

Medicare/Medicaid  
Public Records Documents  
Only

Survey event #G5QZ

Facility: SANDSTONE OF TUCSON  
REHAB CENTRE

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL  
PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

ID: G5QZ12

Facility ID: LTC0053

1. MEDICARE/MEDICAID PROVIDER NO. (L1) <b>035099</b>		3. NAME AND ADDRESS OF FACILITY (L3) <b>SANDSTONE OF TUCSON REHAB CENTRE</b>			4. TYPE OF ACTION: <u>6</u> (L8)	
2.STATE VENDOR OR MEDICAID NO. (L2) <b>835118</b>		(L4) <b>2900 EAST MILBER STREET</b>			1. Initial 2. Recertification	
		(L5) <b>TUCSON, AZ</b> (L6) <b>85714</b>			3. Termination 4. CHOW	
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)		7. PROVIDER/SUPPLIER CATEGORY <u>02</u> (L7)			5. Validation 6. Complaint	
6. DATE OF SURVEY (L34)		01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA			7. On-Site Visit 9. Other	
8. ACCREDITATION STATUS: ___ (L10)		02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF			8. Full Survey After Complaint	
0 Unaccredited 2 AOA		03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC			FISCAL YEAR ENDING DATE: (L35)	
1 ITC 3 Other		04 SNF 08 OPT/SP 12 RHC 16 HOSPICE			<b>12/31</b>	
11. LTC PERIOD OF CERTIFICATION		10. THE FACILITY IS CERTIFIED AS:				
From (a):		X A. In Compliance With				
To (b):		Program Requirements				
		Compliance Based On:				
		___ 1. Acceptable POC				
12.Total Facility Beds (L18)		And/Or Approved Waivers Of The Following Requirements:				
13.Total Certified Beds (L17)		___ 2. Technical Personnel ___ 6. Scope of Services Limit				
		___ 3. 24 Hour RN ___ 7. Medical Director				
		___ 4. 7-Day RN (Rural SNF) ___ 8. Patient Room Size				
		___ 5. Life Safety Code ___ 9. Beds/Room				
14. LTC CERTIFIED BED BREAKDOWN				15. FACILITY MEETS		
18 SNF	18/19 SNF	19 SNF	ICF	1861 (e) (1) or 1861 (j) (1):		(L15)
(L37)	(L38)	(L39)	(L42)			(L43)
16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):						
An offsite survey event #G5QZ12 for complaint investigation was conducted on February 4, 2022. No deficiencies were cited.						
17. SURVEYOR SIGNATURE				18. STATE SURVEY AGENCY APPROVAL		
Date : 02/07/2022				Date: 02/07/2022		
<i>for Matthew Connolly; HCCM by R. Kilman</i>				<i>R. Kilman</i>		

PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY		20. COMPLIANCE WITH CIVIL RIGHTS ACT:		21. 1. Statement of Financial Solvency (HCFA-2572)	
___ 1. Facility is Eligible to Participate				2. Ownership/Control Interest Disclosure Stmt (HCFA-1513)	
___ 2. Facility is not Eligible (L21)				3. Both of the Above : ___	
22. ORIGINAL DATE OF PARTICIPATION (L24)		23. LTC AGREEMENT BEGINNING DATE (L41)		26. TERMINATION ACTION: (L30)	
		24. LTC AGREEMENT ENDING DATE (L25)		VOLUNTARY <u>00</u> INVOLUNTARY	
				01-Merger, Closure 05-Fail to Meet Health/Safety	
				02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement	
25. LTC EXTENSION DATE: (L27)		27. ALTERNATIVE SANCTIONS		03-Risk of Involuntary Termination	
		A. Suspension of Admissions: (L44)		04-Other Reason for Withdrawal	
		B. Rescind Suspension Date: (L45)		OTHER	
				07-Provider Status Change	
				00-Active	
28. TERMINATION DATE: (L28)		29. INTERMEDIARY/CARRIER NO. <b>00000</b> (L31)		30. REMARKS	
31. RO RECEIPT OF CMS-1539 (L32)		32. DETERMINATION OF APPROVAL DATE (L33)		DETERMINATION APPROVAL	



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

LICENSING

February 7, 2022

**Receipt Of This Notice Is Presumed To Be 02/07/2022**  
**Important Notice - Please Read Carefully**

Ms. Elma Petkovic, Administrator  
Sandstone Of Tucson Rehab Centre  
2900 East Milber Street  
Tucson, AZ 85714

Dear Ms. Petkovic:

On February 4, 2022, an offsite revisit survey #G5QZ12 was conducted for your facility by the Arizona Department of Public Health, Licensing and Certification Bureau, to determine if your facility was in compliance with federal participation requirements at the time of the follow-up investigation to Complaint #G5QZ12.

