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	03/20/2026

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. The facility failed to ensure RN coverage was provided 8 hours a day, 7 days a week.Number of residents sampled:Number of residents cited:Based on staff interviews, review of facility documentation, policy, and procedure, the facility failed to ensure there was a registered nurse (RN) on duty for 8 consecutive hours for 7 days a week. The deficient practice could have a substantial impact on the quality of care and outcomes for residents. Findings include: The staff posting from February 15, 2026, through March 17, 2026, revealed the sections on the number of RN's was blank for:-February 26, 2026, and the facility census on that day was 62.-March 1, 2026, and the facility census on that day was 64.-March 8, 2026, and the facility census on that day was 64.-March 15, 2026, and the facility census on that day was 51. The punch detail for RN's from February 15, 2026, through March 17, 2026, revealed no data for February 26, 2026, March 1, 2026, March 8, 2026, and March 15, 2026, for the following RN staff #89, #130, #68, #14, #71, and #51. The staff posting from February 15, 2026, through March 17, 2026, revealed the sections on the number of RN's from 6:00 AM to 6:30 PM was blank for:-February 28, 2026, and the facility census on that day was 65.-March 7, 2026, and the facility census on that day was 66. The punch detail for RN's from February 15, 2026, through March 17, 2026, revealed no data for February 24, 2026, February 27, 2026, February 28, 2026, and March 7, 2026 from 6:00 AM to 6:00 PM An interview was conducted on March 18, 2026, at 1:16 PM with the Director of Nursing (DON, staff #36). She stated it did not meet her expectations to have low RN staff. She stated the risks to not having an RN were a higher risk to intervene earlier to prevent rehospitalizations or emergency room visits. She stated she was actively recruiting RN's. An interview was conducted on March 18, 2026, at 2:27 PM with RN (staff #68). The RN stated the facility has had a decrease in RN's since May 2025 due to lower census. She stated there were times she experienced a large resident assignment that would be overwhelming. She stated RN's have been hired, however have resigned due to a decreased number of working hours.Review of the Nursing Administration Policy dated May 1, 2024, stated provides for the services of a registered nurse for at least eight (8) consecutive hours a day, seven (7) days a week.

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: 035292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interviews, and policy review, the facility failed to ensure that food was stored in accordance with professional standards for food safety. The deficient practice has the potential to place residents at risk for consumption of expired or unsafe food. The census was 51.Findings include:On March 17, 2026, an initial observation of the facility kitchen was conducted with the dietary director/maintenance director/environmental services director (Staff #112) and dietary cook (Staff #80). At 10:10 AM, a walk-through of the dry storage revealed an open original package of what Staff #112 identified as taco seasoning, which had no evidence of an opened date, and a binder clip sealed the package. It also revealed an open original package of what Staff #112 identified as brown gravy, which had no evidence of an opened date, and a binder clip sealed the package. It also revealed an open original package of what Staff #112 identified as chicken gravy, which had no evidence of an opened date, and a binder clip sealed the package. It also revealed an open original package of what Staff #112 identified as turkey gravy, which had no evidence of an opened date, and a binder clip sealed the package. It also revealed an open original package of what Staff #112 identified as breadcrumbs, which had no evidence of an opened date, and a binder clip sealed the package. Following the initial observation on March 17, 2026, an interview was conducted with Staff #112 and #80. Staff #112 stated that for items opened and then stored within the dry storage, they are expected to have a label of an open date, and, as applicable, a use-by date, in an accessible view to staff. Staff #112 further stated that the staff is expected to place the food item in a sealable container or package with the opened date and a use-by date, per facility policy. Staff #80 had also stated that dietary staff are expected to seal the original packaging of opened items in a Ziploc or a sealed container with the opened date. Staff #112 stated that the current open items are not within the facility's expectations and immediately discarded the items, per the policy, as the risk of maintaining the food items has the potential for inconsistency with the longevity, quality, or safety of food items.On March 19, 2026, at 9:15 AM, an interview was conducted with the dietary manager (Staff #62), who stated that unopened items are expected to be dated with the delivered date. Staff #62 further stated that if a food item package should be opened, staff are expected to put the opened date. Staff #62 further stated that staff are expected to put the opened food item in a Ziploc, and dated with the delivered date and the opened date. Staff #62 further stated that the facility had used binder clips for their opened packaged items as per previous guidance; however, Staff #62 stated that this process has been changed to ensure food items are rolled up and in a Ziploc with an opened date. Staff #62 stated that it is not within the facility's expectations that opened food packages are not dated for the risk of utilizing expired food items, and if not sealed appropriately, the risk for pests.A policy titled ?Food Receiving and Storage', adopted May 1, 2024, revealed that it is the policy of this facility that foods shall be received and stored in a manner that complies with safe food handling practices. A policy titled, ?Ontray Dietary Policies and Procedures: Storage Labeling and Dating', a 2025 edition, revealed that product inventory must be stored, labeled, dated, rotated, and discarded properly to ensure inventory is stored in a safe, sanitary manner to provide the best food quality and safety. The policy revealed that opened products stored in the dry storage area must be labeled with their received date and open date.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2026
