STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035292	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandstone Estates Rehab Centre	2040 North Wilmot Road Tucson, AZ 85712

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident and staff interviews, clinical record review, and facility policy, the facility failed to make prompt efforts to resolve a grievance and issue a written decision/ response, per regulation and per policy for one resident, #33. The deficient practice could compromise a resident's basic safety, psychosocial well-being and serve as a breach of trust between the resident and the facility.Findings include:Resident #33 was admitted on [DATE] with diagnosis including paranoid schizophrenia, essential hypertension, chronic obstructive pulmonary disease, and idiopathic progressive neuropathy.Review of the quarterly MDS (minimum data set) dated January 20, 2026 revealed a BIMS (brief interview of mental status) score of 15, indicating that the resident was cognitively intact. The MDS further revealed that there were no potential indicators of psychosis, verbal behaviors and other behavioral symptoms not directed toward others were noted to have occurred 1-3 days.A review of the care plan revealed a focus area noting that resident #33 and his representative had chosen to engage in a behavioral contract.A review of the facility grievances revealed a grievance form dated August 25, 2025 for resident #33. The form displayed numerous scribbles to the side of the document. The description of the concern was documented to refer to a staff member yelling at the resident, and noted that the staff member called the resident a liar. The form further noted that another staff member was bullying/ demanding of the resident, alleged desertion of post, staff member's alleged resident to be racist/ lazy, as well as accusing resident of assault. The form further noted 2 witnesses. The form had a check-mark denoting immediate corrective action was required and noted that certain staff be reprimanded and reassigned from the south hall.An interview was conducted with resident #33 on June 5, 2026 at 11:02 AM. The resident stated that the staff bend the rules to their advantage and that he is not heard. He stated that he had filed 3 grievances and had not heard back regarding an outcome.An interview was conducted on June 5, 2026 at 11:52 AM with the Social Services Director, staff #7. Staff #7 stated that he has been with the facility approximately 1.5 years. Staff #7 stated that he was in charge of the grievance forms. He stated that there is a standard grievance form and that he would generally take the form to the resident to complete, but stated that each hall/ unit also has grievance forms available for the residents. Staff #7 further stated that he is responsible for finding a resolution and ensuring that everyone is in agreement with the outcome. He stated that the form would need to be signed by everyone, including the resident. Staff #7 stated that resident #33 had recently expressed that he wanted to file a grievance and that generally he would meet with the resident the same day, but because he had already met with the resident on Monday, June 1, 2026 he did not have the meeting for the grievance with resident #33 scheduled until today, Friday, June 5, 2026. Staff #7 provided the previous grievance form dated August 25, 2025 for resident #33. When asked if this grievance had been investigated and what the outcome was, staff #7 stated that he would have forwarded the grievance to the DON (director of nursing) as it involved nursing staff. Staff #7 reviewed the electronic health record for resident #33 in PCC (point click care) and stated that he did not see any entries documenting giving the form to the DON or what the outcome was. Staff #7 explained that he had not received much training on the grievances process (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

