

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035284	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2026
NAME OF PROVIDER OR SUPPLIER Arizona State Veteran Home-Tucson		STREET ADDRESS, CITY, STATE, ZIP CODE 555 East Ajo Way Tucson, AZ 85713	
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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on staff interviews, facility documentation, and policy review, the facility failed to ensure that staffing information (Payroll-Based Journal, PBJ) submitted to the Centers for Medicare and Medicaid Services (CMS) was accurate and submitted in a timely manner. The universe was 23. This deficient practice could have resulted in residents receiving inadequate care due to a potential lack of staffing. Findings included: The PBJ Staffing Data Report for Fiscal Year (FY) Quarter 1, 2026 (October 1-December 31), revealed that the facility failed to submit data for the quarter. A request made during the entrance meeting on April 7, 2026 at 8:38 a.m. for the PBJ staff data for the Quarter 1 FY 2026. The facility provided the data submitted to CMS, which was received by the survey team on April 10, 2026, at 10:00 a.m. An interview was conducted with the Business Office Manager (Staff #64) on April 10, 2026, at 9:48 a.m. Staff #64 stated that she was the qualified personnel responsible for processing and submitting this data. Staff #64 stated that the PBJ staffing data had been submitted on February 13, 2026. She stated that the due date for submission of quarter 1 for the fiscal year 2026 PBJ staffing data to CMS was February 14, 2026. Staff #64 further stated that, upon later review of feedback from CMS, the PBJ data had been rejected and the submission period had closed. Staff #64 indicated that the file submitted was not the correct file and reiterated that, by the time feedback was received from CMS, the submission deadline had passed. A subsequent interview was conducted with the Facility Administrator (Staff #87) on April 10, 2026, at 11:16 a.m. Staff #87 stated that a possible reason for the rejection of the PBJ data was the submission of incorrect codes, although the specific codes involved were not identified. Staff #87 stated that the facility should have submitted the PBJ data at least one week prior to the deadline to allow sufficient time to correct any errors identified by CMS and to ensure timely resubmission. Neither Staff #64 nor Staff #87 identified the date on which feedback from CMS was received; however, both indicated that the rejection was discovered after the submission window had closed. Neither staff member described the facility's current submission process. For Quarter 1 of each fiscal year, the submission deadline for PBJ data to CMS was February 14 annually. A review of the policy titled Reporting Direct Care Staffing Information (Payroll-Based Journal), last revised in August 2022, indicated that staffing information was collected daily and reported for each fiscal quarter no later than 45 days after the end of the reporting quarter. The policy further stated that complete and accurate direct care staffing information was to be reported electronically to CMS through the Payroll-Based Journal system in a uniform format specified by CMS.		

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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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, interviews, and review of the facility's policies and procedures, the facility failed to coordinate/implement PASRR findings by failing to ensure one resident (#8) out of three residents sampled was appropriately screened and referred for a Level II PASSR (Pre-admission Screening and Record Review) evaluation upon identification of a serious mental illness, in accordance with PASSR requirements. The universe was 23. The deficient practice has the potential to result in failure to identify and provide necessary specialized services. Findings include: Resident #8 was admitted to the facility on [DATE] with diagnoses of major depressive disorder; insomnia, post-traumatic stress disorder (PTSD), chronic; and psychotic disorder with hallucinations due to a known physiological condition. An admission PASRR, dated March 10, 2025, indicated that Resident #8 had a Serious Mental Illness (SMI) diagnosis of major depression. It also indicated he had a substance related disorder as well. The PASSR noted that the most recent substance use was 2-3 months prior. The section of the PASSR asking if the resident had a recent psychiatric or behavioral evaluation was left blank. Also, the section of the PASRR asking if the resident was taking any psychotropic medications was left blank. The bottom of the PASRR form noted that a referral for a Level II PASSR was not necessary and was signed by a hospital Social Worker. The admission Minimum Data Set (MDS), dated [DATE], revealed Resident #8 had a Brief Interview for Mental Status assessment and scored 15 which indicated he was cognitively intact. The same MDS assessment noted that he had depression, psychotic disorder, and