NAME OF PROVIDER OR SUPPLIER Sandstone Estates Rehab Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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 review of the facility documentation, staff interviews, and review of facility policy and procedures, the facility failed to ensure that the Level I PASRR (Pre-admission Screening and Resident Review) screening was accurately completed and updated for two residents (#13 and #63). The deficient practice could result in failure to identify residents with mental illness and/or intellectual disabilities, leading to unmet care needs. The census was 51.Findings Include:-Regarding Resident #13Resident #13 was admitted to the facility on [DATE] with diagnoses that included Parkinson's Disease, Schizoaffective Disorder, and Anxiety Disorder.The Level I PASRR (Pre-admission Screening and Resident Review) dated May 6, 2024, indicated that a referral for a level II PASRR was not necessary. However, further review of the level I PASRR revealed that the box asking if the resident had a diagnosis of Schizoaffective disorder was not checked to reflect her diagnosis. It was also noted that Resident #13 was taking the following psychotropic medications: Bupropion 75mg, Trazadone 50mg, and Depakote 125mg.The care plan was revised on November 16, 2025 to include a focus related to Resident #13's psychosocial well-being related to her Schizophrenia. Interventions included assisting the resident to set realistic goals, support family communication, monitoring her response to internal and external issues, and to redirect the resident when conflict arises.The quarterly MDS (Minimum Data Set) dated January 13, 2026, revealed a BIMS (Brief Interview for Mental Status) score of 15, indicating intact cognition.An interview was conducted with the Social Services Director (Staff #86) on March 12, 2026 at 1:12 P.M. He confirmed that Resident #13 had a PASRR I, dated May 6, 2024, in her clinical record. After reviewing the PASRR I, he indicated that the Schizophrenia diagnosis was not listed on the PASRR I. He further indicated that he was not sure why the Schizophrenia diagnosis was not listed on the form. He shared that he expected the Schizophrenia diagnosis to be identified on the PASRR I if Resident #13 was diagnosed with it.Regarding Resident #63:Resident #63 was initially admitted to the facility on [DATE], and then re-admitted to the facility on [DATE], with the diagnosis that included anxiety disorder, unspecified; bipolar disorder, unspecified; depression, unspecified; generalized anxiety disorder; bipolar disorder, current episode manic severe with psychotic features.A Level I PASRR dated December 14, 2023, revealed no evidence of any mental illness answered; no evidence of symptoms answered; no history of psychiatric treatment answered; and no psychotropic medications answered.An admission MDS dated [DATE], revealed that Resident #63 had a BIMS score of 05, indicating that Resident #63 experienced severe cognitive impairment at the time of the assessment. The assessment also revealed that within the last 14 days before the completion of the assessment, Resident #63 experienced 2 - 6 days where she had trouble concentrating and had thoughts that she would be better off dead or hurting themselves; and experienced 7 - 11 days of feeling down or depressed, trouble falling asleep, feeling tired or having little energy, poor appetite or overeating, and moving or speaking so slowly, or the opposite, being fidgety or restless, moving around a lot more than usual, for a severity score of 12, indicating moderate depression, experiencing significant symptoms if depression and required consultation with a healthcare provider to discuss treatment options such as therapy or medication. The assessment stated that Resident #63 exhibited social isolation. The assessment also revealed the diagnosis of anxiety disorder, depression, and bipolar disorder; she had been taking antianxiety medications during the last 7 days before the assessment. A care plan focus initiated on January 10, 2024, revealed that Resident #63 had been at risk for adverse reactions due to the use of psychotropic medications related to bipolar disorder, anxiety, depression, and hallucinations. A care plan focus initiated on January 10, 2024, revealed that Resident #63 had a mood problem related to depression, bipolar disorder, and anxiety; with the intervention to receive a behavioral health consult as needed.A discontinued order with an initial order date of January 28, 2024, revealed that Resident #63 had been ordered one 5 mg buspirone tablet three times a day for anxiety.A discontinued order with an initial order date of February 9, 2024, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2026
NAME OF PROVIDER OR SUPPLIER Sandstone Estates Rehab Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	revealed that Resident #63 had been ordered one 50 mg trazodone tablet at bedtime for depression, as evidenced by insomnia. A completed order with an initial order date of March 8, 2024, revealed that Resident #63 had been ordered one 0.5 mg lorazepam tablet every 6 hours as needed for tactile hallucinations for 3 days. A completed order with an initial order date of April 24, 2024, revealed that Resident #63 had been ordered one 1 mg lorazepam tablet every 12 hours as needed for anxiety, as evidenced by agitation for 14 days. A care plan focus initiated on September 25, 2024, revealed that Resident #63 used psychotropic medications related to bipolar disorder.A discontinued order with an initial order date of November 26, 2024, revealed that Resident #63 had been ordered one 10 mg suvorexant tablet at bedtime for depression, as evidenced by insomnia. A completed order with an initial order date of January 15, 2025, revealed that Resident #63 had been ordered one 20 mg suvorexant tablet at bedtime for depression, as evidenced by insomnia for 30 days. A care plan focus initiated on June 26, 2025, revealed that Resident #63 used anti-anxiety medications related to anxiety disorder.A care plan focus initiated on June 26, 2025, revealed that Resident #63 used antidepressant medications related to depression.An active order with an initial order date of July 17, 2025, revealed that Resident #63 had been ordered one 15 mg buspirone tablet every 8 hours for anxiety, as evidenced by restlessness.An active order with an initial order date of October 7, 2025, revealed that Resident #63 had been ordered two 