STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035298	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Welbrook Yuma Opco LLC	2271 South Ridgeview Drive Yuma, AZ 85364

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility documentation, and staff interviews, the facility failed to protect the rights of one resident (#20) to be free from abuse. The deficient practice could result in residents being at risk for abuse. The sample size was 4. The facility census was 41. Findings include, -Regarding Resident # 20 Resident # 20 was admitted to the facility on [DATE] with clinical diagnosis that included fracture of the right fibula, Type 2 Diabetes Mellitus, opioid dependence, mood disturbance, anxiety, and need for assistance with personal care. The admission Minimum Data Set (MDS) revealed that the resident had a Brief Interview Mental Status (BIMS) score of 13, indicated intact cognition. The MDS also revealed the resident had no behavioral symptoms towards others recorded during the lookback period. An incident note dated January 22, 2026, revealed that at approximately 7:10 p.m., staff intervened to separate and protect resident # 20 from verbal abuse by the resident's son. In addition, the note revealed the son was told to have no further contact with the facility or resident. An incident note dated January 22, 2026, revealed that the CNA reported hearing the two parties get into a verbal argument over bills on January 22, 2026, and that the resident reported feeling safe once his son was removed. Review of the Facility Reported Incident submitted on January 27, 2026, revealed that the facility verified the resident's son had been verbally aggressive and verbally abusive toward the resident. The report included a plan for oversight and implementation of corrective actions, which specified that all staff were informed that the son was not to have contact with the resident. Additionally, the report revealed that the front desk staff and nursing staff were instructed to screen all calls and visitors accordingly. An interview was conducted with the resident on January 28, 2026, at approximately 3:20 p.m. The resident stated that his son visited him on January 22, 2026, and during that visit, the son became verbally abusive. The resident reported being extremely satisfied with the staff's prompt response to his need for assistance and stated that he continued to feel safe at the facility. The resident declined to provide further details due to fatigue following cataract surgery earlier that day. An interview was conducted on January 28, 2026, at approximately 3:40 p.m. with Registered Nurse (RN/Staff #73). The RN stated that while residents have the right to visitors, visitors are expected to respect residents' rights, including refraining from verbal aggression or verbal abuse. The RN emphasized that resident safety is the facility's top priority and stated that if abuse is suspected, staff immediately separate the parties to ensure resident safety, remove the visitor from the room, and notify the abuse coordinator and appropriate authorities.An interview was conducted on January 28, 2026, at approximately 3:50 p.m. with a Certified Nurse Assistant (CNA/Staff #41). The CNA reported she heard loud yelling in the hallway on January 22, 2026, which was subsequently traced to Resident #20's room. The CNA stated she was not the responding CNA but reported that the incident lasted less than five minutes and involved raised voices related to a discussion about bills. The CNA stated she did not hear any profanity.A (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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	joint interview was conducted on January 28, 2026, at approximately 4:10 p.m. with the Director of Nursing (DON/Staff #100) and the Executive Director (ED/Staff #27). Both confirmed involvement in the investigation of the abuse allegation and stated that the facility substantiated the allegation of verbal abuse between the visitor and the resident. The ED stated that the investigation revealed no prior indications that the son would cause a disturbance, and no concerns were identified in the resident's assessments or prior reports. The ED added that the facility respects residents' rights to visitors and utilizes visitor screening processes to reduce the risk of abuse. The ED further stated that interventions were immediately implemented to honor the resident's request to have no further contact with the son.The facility's Protection of Resident's During abuse Investigations, revised April 2021, directed the staff to not allow unsupervised visits with the resident, if the alleged perpetrator is a resident's family member or visitor.The facility's Trauma Informed Care, revised March 2019, revealed that as part of the comprehensive assessment, identify history of trauma or interpersonal violence when possible. Identifying past trauma or adverse experiences may involve record review or the use of screening tools.

