

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Surprise Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 14660 West Parkwood Drive Surprise, AZ 85374	

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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50116</p> <p>Based on clinical record review, observations, staff interviews, and policies and procedures, the facility failed to ensure that a request for a modification of a health care institution was approved by the state agency prior to establishing a dialysis center and provided dialysis treatment(s) from November 22, 2024 through March 06, 2025. Currently 3 residents are having bedside hemodialysis inside the facility. The deficiency may result in non compliance with federal, state, and local laws and professional standards.</p> <p>Findings include:</p> <p>During the complaint survey conducted on March 6, 2025 through March 6, 2025, an initial request for documentation was made which included copies of dialysis contracts, the facility's modified license for in-house dialysis services, license for contracted dialysis provider, and a list of residents receiving in-house dialysis services from the contracted dialysis provider.</p> <p>A review of the list of residents receiving in-house hemodialysis services with the actively contracted dialysis provider included the following residents:</p> <p>Resident #1 was originally admitted to the facility on [DATE] and then currently readmitted on [DATE] with diagnoses of end stage renal disease and dependence on renal dialysis. Hemodialysis is scheduled for every Monday, Wednesday and Friday. The resident has had 5 sessions of bedside hemodialysis in the facility.</p> <p>Resident #2 was originally admitted to the facility on [DATE] and then currently readmitted on [DATE] with diagnoses of end stage renal disease and dependence on renal dialysis. Resident is scheduled for bedside hemodialysis every week or as otherwise directed by renal. The resident has had 15 sessions of bedside hemodialysis in the facility.</p> <p>Resident #3 was admitted to the facility on [DATE] with the diagnoses of end stage renal disease and dependence on renal dialysis. Resident is scheduled for bedside hemodialysis every Monday, Wednesday, Friday or as otherwise directed by Renal. The resident has had 18 sessions of bedside hemodialysis in the facility.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Surprise Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 14660 West Parkwood Drive Surprise, AZ 85374	

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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility assessment updated November 2024, revealed the facility has an average census of 98, with a current census of 96. No details regarding the amount of residents with end stage renal disease or how many are receiving bedside hemodialysis.</p> <p>An interview was conducted with Certified Nursing Assistant (CNA) staff #3 on March 6, 2025 at 2:39 pm and revealed that there are residents in the hall she is caring for today that are on hemodialysis.</p> <p>An interview was conducted with Licensed Practical Nurse (LPN) staff #5 on March 6, 2025 at 2:40 pm revealed that he was aware of bedside dialysis starting over a month ago in the rooms.</p> <p>An interview was conducted with Executive Director (ED) staff #6 on March 6, 2025 at 3:49 pm revealed that the facility was unable to obtain a copy of the license to provide dialysis and is immediately terminating the contract with the company providing dialysis and immediately transferring the patients to a facility that does.</p> <p>Review of the Arizona Administration Code S R9-10-417, titled, Dialysis Services. If dialysis services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that the dialysis services are provided in compliance with the requirements in R9-10-1018.</p>