

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIER The Center at Val Vista, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3744 South Rome Street Gilbert, AZ 85297	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observations, resident and staff interviews, and review of policy, the facility failed to ensure medications were not left in the room and resident was assessed to self-administration of medication for one resident (#148). The deficient practice could result in medications not being taken as ordered and residents unsafely administering medications.</p> <p>Findings include:</p> <p>Resident #148 was admitted to the facility on [DATE] with a diagnosis of encephalopathy, type 2 diabetes mellitus, anxiety disorder, depressive episodes, hypertension, and dementia.</p> <p>Review of care plan initiated on April 10, 2025 revealed resident has a risk for cognitive/neurological complications related to encephalopathy. The interventions included to administer medications as per physician's orders, allow resident time to communicate, allow resident to make as simple decisions regarding their care and activities.</p> <p>Review of another care plan revealed resident is confuse/forgetful at times. The interventions initiated on April 11, 2025 included to assist as needed, provide consistent caregivers, and remind and cue as needed.</p> <p>Review of admission Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 10.0, moderately impaired cognition and resident required partial/moderate assistance with personal hygiene.</p> <p>Review of physician's order revealed that on April 24, 2025 an order for Hydrocortisone External Cream 2.5 % to be applied to the affected area topically every 4 hours as needed for itching eczema.</p> <p>During an observation conducted on April 29, 2025 at 09:19 AM, two medications were observed on the resident's bedside table. One medication was labeled Hydrocortisone 2.5% in a white container for eczema and the other one was labeled Vicks in a bluish small container. An interview was immediately conducted with the resident who stated that the Vicks is for breathing to open her sinuses.</p> <p>An interview was conducted on April 29, 2025 at 09:29 AM with a Licensed Practical Nurse (LPN)/Staff #62 in the resident's room. Staff #62 stated that she did not realized that the medications which she identified as hydrocortisone cream and Vicks were in the resident's room. She stated that she will take it with her, label it with the resident's name, and to get a physician's order.</p> <p>(continued on next page)</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On April 29, 2025 at 17:11 PM, review of record revealed a Self-Medication Evaluation was performed for Resident #148 for the medication Vapor Rub. However, there is no Self-Medication Evaluation performed for the medication Hydrocortisone 2.5% external cream.</p> <p>Review of physician's order dated April 29, 2025 revealed an order for Vaporizing Chest Rub external ointment to be applied outside of nostril topically every 6 hours as needed, allowed to self-administer and keep at bedside, unsupervised self-administration.</p> <p>Review of care plan initiated on April 29, 2025 revealed a medication self-administration for vaporizing chest rub.</p> <p>An interview was conducted on May 1, 2025 at 2:06 PM with the Director of Nursing (DON)/Staff #186 in the dining room. The DON stated that regarding self-administration of medication, if a resident wants to self-administer, the process is that she will check with the resident's doctor, make sure resident is able and safely self-administer the medication, encourage the resident to keep the medication in a bag or in a drawer, she prefers that the medication is not laying out, and she added that their residents in the facility are in private rooms. In addition, the DON stated that if resident is deemed capable of self-administration, she will obtain an order for self-administration. The DON stated that assessment for self-administration is done as soon as possible when aware that the resident has the medication. The DON also stated that they have a process when visitors come in, their sign -in log has an acknowledgement not to bring in medication for the resident, and if they bring in medication to take it to the nurse. The DON stated that if she finds for instance a medication at the resident's bedside, she will start the process for self-administration of medication. Regarding hydrocortisone medication left at bedside, the DON stated that she expects her staff to get a self-administration order, do an evaluation and care plan. The DON stated that the goal is to do it right away.</p> <p>On May 1, 2025 at 14:29 PM, review of nursing progress note title, Daily Nursing Note, revealed that a nurse notified the resident's provider to approved resident's self-administration of hydrocortisone cream for eczema, and an evaluation and care plan was completed.</p> <p>An interview was conducted on May 2, 2025 at 10:34 AM with an LPN/Staff #85 in the third-floor nursing station. She stated that medication administration includes right dose, right route, right time and right resident. If there is a concern with a medication, for instant low blood pressure, she will notify the doctor. Regarding medication brought in from the outside for the resident, she stated that the process is that it has to be confirmed with the doctor, and the container has a label. She will add the medication in the medication list of the resident, and she will keep the medication inside her medication cart. She stated that she will not leave the medication at the bedside unless there is an order to self-administer because it is not safe, they might not take the medication as ordered, and she must have a visual for the resident taking and swallowing the medication because the medication might fall on the floor. She will not leave a medicated cream at bedside, she will return it in the treatment cart. She stated that for a hydrocortisone cream medication, she will not leave the medication at the bedside because the resident might put it in a body part that should not be on, or might put it on excessively, or if the resident is confuse, the resident might eat it.</p> <p>Review of facility's policy titled, Medication Administration, with a revised date of February 8, 2021 revealed that medications are to be administered as prescribed by the attending physician.</p> <p>(continued on next page)</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of another facility policy titled, Self-administration of Medications, with a revised date of February 8, 2021 revealed that residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for resident to do so.</p>