100 mg trazodone tablets at bedtime for depression, as evidenced by the inability to sleep.A care plan focus initiated on December 2, 2025, revealed that Resident #63 had little or no activity involvement related to anxiety, depression, will state when they would not like to participate in activities.An active order with an initial order date of December 19, 2025, revealed that Resident #63 had been ordered one 6 mg doxepin tablet for depression, as evidenced by the inability to sleep.An active order with an initial order date of March 17, 2026, revealed that Resident #63 had been ordered one 450 mg bupropion tablet of 15 mg every morning for depression, as evidenced by anhedonia. On March 19, 2026, at 1:12 PM, an interview was conducted with the social services director (Staff #86). Staff #86 stated that the PASRR is a form that's filled out for each patient before their admittance to the facility. Staff #86 stated that there is a point of contact in Las Vegas, Nevada, with their corporate leadership who completes forms if not completed accurately at the time of admission, and had been unsure if they had been trained in Arizona regulations, but had assumed so due to conversations between himself and the point of contact. Staff #86 further stated that residents with a serious mental illness or intellectual disability would qualify for a level II form completion. Staff #86 further stated that he had never been formally trained on the PASRR process and had not been privy to what a completed PASRR form would look like. Staff #86 further stated that he had not been able to successfully utilize the website that he had been aware of as the main form of submission for PASRR forms. Regarding Resident #63, Staff #86 reviewed her orders and her active medications and identified medications for anxiety, depression, and bipolar disorder with psychosis and hallucinations would have been triggers for a level II PASRR submission. Staff #86 reviewed the PASRR form for Resident #63 and stated that there had been no evidence of any diagnosis or medications, and had been unsure what the process would be should a PASRR form state inaccurate information. Staff #86 stated that the purpose of the PASRR form is to protect residents and ensure that the facility maintains documentation of any interventions in place to provide the best possible care. Staff #86 then provided clarity on the website, which they understood as the PASRR submission website, stating that they had not been able to successfully utilize, however, there had been no evidence of a PASRR portal on the observed website, and Staff #86 had started refreshing the website without pressing any additional features.On March 19, 2026, at 10:02 AM, an interview was conducted with the DON (director of nursing/ Staff #36), who stated that the PASRR process included receiving a form from the hospital to ensure appropriate placement and appropriate treatment, and should a resident exceed 30 days of stay, and had the appropriate diagnosis, a level II form is expected to be sent to the appropriate state agency for determination a need for level II PASRR interventions. Staff #36 further stated that there is no in-house training regarding the PASRR (continued on next page)

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	03/20/2026

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	process and that additional training can be requested on behalf of the social services director if it is determined to be required. Staff #36 further stated that she had found out the same day of the interview that there is a point of contact within their corporate leadership, located in Las Vegas, Nevada, who had handled the facility's PASARR process, and had been unsure if this individual had been privy to the regulations for the state of Arizona. Staff #36 also stated that she had not gone over the PASRR process with the current social services director and what a completed PASRR form would look like. Regarding Resident #63, Staff #36 stated that her diagnosis of anxiety, depression, bipolar disorder, and bipolar disorder with psychotic features would have been appropriate for a PASRR level II submission. Staff #36 further stated that on a PASRR form dated December 14, 2023, it revealed an inaccurate completion of Section A that required information on exemptions and categorical determination; an inaccurate completion of Section B that required information on mental illness diagnosis, symptoms, history of psychiatric treatment, and medications. Staff #36 stated that there was no evidence of a PASRR level II, and that it would have been expected to have a PASRR level II for Resident #63 for state agency determination. Staff #36 stated that the risk of not submitting a PASRR level II form for a resident who could benefit from a state agency review could leave a resident at a disadvantage in receiving appropriate review of behavioral health interventions that can hinder their environment and psychological health.A facility policy titled, Resident Assessment - Preadmission Screening and Resident Review (PASRR) for MD (mental disorder) and ID (intellectual disability), last reviewed May 4, 2023, revealed that the facility is to validate each resident in a nursing facility is screened for a MD or ID before admission and that individuals identified with MD or ID are evaluated and receive care and services in the most integrated setting appropriate to their needs. The policy also revealed that residents are offered the most appropriate setting for their needs and receive the services for their needs in those settings, and that specialized services will be offered to individuals with MD or ID in accordance with the determination of the appropriate state-designated authority. The policy also revealed that any resident with newly evident or possible MD, ID, or related condition will be referred by the facility to the appropriate state-designated mental health or intellectual disability authority for review. The policy also stated that for residents with a level II determination and recommendations, the facility would incorporate the determination and recommendation into the resident's assessment and care plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2026
