

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

Printed: 11/20/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER Ahwatukee Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 15810 South 42nd Street Phoenix, AZ 85048	
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. (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: 035270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER Ahwatukee Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 15810 South 42nd Street Phoenix, AZ 85048	
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled:3Number of residents cited:3The facility failed to send a copy of the notice of transfer or discharge to the representative of the Office of the State Long-Term Care (LTC) Ombudsman for 3 of 3 sampled residents (#142, #147, and #150). The deficient practice could result to residents not being able to access an advocate who can inform them of their options and rights related to discharges. Based on closed record review, staff interviews, review of facility documentation and policy, and the State Agency (SA) complaint tracking system, the facility failed to send a copy of the notice of transfer or discharge to the representative of the Office of the State Long-Term Care (LTC) Ombudsman for three discharged residents (#142, #147, and #150). The deficient practice could result to residents not being able to access an advocate who can inform them of their options and rights related to discharges.Findings include:-Regarding Resident #150:Resident #150 was admitted to the facility on [DATE] with a diagnosis that included hypertension and status post recovery from incarcerated/strangulated inguinal hernia repair.Review of admission/readmission progress note dated February 28, 2025 revealed resident was able to communicate needs and wants effectively. Resident verbalized understanding. admission consent forms were signed by the resident's representative/family at bedside.Review of nursing progress notes dated March 2, 2025 revealed a change of condition relating to resident was unhappy with the food and resident was requesting to be discharged back home.Review of provider progress notes dated March 3, 2025 revealed resident's family member was requesting for resident to go home by Friday and case management was aware of the request.Review of the 5-day Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had a Brief Interview for Mental Status (BIMS) score of 3.0, severe impairment.Review of nurse progress note dated March 7, 2025 revealed resident was discharged against medical advice (AMA), and resident's representative/family wanted resident to return back home. Staff educated the resident and resident's representative on leaving AMA and the risk involved. The staff notified resident's provider of resident discharging AMA.Resident #150 was discharged from the facility on March 7, 2025.-Regarding Resident #142:Resident #142 was readmitted to the facility on [DATE] with a diagnosis that include anxiety, depression, and chronic back pain.Review of BIMS clinical assessment dated [DATE] revealed a score of 15.0, cognitively intact.Review of Interdisciplinary Team (IDT) progress notes dates March 14, 2025 revealed Resident #142 was bedbound, required minimum assistance for transfers and required contact guard assistance for activities of daily living. Review of progress notes revealed Resident #142 has an order for Gabapentin 100 mg (milligram), methocarbamol 500 mg, and Morphine Sulfate Oral Tablet 15 mg for pain management. Review of progress note dated March 18, 2025 revealed Resident #142 left the facility AMA, left without medication, and was picked up by the resident's family member. The progress notes revealed that the resident was educated on risks of leaving AMA including worsening of illness. The Director of Nursing (DON) and the resident's provider were notified of resident leaving AMA.Resident #142 was discharged from the facility on March 18, 2025.-Regarding Resident #147:Resident #147 was admitted to the facility on [DATE] with a diagnosis that includes Coronary Artery Disease (CAD), Heart Failure, Hypertension, Diabetes Mellitus (DM), Malnutrition, and Anxiety DisorderReview of records revealed Resident #147 was under the care of hospice from April 24, 2025.Review of care plan initiated on April 28, 2025 revealed Resident #147 requires hospice care, and at risk for rapid decline in activities of daily living function, sudden onset or worsening of skin integrity, weight loss, nausea/vomiting, pain, abnormal breathing, and impaired psychosocial wellbeing. The interventions include to administer medication as ordered, assist with activities of daily living, establish a daily routine, and coordinate resident's needs with hospice staff.Review of admission MDS assessment dated [DATE] revealed resident had a BIMS score of 7.0, severe impairment.Review of care plan dated May 1, 2025 revealed resident has nutritional risk related to type 2 diabetes, chronic gout, decreased by mouth intake related to progression of disease and resident was under the service of hospice care.Review of records revealed resident's blood sugar were checked at least three times a day from May 9, 2025 through June 26, 2025. Review of case management progress note dated June 26, 2025 revealed that Resident's Power of Attorney (POA) was upset and was demanding to speak with someone who could help get the resident out of the facility. The resident's POA stated the facility was not providing therapy services. The POA was informed that the resident was admitted to the facility for long term care, and during the care conference it was explained to the POA that the resident was on hospice services which meant therapy services were not available. In		