STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035276	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oasis Pavilion Nursing & Rehabilitation Center	161 West Rodeo Road Suite 1 Casa Grande, AZ 85122

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record, staff interviews, review of facility documentation, policy and procedures and the State Agency (SA) database the facility failed to implement their policy regarding reporting allegations of abuse to appropriate agencies and conducting a thorough investigation of an abuse/neglect allegation for one resident (#1). The deficient practice could result in abuse/neglect continuing and not being prevented.Findings include:Resident #1 was admitted to the facility on [DATE] with diagnoses that included cerebral infarction unspecified, anemia unspecified, and malignant neoplasm of unspecified part of bronchus or lungs.Review of the Modification of Medicare 5-day Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14 indicating that the resident was cognitively intact. The MDS also indicated that the resident exhibited verbal and other behaviors during the assessment period. Review of State Agency (SA) database revealed a complaint filed from the complainant on April 3, 2026 of the alleged abuse to Resident #1. Further review of the SA database revealed no self-reports from the facility regarding the abuse allegation for Resident # 1.An interview conducted with Complainant on April 7, 2026 at 9:16 a.m. revealed that she had contacted the facility on March 30, 2026, speaking to staff # 35 notifying her that there was an allegation of abuse made for Resident # 1. The complainant stated that Resident # 1 was allegedly being abused and someone was trying to kill him by putting a pillow over his face with something sour on it. An interview was conducted with Social Services Director (Staff # 35) on April 7, 2026 at 12:11 p.m. who stated that she along with the Director of Nursing (DON/Staff # 68) are responsible taking any complaints regarding abuse and neglect and initiating the reporting and investigation of all allegations. Staff # 35 further stated that she has 2 hours to notify the SA as well as Adult Protective Services (APS), and Ombudsman. She stated that per they policy she also has to notify the Administrator of all allegations of abuse and an investigation is conducted where they interview staff and residents and if specific staff are involved, they are placed on suspension. She stated that she was contacted by the complainant on March 30, 2027 regarding Resident # 1 being forced to drink green stuff and asking about abuse in the building. Staff # 35 stated she told the complainant that no abuse had taken place against Resident # 1. Staff # 35 revealed there were no notifications to SA, APS, or Ombudsman and the Administrator was not notified as she did not think there was abuse because there was nothing in the progress notes or medical record indicating abuse. An interview was conducted with DON (Staff #68) on April 7, 2026 at 12:50 p.m. who stated that per the policy and state regulations they have 2 hours to report to the SA all allegations of abuse and 5 days to investigate and report to the state agency the facility's findings. The DON revealed it is important to follow this policy to make sure all allegations are reported and properly investigated. The DON stated that Resident # 1 was here for a very short stay from March 16, 2026 until March 19, 2026 when family decided they wanted him transferred to the hospital for further testing. The DON reported that she was contacted by Staff # 35 asking her if there were any grievances or reports of abuse by Resident # 1 or family. DON revealed that she had not received any allegations of abuse by the family, resident, or Staff # 35. She further stated if she had they would have followed the policy, reported and conducted an investigation. An interview was conducted with Licensed Practical Nurse (LPN/Staff (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
	035276	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oasis Pavilion Nursing & Rehabilitation Center	161 West Rodeo Road Suite 1 Casa Grande, AZ 85122

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	#128) on April 7, 2026 at 2:05 p.m. who stated she remembered Resident # 1 being transported to the hospital by request of the family. She stated that she recalled Resident #1 was very agitated as there were was a lot of traffic in his room because hospice had also visited him. Staff # 128 stated that if there is an allegation of abuse, they immediately bring it to Staff # 68 or Staff # 35. Staff # 128 also stated that once they are notified, they start the investigation and make all the required calls to SA and police and do their investigation. Staff # 128 stated she was unaware of any investigations regarding Resident # 1. An interview was conducted with the Administrator (Staff # 37) on April 7, 2026 at 2:19 p.m. who stated that if there is any allegations of abuse either Staff # 35, Staff # 68, or himself will timely report the allegation within two hours and do their investigation. The Administrator stated that it is important to follow their policy because they follow the state guidelines and we want to make sure we get a clear picture of the allegation. The Administrator stated that no one had brought to his attention an allegation of abuse regarding Resident # 1 until today. Staff # 37 revealed that it is his expectation that allegations are brought to his attention as they are made per the policy. The facility policy titled Resident Abuse, Neglect, Misappropriation Policy, reviewed and updated on January 2026, revealed that any incident or suspected incident of abuse or resident abuse or unwitnessed injuries that cannot be explained will be reported promptly to the appropriate agencies/individuals, Social Services Director, Abuse Officer, and Administrator. The policy also revealed that the facility will investigate all incidents, all staff involved in the incident will be interviewed and written summaries of events will be requested by all parties. The Social Services/ DON/designee are the facility designated abuse officer who are responsible for tracking, trending, and investigation of the involved parties. The Administrator will be alerted to every investigation within 24 hours of occurrence. The policy further revealed that all allegations of abuse will be reported immediately to the direct supervisor and or Social Services Director/DON/designee, reporting of the incident will include the following: reporting to state agencies, the Police Department, analysis of the occurrence and any corrective actions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035276	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oasis Pavilion Nursing & Rehabilitation Center	161 West Rodeo Road Suite 1 Casa Grande, AZ 85122