NAME OF PROVIDER OR SUPPLIER Sandstone Estates Rehab Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility documentation, staff interviews and facility policies and procedures, the facility failed to ensure the provision and implementation of necessary behavioral health services for one resident (#5) with identified mental health needs. The deficient practice has the potential to worsen the residents symptoms and reduce quality of life. The sample was 1. The universe was 19 and the census was 51.Findings include:Resident #5 was admitted on [DATE], with the diagnoses that included major depressive disorder, adult failure to thrive; cognitive communication deficit; and need for assistance with personal care.An order dated February 12, 2026, revealed Resident #5 had been ordered to take one 2 mg aripiprazole tablet for mood stabilization.An order dated February 12, 2026, revealed Resident #5 had been ordered to take one 15 mg mirtazapine tablet for depression, as evidenced by tearfulness.An order dated February 16, 2026, revealed that a referral for behavioral health services for psychiatric and psychological evaluation and treatment as indicated for Resident #5.A care plan focus was initiated on February 17, 2026, which revealed Resident #5 used antidepressant medication related to depression. A care plan focus was initiated on February 17, 2026, which revealed Resident #5 used psychotropic medication related to depression, and that Resident #5 would receive counseling by a mental health professional. An admission MDS (minimum data set) assessment dated [DATE], revealed a BIMS (brief interview for mental status) score of 15 indicating intact cognition. The assessment also revealed that within the 14 days before the completion of the assessment, Resident #5 was experiencing symptoms of feeling down, depressed, or hopeless 2 - 6 days out of the 14. The assessment also revealed that Resident #5 had depression and had taken antipsychotics and antidepressants during the 7 days before the assessment completion.There was no additional evidence in the electronic health record of Resident #5 receiving behavioral health services.On March 17, 2026, at 11:23 AM, an interview was conducted with Resident #5. Resident #5 stated that she had been admitted to the facility in February, and when she was admitted to the facility, she had not been in a good place mentally. Resident #5 stated that she had been told by the social services director that she should have received therapy services with a therapist, and that she should have been told of any updates regarding that process. Still, she has not received any updates regarding the services. Resident #5 further stated that the transition from having her family with her 24/7 to the facility with restrictions on overnight visits had been difficult. Resident #5 stated she relied heavily on the support of her family and required 24/7 assistance with her difficulty completing day-to-day tasks. Resident #5 also stated that upon admittance to the facility, she had been completely out of it and described it as a mental setback due to waking up in a foreign place, the hospital, and didn't know what to expect as it came to her recovery. Resident #5 stated that she had been waiting for an update on therapy services following her initial conversation with the social services director and felt that having therapy during that transition would have benefited her overall mental health during the first couple of weeks of her stay.On March 19, 2026, at 12:23 PM, an interview was conducted with a CNA (certified nursing assistant/Staff #106). Staff #106 stated that she was unaware whether Resident #5 had received mental health services.On March 19, 2026, at 12:33 PM, an interview was conducted with an LPN (licensed practical nurse/Staff #73). Staff #73 stated that she was unaware whether Resident #5 had received mental health services.On March 20, 2026, at 9:27 AM, an interview was conducted with a social services director (Staff #86). Staff #86 stated that should mental health concerns arise, he would report the concern to the DON (director of nursing) to submit a referral to talk therapy or psychotherapy, and then follow up with the process to ensure the services requested are completed. Staff #86 stated that once a consultation is completed, interventions can be tailored for a resident's care plan, and nursing floor staff would be (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2026

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 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	made aware of the changes to their care, medications, and any orders to monitor behaviors. Regarding Resident #5, Staff #86 reviewed her diagnoses and her care plan and stated that Resident #5 had the diagnosis of major depressive disorder, and a care plan intervention that she should have seen a counselor for behavioral health concerns. Staff #86 also stated that Resident #5 had an order for a referral for counseling services, and that any updates regarding the process would be documented in the progress notes. Staff #86 reviewed the progress notes of Resident #5 and stated that there had been no evidence in the progress notes regarding counseling services. Staff #86 further stated that since the DON submits the referrals for counseling services, she would also have access to reviewing the status of the process. Staff #86 further stated that the risk of not receiving ordered counseling services has the potential to be detrimental to a resident, and if services are not received, can lead to the decline of overall well-being and the increased severity due to the lack of interventions.On March 20, 2026, at 10:02 AM, an interview was conducted with the DON (Staff #36), who stated that orders for behavioral services are made and handled by her as the DON, as well as the ADON (assistant director of nursing). Staff #36 further stated that the staff who can follow up on an order can be the DON, the ADON, or the social services director. Regarding Resident #5, Staff #36 stated that an order was obtained on February 16, 2026, for a referral for behavioral health services for psychiatric and psychological evaluation and treatment as indicated. Staff #36 also stated that after hearing an interview on March 19, 2026, regarding Resident #5, there was a review of her records, and it was determined that there was no evidence that Resident #5 had received the ordered behavioral health services, no evidence that a consent for treatment with a signature of Resident #5, and no evidence of a follow-up for the initial order. Staff #36 stated that her order fell through the cracks and that Resident #5 could have benefited from the behavioral