents can not see it. Staff #130 stated that the risk of leaving the screen open is a HIPAA violation. An interview was conducted on January 29, 2026 at 9:32 a.m. with licensed practical nurse (LPN) Staff #46 who stated that if a staff needs to leave their computer, staff need to secure it, because anyone could get in to the computer and read information about the residents. An interview was conducted on January 29, 2026 at 9:40 a.m. with director of nursing (DON) Staff #239 who stated that documentation is done in in the electronic health records. The DON stated that leaving a computer screen unsecured could allow somebody to see HIPAA information. A review of the Resident Rights policy version 1.2 (H5MAPL0768) revealed in section 3. The unauthorized release, access, or disclosure of resident information is prohibited. All release, access, or disclosure of resident information must be in accordance with current laws governing privacy of information issues.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the clinical record review, interviews, and facility policy, the facility failed to ensure that a Preadmission Screening and Resident Review Screening was completed for 1 of 4 residents (Resident #158). The universe was 163. The deficient practice could result in specialized services not being identified and provided to the residents. Findings include: Resident #158 was admitted to the facility on [DATE] with medical diagnoses that include personal history of traumatic brain injury, opioid use, schizophrenia unspecified, and cognitive communication deficit. A minimum data set (MDS) completed on July 23, 2025 revealed a brief interview of mental status (BIMS) score of 7 which indicated that Resident #158 had severe cognitive impairment. The care plan dated July 18, 2025, revealed a focus area for medication-antipsychotic related to schizophrenia as evidenced by auditory hallucinations, and delusions. Date of revision on September 25, 2025. Interventions included: administer antipsychotic medication as ordered. Will exhibit a therapeutic effect related to the use of the medication, will not have any adverse effects related to the use of antipsychotic medication, Haloperidol oral tablet black box warning. A review of Resident #158's PASRR level I completed on July 18 2025, revealed that a yes answer was submitted for Section A Exemptions and Categorical Determinations, i.e., convalescent care, respite, terminal illness/severe illness or primary diagnosis of dementia. However, Resident #158 remained in facility; and, PASRR level I or II was not found in the documents section when the change, from skilled nursing to long term occurred, and Resident #158 remained in the facility. An interview was conducted on January 28, 2026, at 2:00 p.m. with SSD Staff #34 who stated that a PASARR level 1 should be done if a resident is in the facility longer than 30 days, then a level II may proceed. The system will flag the PASARR if it needs to go on for a PAS level II. If a resident had diagnosis of schizophrenia and taking medications, then it would end up going for a level II. If the resident is admitted for skilled or a respite stay, then it would not trigger for a level II. If a level II was completed and accepted, it would be uploaded. If not accepted, an email would be sent to the facility. Resident #158 was not submitted for another level I PASARR evaluation when he went to long term. Both level I, and no level II were completed. The risk for not submitting would be that Resident #158 may not get proper behavior needs met, and facility would not be able to determine if a higher level of care is needed. Resident #158 not having a Preadmission Screening and Resident Review Level 1 or II would not meet facility expectation. There are currently audits in place for new admissions and for hospice, that will be added when residents go from skilled to long term care. An interview was conducted on January 29, 2026, at 9:40 a.m. with the Director of Nursing (DON/Staff #239) who revealed that the SSD is responsible for completing the PASARR. DON stated that she would ensure that Staff #34 completed Preadmission Screening and Resident Reviews for residents; and that, would discuss about how many Preadmission Screening and Resident Reviews are due in the next morning stand up meeting. An interview was conducted on January 29, 2026 at 9:47 a.m. with Executive Director (ED) Staff #12 who stated that he was aware of the findings regarding Preadmission Screening and Resident Review and planned on implementing audits through the medical records. A review of newly submitted Preadmission Screening and Resident Review for Resident #158 on January 29, 2026 at 6:56 a.m., revealed that in section A- Exemptions and Categorical Determinations -- there was no Dementia/Alzheimer's diagnosis. A review of the facility's policy titled PASRR (Pre-admission Screening & Resident Review), revealed that Preadmission Screening and Resident Review (PASRR) is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care. PASRR requires that 1) all applicants to a Medicaid-certified nursing facility be evaluated for serious mental disorder and/or intellectual</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>disability; 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.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observation, staff interviews, and policy and procedures, the facility failed to ensure that refuse was disposed of appropriately. The deficient practice could result in an unsanitary condition and/or the harborage of pests. Findings include: During a kitchen inspection conducted on January 26, 2026, at 8:40 a.m. with Dietary Director (Staff #244), an observation revealed that the designated facility garbage receptacle area had an accumulation of refuse around and behind trash dumpsters to include a clear bag of trash, miscellaneous trash, yard waste, and a dead bird. Staff #244 stated that the bag of trash contained medical stuff, swabs, tissue, and that it looked clinical. An interview was conducted on January 28, 2026 at 10:14 a.m. with Maintenance Director (Staff #51) why stated that the protocol for maintaining the dumpster area was to inspect it every day. Additionally, Staff #51 stated that the responsibility for maintaining