STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035260	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fountain Hills Post Acute	16300 East Keith McMahan Drive Fountain Hills, AZ 85268

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and review of facility policy, the facility failed to ensure that an allegation of sexual abuse made by one (Resident #3) of three sampled residents was immediately reported to the administrator and to the appropriate state agency within the required timeframes (within 2 hours for allegations involving abuse or serious bodily injury), as required. This deficient practice had the potential to place residents at risk for ongoing abuse and delayed protective interventions.Findings Include:Resident #3 was admitted [DATE], with diagnoses including metabolic encephalopathy, traumatic brain injury history, depression, anxiety disorder, and muscle weakness.A review of Resident #3's most recent Medicare 5-day, Minimum Data Set (MDS) assessment dated [DATE], revealed that the Brief Interview for Mental Status (BIMS) score of 15, indicating that resident #3 was cognitively intact.Review of the clinical record for Resident #3 revealed a nursing progress note dated November 9, 2025, stating that Resident #3 had altered mental status, slurred speech, and left-sided weakness. The resident was transferred to the hospital at 12:40 PM for evaluation.Another nursing progress note dated November 15, 2025, documented that a sheriff's deputy came to the facility to retrieve personal belongings for Resident #3.On February 18, 2026, at 10:18 a.m., a telephone interview was conducted with Resident #3. Resident #3 stated that on the night of November 8th, during the early morning hours of November 9, 2025, an unknown male staff member touched her breasts and genitals inappropriately. The resident stated she reported the incident to the sheriff's deputy after leaving the facility and being admitted to the hospital.On February 18, 2026, at 11:28 AM, the allegation was reported to the facility Administrator/Abuse Coordinator (Staff #33). Staff #33 stated he was aware of concerns expressed by Resident #3 after discharge.On February 18, 2026, at 11:35 AM, an interview was conducted with the Director of Nursing (Staff #41) stated law enforcement contacted the facility and indicated no further action was required. Staff #41 stated a soft file investigation was completed.On February 18, 2026, at 1:55 PM, a telephone interview was conducted with the sheriff's deputy listed as the contact in the soft file investigation. The deputy stated that Resident #3 had reported sexual assault while hospitalized but refused a physical examination and that he found inconsistencies in her account. The deputy stated he came to the facility and reported the allegations to a staff member.On February 18, 2026, at 2:16 PM, an interview was conducted with Licensed Practical Nurse (LPN Staff #77). Staff #77 stated that on November 15, 2026, a sheriff's deputy came to retrieve belongings and informed the facility that Resident #3 alleged a tall Hispanic male assaulted her on the night of her fall. Staff #77 stated the deputy indicated no further action was required due to the resident's altered mental status.On February 18, 2026, at 3:29 p.m. an interview was conducted with Staff #33 stated the facility became aware of the allegation approximately one week after discharge and worked with the sheriff's office, including providing camera footage. The facility reported that still camera images of males in the hallway were reviewed, and no males were observed entering (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
	035260	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fountain Hills Post Acute	16300 East Keith McMahan Drive Fountain Hills, AZ 85268

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #3's room on the night in question. Staff #33 further noted that regulations state that reports of alleged abuse should be reported to the State Agency within two hours and the risk of not reporting could be that abuse continues.Review of the facility policy titled Abuse: Prevention of and Prohibition Against, revised February 17, 2025, revealed that allegations of abuse are to be reported outside the facility to appropriate State or Federal agencies within required timeframes.