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 clinical record review, facility documentation, staff interviews, and policy review, the facility failed to ensure an allegation of resident (#1) abuse was reported to all applicable state agencies. The deficient practice could result in further allegations of abuse not being reported and investigated by the appropriate state agencies. Findings include:Resident #1 was admitted to the facility on [DATE] with diagnoses that included cerebral infarction unspecified, anemia unspecified, and malignant neoplasm of unspecified part of bronchus or lungs.Review of the Modification of Medicare 5-day Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14 indicating that the resident was cognitively intact. The MDS also indicated that the resident exhibited verbal and other behaviors during the assessment period. Review of State Agency (SA) database revealed a complaint filed from the complainant on April 3, 2026 of the alleged abuse to Resident #1. Further review of the SA database revealed no self-reports from the facility regarding the abuse allegation for Resident #1.An interview conducted with Complainant on April 7, 2026 at 9:16 a.m. revealed that she had contacted the facility on March 30, 2026, speaking to staff # 35 notifying her that there was an allegation of abuse made for Resident # 1. The complainant stated that Resident # 1 was allegedly being abused and someone was trying to kill him by putting a pillow over his face with something sour on it. An interview was conducted with Certified Nursing Assistant (CNA/Staff # 86) on April 7, 2026 at 11:50 a.m. who stated that if there is an allegation of abuse or he suspects abuse he immediately will report to his supervisor or abuse coordinator who is Staff #35. The CNA (Staff #86) stated that Staff # 35 would do notifications to the Administrator and police and other state agencies. An interview was conducted with Licensed Practical Nurse (LPN/Staff # 134) on April 7, 2026 at 12:03 p.m. who stated that if there was an allegation of abuse, she would report it to either Staff # 35 or the Director of Nursing (DON/Staff # 68). Staff # 134 stated that she would do any assessments that needed to be done while Staff # 35 and/or Staff # 68 would make all the notifications to the SA and a police and administrator. An interview was conducted with Social Services Director (Staff # 35) on April 7, 2026 at 12:11 p.m. who stated that she along with the Director of Nursing (DON/Staff # 68) are responsible taking any complaints regarding abuse and neglect and initiating the reporting and investigation of all allegations. Staff # 35 further stated that she has 2 hours to notify the SA as well as Adult Protective Services (APS), and Ombudsman. She stated that per their policy she also has to notify the Administrator of all allegations of abuse and an investigation is conducted where they interview staff and residents and if specific staff are involved, they are placed on suspension. She stated that she was contacted by the complainant on March 30, 2027 regarding Resident # 1 being forced to drink green stuff and asking about abuse in the building. Staff # 35 stated she told the complainant that no abuse had taken place against Resident # 1. Staff # 35 revealed there were no notifications to SA, APS, or Ombudsman and the Administrator was not notified as she did not think there was abuse because there was nothing in the progress notes or medical record indicating abuse. An interview was conducted with DON (Staff #68) on April 7, 2026 at 12:50 p.m. who stated that per the policy and state regulations they have 2 hours to report to the SA all allegations of abuse and 5 days to investigate and report to the state agency the facility's findings. The DON reported that she was contacted by Staff # 35 asking her if there were any grievances or reports of abuse by Resident # 1 or family. DON revealed that she had not received any allegations of abuse by the family, resident, or Staff # 35. She further stated if she had they would have followed the policy, reported and conducted an investigation. An interview was conducted with the Administrator (Staff # 37) on April 7, 2026 at 2:19 p.m. who stated that if there is any allegations of abuse either Staff # 35, Staff # 68, or himself will timely report the allegation to the SA, APS, and Ombudsman within two hours and do their investigation. The Administrator stated that no one had (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035276	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oasis Pavilion Nursing & Rehabilitation Center	161 West Rodeo Road Suite 1 Casa Grande, AZ 85122

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	brought to his attention an allegation of abuse regarding Resident # 1 until today. Staff # 37 revealed that it is his expectation that allegations are brought to his attention as they are made per the policy. The facility policy titled Resident Abuse, Neglect, Misappropriation Policy, reviewed and updated on January 2026, revealed that any incident or suspected incident of abuse or resident abuse or unwitnessed injuries that cannot be explained will be reported promptly to the appropriate agencies/individuals, Social Services Director, Abuse Officer, and Administrator. The policy further revealed that all allegations of abuse will be reported immediately to the direct supervisor and or Social Services Director/DON/designee, reporting of the incident will include the following: reporting to state agencies, the Police Department, analysis of the occurrence and any corrective actions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035276	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oasis Pavilion Nursing & Rehabilitation Center	161 West Rodeo Road Suite 1 Casa Grande, AZ 85122