the cleanliness of the dumpster area is a team effort on the part of the maintenance team; and that, someone was designated every morning. Further, Staff #51 revealed that the condition of the dumpster area does not meet his expectations and it presents an infection control risk. An interview was conducted on January 28, 2026 at 10:25 a.m. with Housekeeping Supervisor (Staff #101). Staff #101 revealed that the potential risk for refuse outside of the dumpster area was that there could be contamination; and, if the trash had something contagious and someone touched it, it could spread a lot of germs. An interview was conducted on January 28, 2026 at 10:38 a.m. with Facility Administrator (Staff #12). Staff #12 stated that the protocol, for maintaining the dumpster area clean, was that the lids should be closed; and that, it should be free from any rubbish or refuse. Additionally, Staff #12 stated that the facility maintenance team was responsible for the cleanliness of the dumpster area; and that, the expectation was that it should look better than that -- they would like it to be clean. Further, Staff #12 revealed that the potential risk for refuse outside of the dumpster was that it could bring pests, foul odors, make for a less than homelike environment, and present an infection control issue. Review of the undated policy, Refuse and Trash, revealed, Policy Interpretation and Implementation: Waste Segregation that waste should be disposed of immediately after use with general waste going into standard trash bins.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the observations, clinical record review, interviews, and facility policy, the facility failed to ensure that urinary catheter bag for 1 of 2 sampled residents (Resident #6) was not resting on the floor. The universe was 22. The deficient practice could lead to catheter associated infection due to inappropriate urinary catheter bag placement. Findings Include: Resident #6 was admitted on [DATE], with diagnoses of sequelae of cerebral infarction, chronic respiratory failure, acute pulmonary edema, type 2 diabetes mellitus, and immunodeficiency. The care plan dated November 19, 2025, had a focused care area for Indwelling Catheter: Neurogenic Bladder. Interventions included providing a catheter every shift, ensuring a privacy cover is placed on the Foley bag, the resident has a position catheter bag and tubing below the level of the bladder and away from the entrance room door, monitoring signs and symptoms of discomfort on urination and frequency, monitor document for pain/discomfort due to the catheter. The admission Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 06, which indicated that the Resident #6 was severely cognitively impaired. The physician's order dated December 07, 2025, revealed orders for indwelling catheter: Indwelling Catheter care. An observation was conducted on January 28, 2026, at 09:20 AM. Resident #6 was awake, lying in the bed, and the catheter was set under the bed on the floor, along with the catheter tubing touching the full surface of the floor with a blue cover privacy bag. Another observation was conducted on January 28, 2026, at 09:36 AM with a Certified Nursing Assistant (Staff #103), Resident #6 was awake, still lying in the bed, and his Foley Catheter set under the bed on the floor along with the catheter tubing touching the full surface of the floor with blue a blue cover privacy bag. An interview was conducted on January 28, 2026, at 09:22 AM with CNA (Staff #103), who stated the facility's process for handling catheter care was to first wear appropriate PPE, such as gloves and gowns, before entering the room. She stated that staff changed the urine drainage bags, and cleaned the genitourinary area with 2-3 wipes. She stated that she must twist the cap to open the drainage bag and place the towel under the cup to avoid any spillage. Staff #103 stated she records the urine output at the end which gives that information to the nurse. Staff #103 stated that the catheter should never be on the floor because it could pose a risk of infection. An interview was conducted on January 29, 2026, at 09:50 AM with a Registered Nurse (RN/Staff #211), who stated that the facility's process for catheter care was to be performed every shift by a CNA or nurses. She stated that if the catheter needs to be changed, they would do that as well, however stated that the CNA does the majority of the catheter touching. She stated that the catheter should not be touching the floor; and that, the Catheter tubing hanging to the side of the bed, and covered with a dignity bag. She stated that if the Catheter is touching the floor, it would pose a risk of the catheter being pulled out, leakage on the floor, or infection. An interview was conducted on January 29, 2026, at 12:05 AM with the Director of Nursing (DON/staff #239), who stated that the facility's process for Catheter care was that CNAs are responsible for cleaning the foley catheter, keeping it clean, emptying the foley catheter, and reporting to the nurse if the resident is urinating or not. DON stated that they place the privacy bag on the catheter and ensure that the catheter is hung up so it does not touch the floor. DON stated the catheter should not touch the floor, and should be protected with a barrier, such as a Foley catheter cover bag. She stated if the catheter is not protected by the barrier, then it can not touch the floor. DON stated that catheters should not be left on the floor because it pose risk of pain, someone running it over, causing infection. The facility policy titled, Palm Valley Post Acute Catheter Care, Urinary, revealed that the procedure is to prevent catheter-associated urinary tract infections. The facility</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	policy titled, Infection Prevention and Control Program, revealed that the program is based on accepted national infection prevention and control standards. Review of the Centers for Disease Control and Prevention - Catheter-Associated Urinary Tract Infection Prevention. Proper Techniques for Urinary Catheter Maintenance for Catheter Care. (2009), revealed that the collecting bag should be below the level of the bladder at all times and should not rest the bag on the floor.		