Post Traumatic Stress Disorder (PTSD). It also noted that he was taking antipsychotic and antidepressant medications. A physician's order was observed, in the clinical record, for Trazodone (anti-depressant) 100 mg (milligrams) at bed time. The order had a start date of March 11, 2025 for Resident #8's inability to sleep due to his depression. A second physician's order was observed for Venlafaxine (anti-depressant) 150 mg once a day. The order had a start date of March 11, 2025 for visual and auditory hallucinations related to his PTSD. A third physician's order was observed for Quetiapine (anti-psychotic) 50 mg once a day. The order had a start date of August 17, 2025 for mood changes and insomnia due to his PTSD. A second PASRR, dated March 13, 2026 was located in Resident #8's clinical record. The PASRR indicated he had a SMI diagnosis of major depression and psychotic/delusional disorder. It also indicated he had PTSD. The PASRR revealed Resident #8 was in remission for alcohol abuse. It was noted that he was taking Quetiapine, Trazodone, and Venlafaxine. The form also noted that Resident #8 did not need a referral for Level II and was signed by Social Services (SS/Staff #86). An interview was conducted on April 9, 2026 at 2:09 P.M. with Social Service/Staff #86. He explained that the PASRR was a screening tool related to a resident's mental health. It was to determine if a resident would need a Level II placement versus a Level I placement. He further explained that a resident would typically come in with a PASRR in place already but if they did not have one on file, he would do it. He also updates the PASRR annually and when there is a change in the resident's condition. Staff #86 shared that if a resident has behaviors or is taking medications related to their mental health, he will involve the interdisciplinary team (IDT) to review their case because he is not a clinician. The IDT team then determines if the referral is to be sent for a Level II PASRR. Staff #86 reviewed Resident #8's clinical record and stated that Resident #8 had two PASRRs, one dated March 10, 2025 and one dated March 13, 2026. He further stated that Resident #8's diagnoses listed on his March 10, 2025 PASRR were major depressive disorder and previous marijuana use. The form also stated that the March 13, 2026 PASRR indicated he had major depression, psychotic disorder, PTSD, and alcohol use. Staff #86 explained that even with the listed diagnoses on the PASRR, Resident #8 was not referred for a Level II PASRR because the resident had no behavioral issues and he was stable. He further explained that if a resident has a serious mental illness and is stable, then he didn't see a need for them to be referred for a Level II PASRR. He added (continued on next page)		

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	that this was a decision made by the IDT team. Staff #86 confirmed that the PASRR policy indicated that if a resident had a mental health diagnosis, they were to be referred for a Level II PASRR. He shared that he used to send a referral in, for a Level II PASRR, for everyone who had a mental illness diagnosis. He shared that he was then told, by the state PASRR representative, that everyone with a diagnosis did not need to be referred for a Level II. However, Staff #86 was not able to provide proof of this correspondence. Staff #86 stated that, depending on the diagnosis, the risk to the residents for not sending in the Level II PASRR, would be them not being treated appropriately. An interview was conducted on April 9, 2026 at 2:57 P.M. with the Director of Nursing (DON/Staff #72). Staff #72 explained that the purpose of the PASRR was to determine what mental health diagnosis, or other diagnosis, a resident has that might require the facility to refer them to a Level II PASRR. She added that this is completed by the hospital social worker prior to a resident's admission to the facility. Staff #72 shared that if a resident were to need Level II services, that is something they were able to provide with their in-house Geriatric Psychiatry services. After reviewing Resident #8's clinical record, Staff # 72 confirmed that, upon admission, he had SMI diagnoses of major depression. She further confirmed that he had used marijuana as well. She also confirmed that Resident #8 was not referred for a Level II PASRR. She explained that they wouldn't need to refer someone for a Level II screening if their needs can be met in the facility and they are stable. Staff #72 added that due to Resident #8 not having an active acute episode, at the time period of the admission, it indicated that he was stable. She shared that if the IDT team felt that a resident's psychological needs would not be able to be met, they would send them out to the hospital. Staff #72 stated that a possible risk to the residents, for not having a Level II PASRR screening completed, is that their psychological needs are not being met, especially if the facility does not have the services available. She added that this facility does have services such as geriatric psychiatry and psychiatry services available. Review of the facility's policy and procedure, titled Behavioral Assessment, Intervention, and Monitoring revealed it was last revised in January 2026. The policy and procedure indicated that if a resident's level I PASRR screening indicated a resident may meet the criteria for a mental disorder, intellectual disability, or related condition, then they were to be referred to the state PASRR representative for the level II screening and evaluation.		