health services, such as therapy and psychotherapy, for her transition into the facility. Staff #36 stated that the risk could have resulted in her mood and well-being worsening, and with continued issues with her mental health, and her goal to be discharged home. Staff #36 further stated that Resident #5 went through a rough transition when she was first admitted from the facility and experienced what Resident #5 described as ICU PTSD (intensive care unit post-traumatic stress disorder).A policy titled ?Physician Orders', adopted May 1, 2024, revealed that it is the policy of the facility to ensure that all resident/patient medications, treatment, and plan of care must be in accordance with the licensed physician's orders, and to ensure that the physician orders are input into the medical chart.A policy titled ?Care Planning', adopted May 1, 2024, revealed that it is the policy of this facility that the interdisciplinary team shall develop a comprehensive care plan for each resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2026
NAME OF PROVIDER OR SUPPLIER Sandstone Estates Rehab Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. **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 one resident (#25) was provided specialized rehab services to meet the needs of the resident and in order to reach the resident's highest practicable level of function. The deficient practice could result in a resident not attaining their highest practicable level of function, or result in a functional decline.-Findings include:Resident #25 was admitted to the facility January 7, 2026, with diagnoses that included type 2 diabetes mellitus with diabetic neuropathy, unsteadiness on feet, abnormality of gait and mobility, dementia, and history of falling.An insurance Approved Referral for Medical Care, dated January 7, 2026, revealed that the expiration date of the insurance authorization was April 17, 2026. The resident's chief complaint was adult failure to thrive. The referral included that per PT (physical therapy) consult, Resident #25 demonstrated ongoing ataxia of the right lower extremity with walking, decreased right lower extremity strength, right knee buckling, and decreased endurance. Additionally, Resident #25 would continue to benefit from skilled PT to improve functional outcomes. Regarding medical devices, the document included that the facility may recommend that medical devices, adapted equipment, or other items be provided for the treatment or rehabilitation of Resident #25's medical condition. In such instances, the facility must provide the resident with a prescription / physician order for the specific item or service.Physician orders dated January 7, 2026, included:-Admit Resident #25 to skilled services.-Physical therapy to evaluate and treat as indicated A care plan focus dated January 7, 2026, revealed the resident had an activities of daily living (ADL) self-care performance deficit, with a goal that the resident would participate in ADL tasks with therapy services as ordered to attain and maintain prior level of function. Interventions initiated on January 7, 2026, included to encourage the resident to participate to the fullest extent possible with each interaction. Another care plan focus dated January 7, 2026, included that the resident had limited/impaired physical mobility, with interventions that included to provide assistive devices for mobility if needed; i.e. wheelchair, walker, cane, etc., and to provide supportive care, assistance with mobility as needed, and to document assistance as needed. A Physical Therapy Evaluation and Plan of Treatment dated January 8, 2026, revealed Resident #25 presented with a decline in functional activity tolerance, mobility independence, and progressive lower extremity weakness leading to increased risk for falls. The evaluation included that the resident reported that his right lower extremity gives out without warning, and had a history of 4 falls within the past year. The evaluation included that the resident's prior level of function included that the resident used to be able to walk 250 feet with a cane with modified independence, and perform transfers with modified independence. The evaluation included that the resident's current level of function at the time of evaluation included the ability to walk 25 feet with a two-wheeled walker and with contact-guard assistance, and perform transfers with contact-guard assistance. The clinical impression included that the resident would benefit from therapy for strengthening, transfer and gait training, and safety awareness training to maximize independence with all functional mobility and return to prior level of function. The plan included for therapy frequency of 5 times a week for 60 days, until March 8, 2026. The evaluation was signed on January 8, 2026, by a physical therapist (Staff #136).An admission minimum data set (MDS) assessment dated [DATE], revealed Resident #25 had a brief interview for mental status (BIMS) assessment score of 15, indicating intact cognition. Section GG - Functional Abilities revealed that Resident #25 had impaired range of motion of the lower extremity on both sides. Additionally, Section GG revealed that Resident #25's admission mobility performance (within the first 3 days of the stay) included that the resident required substantial / maximal assistance with sit to lying bed mobility, and partial / moderate assistance with toilet transfers and walking 10 feet. The assessment included that the resident did not walk 150 feet due to medical condition or safety concerns.A physician note dated January 21, 2026, revealed Resident #25 had chronic weakness and functional decline, status post (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2026
