

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER Diamondback Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 N 91st Avenue Phoenix, AZ 85037	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, interviews and review of facility policy and procedure, the facility failed to ensure medications were administered within the physician ordered parameters for Resident #09. The deficient practice may result in medications being administered outside physician ordered parameters. Findings Include: Resident # 09 was admitted on [DATE] and readmitted on [DATE] with diagnoses that included acute and chronic respiratory failure with hypoxia, hypotension, dependence on respirator (ventilator) status, and bradycardia. A review of the admission Minimum Data Set (MDS) dated [DATE], revealed the resident had a Staff Assessment for Mental Status (SAMS) score of 3, indicated the resident cognition was severely impaired. Review of the medical records revealed medication orders with start date of May 07, 2024: Carvedilol Oral Tablet 3.125 milligram; Give 2 tablet enterally two times a day for hypertension (HTN); Hold if systolic blood pressure (SBP) is less than 110; Hold if heart rate (HR) is less than 60 Clonidine HCL Oral Tablet 0.2 milligram; Give 1 tablet enterally two times a day for hypertension (HTN); Hold if systolic blood pressure (SBP) is less than 110; Hold if heart rate (HR) is less than 60 Hydralazine HCL Oral Tablet 100 milligram; Give 1 tablet enterally three times a day for hypertension (HTN); Hold if systolic blood pressure (SBP) is less than 110; Hold if heart rate (HR) is less than 60 Review of the medical records revealed medication orders with start date of May 08, 2024: Amlodipine Besylate Oral Tablet 10 milligram; Give 1 tablet enterally one time a day for hypertension (HTN); Hold if systolic blood pressure (SBP) is less than 110; Hold if heart rate (HR) is less than 60. Doxazosin Mesylate Oral Tablet 4 milligram; Give 1 tablet enterally one time a day for hypertension (HTN); Hold if systolic blood pressure (SBP) is less than 110; Hold if heart rate (HR) is less than 60. A review of the Nurse Practitioner progress note dated May 15, 2024, revealed that the resident's representative expressed concern regarding bradycardia. A review of the social services progress note, dated May 17, 2025, revealed that the provider was contacted to discuss the resident's heart rate and cardiac medications with the resident's representative; and that, representative felt heart rate was too low. A review of a physician progress note dated May 19, 2024 revealed that the resident continued with Bradycardia. Review of MAR dated May 2024, revealed that on May 19, 2025 resident was noted to have a change of condition for Bradycardia due to having a pulse of 36. A review of the hospital discharge form dated May 19, 2024 revealed the resident had a blood pressure of 133/60, a regular pulse rate of 36 beats per minute, and a general impairment of vegetative state. A review of the May 2024 Medication Administration Record (MAR), revealed Amlodipine Besylate 10 milligram was to be taken daily, and to hold if the Systolic Blood Pressure (SBP) is less than 110, and the heart rate/ beats per minute (bpm) is less than 60. Despite the order, the resident was administered the Amlodipine 10 mg outside of parameters on the following dates: May 10, 2024 administered at 54 bpm May 11, 2024 administered at 54 bpm May 13, 2024 administered at 54 bpm May 14, 2024 administered at 57 bpm May 18, 2024 administered at 52 bpm A review of the 2024 MAR, revealed two tablets of Carvedilol 3.125 milligram was to be given for HTN, with parameters to hold if the SBP was less than 110, and heart rate less than 60, twice a day. The resident was administered two tablets of Carvedilol 3.125 mg out of parameter on the following dates: May 10, 2025 administered at 54 bpm am shift May 11, 2025 administered at 54 bpm am shift May 13, 2024 administered at 54 bpm both shifts May 14, 2024 administered at 57 bpm am shift May 15, 2025 administered at 50 bpm evening shift May 18, 2024 administered at 52 bpm am shift A review of the May 2024, revealed two tablets of Carvedilol 3.125 was held the evening shift of May 18, 2025 per physician request and the morning shift of May 19, 2025 at 44 bpm. A review of the May 2024 MAR, revealed Clonidine HCL .2 mg was to be given daily for HTN, with parameters to hold if SBP was less than 110, and heart rate less than 60. The resident was administered Clonidine HCL .2 mg out of parameter on the following dates: May 9, 2025 administered at 53 pm shift May 10, 2024 administered at 54 bpm am shift May 11, 2024 administered at 54 bpm am shift May 12, 2024 administered at 50 bpm pm shift May 13, 2024 administered at 54 bpm am shift and 50 bpm night shift May 14, 2024 administered at 57 bpm am shift May 15, 2024 administered at 50 bpm, night shift May 18, 2024 administered at 52 bpm am shift A review of the May 2024 MAR, revealed Doxazosin Mesylate 4 mg was to be given daily for HTN, with parameters to hold if SBP was less than 110, and heart rate less than 60. The resident was administered Doxazosin Mesylate 4 mg out of parameter on the following dates: May 10, 2024 administered at 54 bpm May 11, 2024 administered at 54 bpm May 13, 2024 administered at 54 bpm May 14, 2024 administered at 57 bpm May 18, 2024 administered at 52 bpm A review</p>		