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, interviews, and review of the facility's policies and procedures, the facility failed to ensure one resident (#8) out of three residents sampled was appropriately screened and referred for a Level II PASSR (Pre-admission Screening and Record Review) evaluation upon identification of a serious mental illness, in accordance with PASSR requirements. The universe was 23. The deficient practice has the potential to result in failure to identify and provide necessary specialized services. Findings include: Resident #8 was admitted to the facility on [DATE] with diagnoses of major depressive disorder; insomnia, post-traumatic stress disorder (PTSD), chronic; and psychotic disorder with hallucinations due to a known physiological condition. An admission PASRR, dated March 10, 2025, indicated that Resident #8 had a Serious Mental Illness (SMI) diagnosis of major depression. It also indicated he had a substance related disorder as well. The PASSR noted that the most recent substance use was 2-3 months prior. The section of the PASSR asking if the resident had a recent psychiatric or behavioral evaluation was left blank. Also, the section of the PASRR asking if the resident was taking any psychotropic medications was left blank. The bottom of the PASRR form noted that a referral for a Level II PASSR was not necessary and was signed by a hospital Social Worker. The admission Minimum Data Set (MDS), dated [DATE], revealed Resident #8 had a Brief Interview for Mental Status assessment and scored 15 which indicated he was cognitively intact. The same MDS assessment noted that he had depression, psychotic disorder, and Post Traumatic Stress Disorder (PTSD). It also noted that he was taking antipsychotic and antidepressant medications. A physician's order was observed, in the clinical record, for Trazodone (anti-depressant) 100 mg (milligrams) at bed time. The order had a start date of March 11, 2025 for Resident #8's inability to sleep due to his depression. A second physician's order was observed for Venlafaxine (anti-depressant) 150 mg once a day. The order had a start date of March 11, 2025 for visual and auditory hallucinations related to his PTSD. A third physician's order was observed for Quetiapine (anti-psychotic) 50 mg once a day. The order had a start date of August 17, 2025 for mood changes and insomnia due to his PTSD. A second PASRR, dated March 13, 2026 was located in Resident #8's clinical record. The PASRR indicated he had a SMI diagnosis of major depression and psychotic/delusional disorder. It also indicated he had PTSD. The PASRR revealed Resident #8 was in remission for alcohol abuse. It was noted that he was taking Quetiapine, Trazodone, and Venlafaxine. The form also noted that Resident #8 did not need a referral for Level II and was signed by Social Services (SS/Staff #86). An interview was conducted on April 9, 2026 at 2:09 P.M. with Social Service/Staff #86. He explained that the PASRR was a screening tool related to a resident's mental health. It was to determine if a resident would need a Level II placement versus a Level I placement. He further explained that a resident would typically come in with a PASRR in place already but if they did not have one on file, he would do it. He also updates the PASRR annually and when there is a change in the resident's condition. Staff #86 shared that if a resident has behaviors or is taking medications related to their mental health, he will involve the interdisciplinary team (IDT) to review their case because he is not a clinician. The IDT team then determines if the referral is to be sent for a Level II PASRR. Staff #86 reviewed Resident #8's clinical record and stated that Resident #8 had two PASRRs, one dated March 10, 2025 and one dated March 13, 2026. He further stated that Resident #8's diagnoses listed on his March 10, 2025 PASRR were major depressive disorder and previous marijuana use. The form also stated that the March 13, 2026 PASRR indicated he had major depression, psychotic disorder, PTSD, and alcohol use. Staff #86 explained that even with the listed diagnoses on the PASRR, Resident #8 was not referred for a Level II PASRR because the resident had no behavioral issues and he was stable. He further explained that if a resident has a serious mental illness and is stable, then he didn't see a need for them to be referred for a Level II PASRR. He added that this was a decision made by the IDT team. Staff #86 confirmed that the PASRR policy indicated (continued on next page)		

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