NAME OF PROVIDER OR SUPPLIER Sandstone Estates Rehab Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	C5-C6 Laminectomy, with persistent right lower extremity weakness and gait instability. The plan included that the resident was improving, and to continue inpatient physical therapy.A PT Progress Report dated January 8 through January 22, 2026, and signed by Staff #136 on January 28, 2026, revealed that Resident #25 required contact guard assistance for bed mobility, standby assistance for transfers, and standby assistance for walking 250 feet with a front-wheeled walker. The report revealed that although the resident was making progress in all goals, the resident had not yet met his long term goals of reaching independent to modified independent with his mobility. The report revealed that the resident had remaining impairments of balance deficits, decreased functional capacity, decreased safety awareness, gross motor coordination deficits, pain, and strength impairments. Additionally, the documentation included that skilled PT services were warranted to analyze gait pattern, assess functional abilities, facilitate discharge planning, increase coordination, increase functional activity tolerance, increase independence with gait, increase lower extremity strength and range of motion, and minimize falls. Also, the report revealed the resident was making consistent progress, was compliant with the plan of care, and that maximum improvement was yet to be attained. The report included that the resident demonstrated good rehab potential.A PT treatment encounter note dated January 27, 2026, revealed Resident #25 was instructed in gait training with a front-wheeled walker for two trials, and with stand-by assistance, and required minimal cueing to maintain upright posture, forward gaze, and heel-to-toe gait pattern, in order to decrease fall risk and increase the resident's independence with functional activities. The note also included the resident received training in bed mobility and transfers, which required minimal verbal cues and supervision. The note included Resident #25 tolerated the interventions fairly well.A physician note dated January 27, 2026, revealed the resident continued to have weakness with both lower extremities, that the resident was improving, and the plan included to continue inpatient physical therapy.A PT treatment encounter note dated January 28, 2026, revealed Resident #25 was greeted for PT discharge, and that the resident reported that he should not be getting discharged from therapy at this time. The note included that the physical therapist consulted with the social worker and relayed back the message to Resident #25 that he was awaiting a room at another facility but would be staying at this facility until then. The note included that the physical therapist educated the resident that discharge from PT was due to meeting most functional goals and reaching maximal functional benefit at this time, and included a recommendation for the resident to continue with daily activity including using the bike at the therapy gym to maintain his current level of function. The note included that the resident completed bed mobility with modified independence, completed transfers with modified independence from his wheelchair using a front-wheeled walker, and able to walk to the bathroom with a front-wheeled walker and with supervision. The note included that the resident was compliant with adaptations, skilled interventions, and trained techniques. There was no evidence of education or recommendation for a restorative nursing program or a functional maintenance program or staff training for a walking program to maintain the resident's current level of function or for a knee orthotic for the right lower extremity.A PT Discharge summary dated [DATE], and signed by Staff #136 on January 28, 2026, revealed that Resident #25 had not yet met his short-term goal for improving lower extremity strength. Additionally, the resident had met his long term goals of reaching modified independent in bed mobility and transfers, however the resident had not yet met his long term goal for walking with modified independence with a walker, or ascending/descending 1 stair with modified independence. The discharge assessment revealed that the resident's current level of function for walking at the time of discharge was requiring supervision for 250 feet with a walker, and with occasional verbal cues. The record revealed that Resident #25 made consistent progress throughout plan of care, however also revealed that the resident reached maximum potential. The documentation revealed that the resident was discharged due to highest practical level achieved. The discharge recommendations included daily activity including ambulation (walking) with staff, riding bike in therapy gym. Despite the recommendation for Resident #25 to continue walking with staff, and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2026

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the documentation that Resident #25 needed supervision for safety with walking 250 feet, there was no evidence of a care plan, physician order, or task log indicating for a plan for nursing staff to assist Resident #25 with a walking program.A Late Entry physician note dated February 13, 2026, revealed Resident #25 stated he was off therapy services per the insurance provider. The note included that the resident continued to have chronic weakness and functional decline, and that the resident improved but was now off therapies as per the insurance provider.A Late Entry physician note dated February 16, 2026, revealed the provider confirmed with case manager that the resident was off therapy services, and that the resident could not go home with the resident's wife, as the spouse could not take care of him. The note revealed the resident had chronic weakness and functional decline, and that the resident had improved, but was now off therapies as per the insurance provider. The plan included to maintain fall precautions.The resident's care plan focus for ADL self-care performance deficit revealed a revision dated February 19, 2026, with added interventions that included Resident #25 required partial assistance of 1 staff for transfers, toilet use, and bathing/showering. The care plan revealed no evidence regarding the resident's walking.A Late Entry physician note dated March 6, 2026, revealed Resident #25 wanted to get back on physical therapy (PT). The note revealed the resident had chronic weakness and functional decline, and the plan included that a physician order was placed for therapy.Despite the documentation that an order was placed for therapy, review of the clinical record revealed no evidence of a physician order for therapy on March 6, 2026 until March 16, 2026.A physician order dated March 16, 2026, included for physical therapy to evaluate and treat as indicated.A PT Evaluation and Plan of Treatment dated March 17, 2026, and signed by Staff #136, revealed it was an evaluation only, with no further treatment recommended. The evaluation revealed that the resident's reason for referral included that the resident presented for evaluation and assessment of a decline