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interviews, facility policy, and the Resident Assessment Instrument (RAI) manual, the facility failed to complete a comprehensive Minimum Data Set (MDS) assessment within the regulatory timeframe of 14 days after admission for resident (#3). The deficient practice could result in delayed identification of potential risks and care needs. Findings include:-Regarding Resident # 3 Resident# 3 was admitted to the facility on [DATE] with need for assistance with personal care, malignant neoplasm of prostate, uncomplicated substance abuse, long term (current) use of anticoagulants, and acute cystitis without blood in urine. A review of the admission Minimum Data Set (MDS) dated [DATE], revealed the assessment had an assessment reference date of January 6, 2026. The assessment also revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. The signature of Registered Nurse (RN) Assessment Coordinator Verifying Assessment Completion was signed as completed on January 28, 2026. An interview was conducted on January 29, 2026, at 12:00 p.m. with the MDS Coordinator (Staff #55). The MDS Coordinator stated that accurate and timely completion of the MDS is essential to ensure correct Medicare billing and to identify resident needs through Care Area Assessments that guide care planning. The MDS Coordinator stated that she is responsible for tracking Assessment Reference Dates (ARDs), completion dates, and submission dates for all required MDS assessments The MDS Coordinator stated that the ARD is critical because it establishes the assessment window and drives required completion and submission timelines. The MDS Coordinator stated that she primarily uses a manual pencil-and-paper system to track MDS due dates because the facility's current electronic record system, does not consistently reflect accurate completion dates and that multiple user support tickets have already been submitted in order to help address this issue. The MDS Coordinator stated that system and staffing limitations have affected the timely completion of MDS assessments. The MDS Coordinator stated that there is not a dedicated MDS assistant, and the current corporate-approved support of 10 hours per week is focused on care plan documentation rather than direct MDS completion. The MDS Coordinator stated that she completes approximately 60 MDS assessments per week, including admission, significant change, discharge, and interrupted stay assessments, and that timely completion is sometimes impacted when required documentation from multiple departments is not available by the ARD. The MDS Coordinator revealed that coordination of interdisciplinary contributions, including Therapy, Activities, and Social Services sections, is an area where system processes currently limit the ability to consistently meet MDS deadlines. The MDS Coordinator also stated there is not coverage available if she is unavailable for work due, so completion of the MDS is still her responsibility. Regarding Resident #3, the MDS Coordinator stated that the resident had multiple hospitalizations throughout the stay, which made obtaining interviews and determining changes challenging. The MDS Coordinator stated that after reviewing the hospitalizations and anticipated discharge, the resident's ARD was established as January 6, 2026. Based on this ARD, the latest allowable completion date was January 22, 2026; as of January 28, 2026, the MDS was six days late. The MDS Coordinator stated the completion of resident # 3 MDS the facility expectation of completing MDS assessments within the regulatory guidelines of 14 days after admission was not met. The MDS Coordinator stated that she has communicated system barriers to management and corporate leadership, including the need for additional resources, improved tracking systems, and staffing support, and is looking forward to continue working with corporate to improve processes in order to ensure timely MDS completion. An interview was conducted on January 29, 2026, at 12:30 p.m. with the Director of Nursing (DON/Staff #100). The DON stated that she does not (continued on next page)

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	directly supervise MDS completion, which is monitored by the facility's corporate MDS nurse. She stated that any delays or issues with MDS completion are escalated to corporate leadership and addressed through improvement initiatives or corrective actions. The DON stated that she expects assessments to be completed accurately and within required timeframes and noted that MDS completion is important for timely and accurate reimbursement and for informing care planning. The DON stated that the facility recently received MDS assistance, which began approximately three weeks ago, but the assistant is still in training and not consistently available. The DON stated that staffing limitations and absences can affect workflow and contribute to backlog, and that staff are expected to continue working on MDS assessments during absences to prevent delays. A review of Resident #3's chart revealed that the ARD was January 6, 2026, and that the MDS was not completed within the required 14-day timeframe.The facility's Comprehensive Assessments and the Care Delivery Process policy, revised December 2016, revealed the Minimum Data Set is completed within 14 days after admission, and within 14 days after it is determined that the resident has had a significant change in physical or mental condition, and annually.