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and was just told, here is the grievance form and this is what you have the residents fill out. Staff #7 stated that if a resident grievance was not investigated or the resident provided a resolution to their reported grievance, then the issue would remain unresolved, and there would be a risk to the facility as well as to his job.An interview was conducted on June 5, 2026 with the DON, staff #9. Staff #9 stated that any grievances are logged in the grievance log, given to the responsible department, resolved and that the outcome is reported back to the resident. Staff #9 stated that when there is a grievance, the Social Services Director would report it to her, unless the resident filed the grievance directly with her. She stated that she was not aware of any grievances from resident #33 in the past year. She stated that any grievance forms in the facility's possession would be investigated. She further stated that if she did not receive the form then she would not be in the ?loop' or able to conduct an investigation. Staff #9 stated that the risk of not investigating a grievance or reporting back to the person who filed the grievance could include angering either staff or residents, and making the filer of the grievance feel as if no one listens to them.A review of the facility policy titled Resident Rights-Grievances revealed that purpose of the policy was to support the residents' rights to voice grievances and receive follow-up related to those. The policy noted that grievances are received, tracked through their conclusion, and that any necessary investigations would be ensue. The policy further revealed that the facility would issue written grievance decisions and maintain confidentiality.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, review of clinical record, and review of facility policy and procedure, the facility failed to ensure 1 (#81) of 3 sampled residents received proper treatment and care to maintain mobility and good foot health by ensuring regular podiatry appointments were maintained. The deficient practice could lead to developing foot problems, infections, wounds or amputations. Findings include:Resident #81 was admitted on [DATE] with diagnosis including type 2 Diabetes Mellites with hyperglycemia, hypertensions, cerebral infarction due to unspecified occlusion or stenosis of middle cerebral artery, aphasia, hemiplegia and hemiparesis affecting right dominant side, hyperlipidemia, morbid obesity, cognitive social or emotional deficit, bipolar disorder, anxiety disorder and other seizures.A review of the quarterly MDS (minimum data set) dated February 10, 2026 revealed a BIMS (brief interview of mental status) score of 9, indicating that the resident was moderately cognitively impaired. The MDS further revealed that the resident was at risk for development of pressure ulcers.A review of the care plan revealed focus areas including that the resident was on anticoagulant therapy with a risk for abnormal bleeding, at risk for fluctuations in blood sugar and complications due to diabetes mellites. The care plan further revealed that the resident is to be referred for podiatry services, as needed, and that nails are to be cut by podiatry and or charge nurse, with an initiation date of November 1, 2024.A review of documents in the EHR (electronic health record) revealed that the last podiatry appointment was on September 30, 2025. The podiatry visit note dated September 30, 2025 noted that findings included decreased circulation. It was further documented that 2 nails were debrided (the medical process of removing dead, damaged or infected tissue from a wound) and 8 nails trimmed with nippers. The note revealed that a follow-up was to be scheduled in 2-3 months or more as needed for acute problems. Finally, the note indicated to contact the podiatry with any concerns.A further review of the EHR revealed no evidence of podiatry visits after September 30, 2025.Further documentation provided by the facility via email revealed an encounter note from podiatry dated December 05, 2025 indicating that the resident was working with therapy and could not be seen this date and a subsequent note dated February 27, 2026 indicating that the resident was at an activity and could not be seen this date. However, the EHR revealed no documentation that anyone was notified of the missed appointment or that attempts were made to reschedule the appointment.An interview was conducted on June 5, 2026 at 2:03 PM with staff #7, Social Services Director. Staff #7 stated that he ensures that residents are on the referral list and are available on the date for scheduled and necessary services including vision, hearing and podiatry and relays missed appointments to the DON (director of nursing). He stated that the facility previously had 3 different provider groups providing vision, hearing and podiatry services that rounded every 3 months. Staff #7 stated that they now have a new provider group starting next month that will be able to provide all 3 (vision, hearing and podiatry) services under one umbrella. He further stated that until the new group starts, the old provider group for podiatry will continue to provide services. Staff #7 stated that if a resident was seen in September of 2025 by podiatry with a 2-3 month noted follow-up, they should have had 2-3 follow-up visits by now. Staff #7 further stated that if a resident missed a visit or rounding by the podiatry team, he would inform the DON and see if an ?outside' provider could come in to see the resident. However, the DON was not notified for resident #81 nor was an ?outside' provider obtained. Staff #7 further stated that at times a resident may refuse a visit, but staff #7 reviewed the EHR for resident #81 and stated that he did not see a follow-up visit after September 30, 2026 nor did he see evidence of resident visit refusals after September 2025. He stated that the resident had refused visits in the past and stated that he thought she may have refused again, but no evidence of refusal was documented. Staff #7 stated that the resident #81 was on the referral list for podiatry with both the current provider and the new provider. He stated that the last time the current provider had rounded was on February 27, 2026 and that the resident was on the list but no evidence was present (continued on next page)

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	in the EHR that she was seen. Resident #7 stated that if a resident with diabetes needs to be seen by podiatry every 2-3 months and has not been seen by podiatry in 9 months, the risk could include infection, loss of a toe, foot or leg.An interview was conducted June 5, 2026 at 2:37 PM with staff 10, medical records. Staff #10 stated that she is responsible for scanning documentation from outside / contracted providers into the EHR as soon as she receives it. Staff #10 reviewed her documentation as stated that she had not received and podiatry visit notes after September 30, 2026 for resident #81.An interview was conducted on June 5, 20265 at 3:09 PM with staff #9, DON. Staff #9 stated that residents who needed to be seen for podiatry would be added to the referral list by social services. She further stated that any missed appointments should be documented by the physician group and uploaded by medical records. Staff #9 reviewed the records for resident #81 and stated that the last visit note from podiatry was observed to have been on September 30, 2026 with a documented follow-up advised within 2-3 months. Staff #9 stated that the risk for not having the required follow-up appointments could include a multitude of problems including cellulitis, pain, discomfort and the potential for losing a toe.A review of the facility policy / procedure titled Routine Procedures-Nail Care adopted May 1, 2024 revealed that the policy served to promote cleanliness, safety and neat appearances of the residents. The policy noted that only licensed staff can cut the nails of diabetic residents.A review of the facility policy titled Quality of Care-Foot Care with a revision date of May 4, 2023 revealed that the purpose of the policy is to provide residents with foot care, including treatment to prevent complications from diabetes, peripheral vascular disease or immobility, that is consistent with professional standards of practice. The policy further noted that the facility assists in making necessary medical appointments with qualified persons. The policy documented that residents with complicating disease process will be referred to qualified professionals for foot care and that the facility will assist with these making appointments.