in functional mobility, and that the resident was requesting physical therapy assessment at that time. The documentation revealed the resident was pleasant and cooperative, and that Resident #25 had a fall risk, and right lower extremity weakness and pain. The resident's mobility assessment revealed that the resident had a decline in functional mobility since the resident's discharge from PT on January 28, 2026, and now required verbal cueing for bed mobility, supervision for transfers, and standby assistance for walking 20 feet with a front-wheeled walker. The clinical impression included that the resident presented with minimal decrease in function since last PT discharge summary was completed, and that it was attributed to the resident demonstrating lack of motivation to ambulate/complete functional mobility without assistance from nursing staff (despite the discharge summary recommending that Resident #25 walk with staff). Also, despite the statement that the resident had been noncompliant with the previous discharge recommendations, the note included that Resident #25 had been consistently coming to the therapy gym to complete daily weight lifting and biking. The documentation included that Resident #25 was limited in walking tolerance due to right lower extremity pain and discomfort, and that PT recommended for the resident to reach out to the insurance provider to obtain a right lower extremity brace /orthotic to facilitate increased tolerance to walking. The plan included for the resident to pick up on PT when he obtains brace for functional mobility training and further assessment at that time. The note included that the PT informed certified nursing assistants (CNAs) that the resident was agreeable to walk with his walker to the bathroom to increase walking throughout the day, and would benefit from supervision during mobility due to occasional lower extremity weakness and buckling. Additionally, the documentation revealed that the resident had been somewhat limited in maintaining his prior level of function due to noncompliance with prior discharge recommendations. The note included that the resident would benefit from a functional maintenance program or restorative nursing program to maximize independence with walking.Despite the recommendation for a right lower extremity orthotic for Resident #25, the clinical record revealed no evidence of communication of that recommendation to the physician or evidence of a physician order for a right lower extremity orthotic or knee brace.The clinical record revealed no evidence of staff (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2026
NAME OF PROVIDER OR SUPPLIER Sandstone Estates Rehab Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	communication with the insurance provider, regarding recommendations for the orthotic/knee brace.Additionally, the clinical record revealed no evidence of a restorative nursing program or a functional maintenance program, as recommended by PT.An interview was conducted with a physical therapist (Staff #136) on March 19, 2026, at 10:16 a.m., who stated she received a referral to evaluate Resident #25 earlier that week on March 17, 2026, because the resident wanted to walk more. Staff #136 stated that previously, the resident had been seen by physical therapy in January 2026, and the resident received a good amount of gait (walking) training at that time. Staff #136 stated at the time physical therapy discharged the resident (January 28, 2026), the resident was able walk and perform transfers and required staff supervision due to pain and instability in the resident's right knee. Staff #136 stated that the resident had a decline in mobility since the last therapy on January 28, 2026, because the resident was not compliant with what she asked him to do. Staff #136 stated that when she evaluated the resident on March 17, 2026, that Resident #25 wanted to be able to walk more, and that she had recommended for the Resident to get a knee brace from the insurance provider, and then Staff #136 planned to re-evaluate the resident again once he had obtained the knee brace. Staff #136 stated that the resident needed supervision with walking, and that she developed a plan with the CNAs to walk with Resident #25 two times a day, to help with the resident's goal of walking. Staff #136 stated that the facility did not have a designated staff responsible for restorative nursing or functional maintenance programs, and that the facility relied on the floor CNAs to perform that role.An interview was conducted with the Director of Rehab (DOR / Staff #40) on March 19, 2026, at 10:50 a.m., who stated that if a resident were discharged from therapy and remained in the facility, that the therapists would communicate to the CNAs to encourage participation and offer whatever mobility task was recommended by therapy to prevent a resident from having a functional decline. Staff #40 stated that the restorative nursing or functional maintenance program would sometimes be documented under a CNA task log. Staff #40 stated that if a resident was recommended to have an orthotic or brace either by a therapist or physician, then a physician order would be obtained and then sent to an orthotic company along with the resident's face sheet with insurance information. Staff #40 stated that then the orthotic company would come to the facility promptly and assess the resident and communicate with the DOR whether the orthotic/brace would be covered by insurance or not. Staff #40 stated that if the resident's insurance would not cover the brace, then the facility would then cover the cost. Regarding Resident #25, Staff #40 stated that she was notified by the physical therapist (Staff #136) of the recommendation for a knee brace for Resident #25. Staff #40 stated the reason Resident #25 was discharged from therapy in January 2026 was because the resident was walking 300 feet at a modified independent level. Additionally, Staff #40 stated that the resident was not discharged from therapy services in January due to loss of insurance coverage, because the resident was still within the pre-approved coverage, and could still receive skilled therapy services. Staff #40 stated that she was aware that Staff #136 informed Resident #25 that he needed a knee brace for his right leg, and Staff #40 also stated that the resident would have to contact the insurance provider, and make an appointment outside the facility himself, in order to get the knee brace.An