

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035279	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER Acacia Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4555 East Mayo Blvd Phoenix, AZ 85050	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interviews, and the Resident Assessment Instrument (RAI) manual, the facility failed to ensure a minimum data set (MDS) assessment was completed accurately for one resident (#54) out of 68 sampled residents. The deficient practice could result in further incomplete MDS assessments. Findings include: Resident #54 was admitted on [DATE] with diagnoses that included displaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing, pain in right hip, and type 2 diabetes mellitus. A review of the Admission/Medicare-5 day MDS assessment dated [DATE] revealed that Resident #54 had a brief interview for mental status (BIMS) score of 15, which meant the resident was cognitively intact. MDS assessment revealed Resident #54 had received injections for 2 days during the last 7 days or since admission/entry or reentry if less than 7 days. Additionally, Section N0350 Insulin, had 2 days entered for Insulin injections, that were received during the last 7 days or since admission/entry or reentry if less than 7 days. A review of the care plan revealed no focus area for the diagnosis of diabetes or mention of insulin or other diabetic medications. An interview was conducted with Resident #54 on December 24, 2025 at 10:55 a.m. who stated was not diabetic, had not received insulin at the facility or prior to coming to the facility while in the hospital, and did not have any glucose monitoring of fingers. Resident #54 stated had received shots or injections, but not for diabetes. An interview was conducted with licensed practical nurse (LPN) Staff #5 on December 24, 2025 at 10:59 a.m. who revealed that there were no orders to check Resident #54's finger glucose checks; and that, no insulin was given or orders to give insulin to Resident #54. An interview was conducted with MDS coordinators Staff #155 and Staff #22 on December 24, 2025 at 11:05 a.m. who revealed that there were three MDS coordinators who performed the facility's MDS assessments. Two MDS coordinators were able to review Resident #54's assessment and confirmed that they (Staff #155 and Staff #22) did not perform the documented assessment. Staff #96 who was not present, did the assessment. Staff #22 revealed that they reviewed hospital records, read hospital information, review all the medications, treatments and do a good portion of the care plan, over the past 7 days and confirmed that the resident did get 2 injections, but not insulin. MDS coordinators (Staff #155 and Staff #22) confirmed that the mistake was an error. Staff #155 confirmed that Resident #54 received a flu shot. Staff #22 stated Resident #54 received a covid vaccine; and that, those were the only 2 injections. An interview was conducted with director of nursing (DON) Staff #191 on December 24, 2025 at 11:47 a.m. who revealed that the expectation with the resident assessment was to be completed thoroughly and accurately. Another medical record review of the MDS assessment was conducted on December 24, 2025 at 1225 p.m. which revealed that Staff #22 showed that the MDS was corrected and sent. Review of the job description for MDS Coordinator revealed that the MDS nurse was responsible for the overall supervision, coordination, maintenance and timely completion of the MDS, care plans and medical records for residents. Section: Principle duties, number 2. Assure accuracy and completeness of entire medical record. Review of the policy Resident Assessments version 2.0 (H5MAPL0755) revealed that the resident assessment coordinator is responsible for ensuring that the interdisciplinary team conducts timely and appropriate resident assessments and reviews.</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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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, staff interviews, and facility policies, the facility failed to ensure food items were appropriately stored and labeled; and, failed to ensure that food was not expired. The deficient practice may result in the food items not kept according to professional standards for food service safety. Findings include: During initial observation of the kitchen conducted on December 22, 2025, at 8:23 am, with the Dietary Manager (Staff #215), items were found to be opened and not labeled. Observation revealed an open container of turkey base with an open date of November 27, and without a year or use by or expiration date. Two zested oranges unlabeled with a use by date. An open container of ketchup with an illegible open date behind an unopened container of ketchup. An opened bottle of maple syrup dated August 8, with no year and thick brown buildup on the inside walls of the bottle above the level of remaining syrup. A bag of potato pancakes was open to air with no open date, use-by date, or expiration date. An interview was conducted on December 22, 2025, at 8:31 am with Staff #215 who stated that the standard practice included that items should be used within 30 days of opening. Staff #215 stated that the expectation was that oranges used for zesting are discarded after use because they do not serve raw oranges to residents. A second interview was conducted on December 22, 2025, at 8:40am with Staff #215 who confirmed that the date on the ketchup container was smudged; and that, he could not read it. Staff #215 stated that the process for storing new products was to use the first-in, first-out method - the first product to come in is used first. He described the maple syrup found as having separation and stated food items should be discarded if there is no year marked. Staff #215 stated that food should be closed and labeled when it is going back in the freezer. An interview was conducted on December 24, 2025, at 8:59am with the Administrator (Staff #203), who stated that once items are opened they are dated, and discarded after seven days. Staff #203 stated that the expectation was that if something was opened, the it should be dated. Staff #203 stated that the risk involved with not labeling food is that the food could be potentially outdated and could be expired. Staff #203 further stated that the risk involved with giving residents expired food is that they could get sick. She did not want to expand upon this. Another observation of unit refrigerators and unit dry storage snacks was conducted on December 24, 2025, at 7:53 am, the following foods were found to be expired: 5 containers Special K Original Toasted [NAME] Cereal with an expiration date of December 7, 2025; 3 containers of Special K Original Toasted [NAME] Cereal with an expiration date of November 11, 2025; 4 containers of Cheerios Toasted Whole Grain Cereal with an expiration date of November 26, 2025; 1 container of Cheerios Toasted Whole Grain Cereal with an expiration date of November 21, 2025. Another interview was conducted on December 24, 2025, at 8:20 am with Staff #215 who stated the expectation was that staff look at each dried cereal package and discard it away if it is expired. Staff #215 stated that it was similar to the process for foods stored in the fridge and freezer if it has expired -- the practice is to discard it and the risk involved is potential foodborne illness. An interview was conducted on December 24, 2025, at 8:59 am with the Administrator (staff #203) who stated the process for expired foods was that they be discarded. The administrator further stated that the risk involved with a resident having expired food was that they could become sick. Review of the facility policy titled Food Storage and Datemarking revealed that old stock is always used first, with the first-in - first-out method and that the person designated to manage stock should be trained to rotate it properly. Additionally, leftover food items should be stored in covered containers or wrapped carefully, securely and clearly labeled, dated before being refrigerated, that leftover food should be used within seven days or discarded.</p>		