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical records, review of facility documentation, review of the State Agency (SA) database, staff interviews and review of policy and procedure facility failed to ensure an allegation of abuse (Resident #1) was fully investigated. The deficient practice could result in allegations of abuse not being thoroughly investigated and abuse occurring in the facility.Findings include:Resident #1 was admitted to the facility on [DATE] with diagnoses that included cerebral infarction unspecified, anemia unspecified, and malignant neoplasm of unspecified part of bronchus or lungs.Review of the Modification of Medicare 5-day Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14 indicating that the resident was cognitively intact. The MDS also indicated that the resident exhibited verbal and other behaviors during the assessment period. Review of State Agency (SA) database revealed a complaint filed from the complainant on April 3, 2026 of the alleged abuse to Resident #1. Further review of the SA database revealed no self-reports from the facility regarding the abuse allegation for Resident # 1 or a 5-day facility investigation report. An interview conducted with Complainant on April 7, 2026 at 9:16 a.m. revealed that she had contacted the facility on March 30, 2026, speaking to staff # 35 notifying her that there was an allegation of abuse made for Resident # 1. The complainant stated that Resident # 1 was allegedly being abused and someone was trying to kill him by putting a pillow over his face with something sour on it. An interview was conducted with Social Services Director (Staff # 35) on April 7, 2026 at 12:11 p.m. who stated that she along with the Director of Nursing (DON/Staff # 68) are responsible taking any complaints regarding abuse and neglect and initiating the reporting and investigation of all allegations an investigation is conducted where they interview staff and residents and if specific staff are involved, they are placed on suspension. She stated that she was contacted by the complainant on March 30, 2027 regarding Resident # 1 being forced to drink green stuff and asking about abuse in the building. Staff # 35 stated she told the complainant that no abuse had taken place against Resident # 1. Staff # 35 revealed that a facility investigation was not conducted because there was nothing in the progress notes or medical record indicating abuse. An interview was conducted with DON (Staff #68) on April 7, 2026 at 12:50 p.m. who stated that per the policy they have 5 days to investigate and report to the state agency the facility's findings. The DON reported that she was contacted by Staff # 35 asking her if there were any grievances or reports of abuse by Resident # 1 or family. DON revealed that she had not received any allegations of abuse by the family, resident, or Staff # 35. She further stated if she had been notified, they would have conducted an investigation. An interview was conducted with Licensed Practical Nurse (LPN/Staff #128) on April 7, 2026 at 2:05 p.m. who stated she remembered Resident # 1 being transported to the hospital by request of the family. She stated that she recalled Resident #1 was very agitated as there was a lot of traffic in his room because hospice had also visited him. Staff # 128 stated that if there is an allegation of abuse, they immediately bring it to Staff # 68 or Staff # 35. Staff # 128 also stated that once they are notified, they start their investigation and make all the required calls to SA and police and do their investigation. Staff # 128 stated she was unaware of any investigations regarding Resident # 1. An interview was conducted with the Administrator (Staff # 37) on April 7, 2026 at 2:19 p.m. who stated that if there are any allegations of abuse either Staff # 35, or Staff # 68 would conduct an investigation. The Administrator further stated that during the investigation staff # 68 and # 35 conduct interviews with residents that reside near the resident and interview staff that work with the resident. The Administrator stated that once the investigation is done, he reviews the investigation and sends it to the SA within 5 days of the initial report of the allegation. The Administrator stated that no one had brought to his attention an allegation of abuse regarding Resident # 1 until today. Staff # 37 stated that it is his expectation that allegations are brought to his attention as they are made and a proper investigation is conducted. The Administrator stated the risk of not doing an (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035276	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oasis Pavilion Nursing & Rehabilitation Center	161 West Rodeo Road Suite 1 Casa Grande, AZ 85122

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	investigation is we don't get a clear picture of the allegation.The facility policy titled Resident Abuse, Neglect, Misappropriation Policy, reviewed and updated on January 2026, revealed that any incident or suspected incident of abuse or resident abuse or unwitnessed injuries that cannot be explained will be reported promptly to the appropriate agencies/individuals, Social Services Director, Abuse Officer, and Administrator. The policy also revealed that the facility will investigate all incidents, all staff involved in the incident will be interviewed and written summaries of events will be requested by all parties. The Social Services/ DON/designee are the facility designated abuse officer who are responsible for tracking, trending, and investigation of the involved parties.