interview was conducted with Resident #25 on March 20, 2026 at 8:55 a.m., who stated that he was told he was not getting therapy because he could get in and out of bed, and in and out of the restroom, and that the therapist did not think he needed therapy. Resident #25 stated that he believed he did need therapy, and that he was weak, and not able walk without staff assisting him. Resident #25 stated that after he was discharged from physical therapy at the end of January 2026, that he had tried to ask CNA staff to help him walk, and when he did, the CNAs told him they did not have time. Resident #25 stated that he believed the facility was understaffed. Additionally, Resident #25 stated that because he was weak and at risk for falls, that when he was in therapy, the therapists had placed a gait belt around his waist and followed him with a wheelchair when helping him to walk, and that Resident #25 was afraid that the CNAs did not know what he needed to safely walk or if the CNAs were properly trained by therapy to help him walk. Resident #25 stated that a therapist 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
	035292	A. Building B. Wing	03/20/2026

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	recommended a knee brace for him, and told him that he needed to call the insurance provider himself to get the knee brace. Resident #25 stated that he did call the insurance provider, and the insurance provider informed Resident #25 that it was the therapists or physician who had to communicate the recommendation and order the knee brace to the insurance provider. Resident #25 stated that he communicated this to the facility staff 2 days ago. Resident #25 stated that he had experienced a functional decline since he had not been on therapy services, that he was weaker, and could not walk as far. Resident #25 stated that he had been using the bike in the therapy gym, but it was not doing enough.An interview was conducted on March 20, 2026, at 9:11 a.m., with a CNA (Staff #92), who stated that she was familiar with Resident #25 and had been assigned to work with the resident multiple times, and that Resident #25 was motivated to improve himself. Staff #92 stated that as far as she knew, the resident had not gotten clearance from PT to be able to walk with the CNA staff.An interview was conducted with the Director of Human Resources and business office manager (Staff #69) on March 20, 2026, at 9:28 a.m., who stated that Resident #25 was covered by the insurance provider for skilled therapy services under a renewable contract, and was still within that timeframe, until April 17, 2026.An interview was conducted on March 20, 2026, at 9:44 a.m., with the Director of Nursing (DON / Staff #36), who stated that if a resident were to communicate to staff that they wanted to improve their mobility, then that message would be relayed to therapy, and the facility would determine if the resident had insurance coverage for therapy services. Additionally, Staff #36 stated that nursing staff would communicate with the therapy staff to make sure the resident met their goals, or were at the same functional level and had not had a decline. Staff #36 stated that the facility did not have a designated staff responsible for restorative nursing or functional maintenance programs. Additionally, Staff #36 stated that she had informed therapy staff, that if there is any hand-off of tasks from therapy to nursing staff that the CNAs need to be educated and trained in that program, and that the program would be documented on a CNA task log and should be in the care plan too. Staff #36 stated that the impact on a resident, if there was not proper hand-off or communication from therapy to nursing would be that the resident could have a decline in functional mobility. Regarding braces and orthotics, Staff #36 stated that if a resident were recommended by therapy to have an orthotic/brace, then the DOR (Staff #40) would obtain a physician order, and the facility staff would assist the resident with reaching out to the insurance provider to determine if the brace would be covered. Staff #36 stated that if the insurance provider did not cover the brace, then the facility would cover the expense and order the brace. Regarding Resident #25, Staff #36 stated that she believed Resident #25 had reached modified independent level with therapy in January 2026 and was able to walk and do things by himself, and that the resident chooses to have staff to do things for him. Staff #36 stated that nobody had informed her that the resident needed a knee brace. The clinical record was reviewed, and Staff #36 stated she could find no evidence of communication regarding the knee brace or a physician order for the knee brace for Resident #25.Review of the facility policy titled Specialized Rehabilitation Services, revised May 4, 2023, revealed each resident receives the specialized rehabilitative services as determined by their comprehensive plan of care to assist them to attain, maintain, or restore their highest practicable level of physical, mental, functional and psycho-social well-being. The facility will provide specialized rehabilitative services such as, but not limited to physical therapy (PT), speech-language pathology (SLP), occupational therapy (OT), respiratory therapy and rehabilitative services for mental illness and intellectual disability, or services of a lesser intensity as are required in the resident's comprehensive plan of care. The facility will provide specialized rehabilitation services or will obtain the required services from an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in federal or state health care programs. The facility will employ directly or contract with an outside resource to engage the qualified personnel and support staff.Review of the facility policy titled Care Planning, dated May 1, 2024, revealed it is the policy of this facility that the interdisciplinary team (IDT) shall develop a comprehensive care plan for each resident. A (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2026

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	comprehensive care plan is developed within seven (7) days of completion of the comprehensive assessment. To the extent possible, the resident, the resident's family and/or responsible party should participate in the development of the care plan. The Care Plan will be reviewed and revised by the IDT after each assessment and as the resident's care needs change.