The enclosed Center for Medicare and Medicaid Services (CMS) form, entitled "Statement of Deficiencies and Plan of Correction" (CMS 2567) indicates, based on your Plan of Correction, that **no deficiencies** of participation requirements were identified during this revisit. The plan of correction was accepted for the Federal citations.

Enclosed is the **Federal Post-Certification Revisit Report**, please retain a copy for your files. If we can be of further assistance, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

A handwritten signature in black ink that reads "Bernadette Keilman".

Bernadette Keilman  
LTC Customer Service Representative IV

\bk

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/07/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>035099</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>02/04/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SANDSTONE OF TUCSON REHAB CENTRE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2900 EAST MILBER STREET</b> <b>TUCSON, AZ 85714</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{F 000}	<p>INITIAL COMMENTS</p> <p>An offsite follow-up survey was conducted on February 4, 2022. No deficiencies were cited.</p>	{F 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

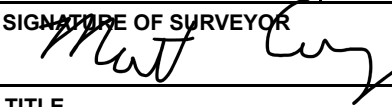
Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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.

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 035099	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/4/2022	Y3
NAME OF FACILITY SANDSTONE OF TUCSON REHAB CENTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET TUCSON, AZ 85714		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0584	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	02/03/2022	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) MC	DATE 2/4/2022	SIGNATURE OF SURVEYOR 	DATE 2/4/2022
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 1/20/2022

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES  NO



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

LICENSING

January 24, 2022

**Receipt Of This Notice Is Presumed To Be -01/24/2022**  
**Important Notice - Please Read Carefully**

Elma Petkovic, Administrator  
Sandstone Of Tucson Rehab Centre  
2900 East Milber Street  
Tucson, AZ 85714

Dear Ms. Petkovic:

On **January 20, 2022**, a Medicare abbreviated survey was conducted at your facility by the Department of Health Services, Bureau of Long Term Care to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. During this survey, complaints investigations may have also been conducted.

This survey found the most serious deficiency(ies) in your facility to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy, as evidenced by the attached form 2567 whereby corrections are required (D).

This survey found the most serious deficiency(ies) in your facility to be a pattern of deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy, as evidenced by the attached form 2567 whereby corrections are required (E).

This survey found the most serious deficiency(ies) in your facility to be widespread deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy, as evidenced by the attached form 2567 whereby corrections are required (F).

**All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.**

Douglas A. Ducey | Governor    Don Herrington | Interim Director

150 North 18th Avenue, Suite 440, Phoenix, AZ 85007-3247    P | 602-364-2690    F | 602-324-0993

W | [azhealth.gov](http://azhealth.gov)

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### Plan of Correction

A Plan of Correction (PoC) for the deficiencies must be submitted by **February 3, 2022**. You must include all pages of the Statement of Deficiencies when submitting your PoC.

Failure to submit an acceptable PoC by **February 3, 2022** may result in the imposition of remedies.

The POC must be signed and dated by an official facility representative. Please send your POC by email to the following:

[lrc.licensing@azdhs.gov](mailto:lrc.licensing@azdhs.gov)

SUBJECT LINE: the name of your facility and POC

### **Your PoC must contain the following:**

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice, on both a temporary and permanent basis, including the date the correction will be accomplished;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and the title, or position, of the person responsible for implementing/monitoring the corrective action.
- The signature and date you approve the Plan of Correction on the first page.
- Please provide all in-service records to include:
  - What was taught
  - When it was taught
  - Sign-in sheets of those who attended
  - Any copies of monitoring adults being done up to your Allegation of Compliance date

### Allegation of Compliance

Your properly signed Plan of Correction constitutes your credible allegation of compliance. We may accept the Plan of Correction and presume compliance until substantiated by a revisit or other means.

To ensure that this office has time to confirm compliance before mandatory remedies are imposed, the Bureau of Long Term Care recommends that an allegation of compliance date be within one week of March 6, 2022.

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**If, upon a subsequent revisit, your facility has not achieved substantial compliance, the Bureau of Long Term Care will recommend that remedies be imposed by the CMS Regional Office or the State Medicaid Agency and continue until substantial compliance is achieved.**

### **Recommended Remedies**

The remedies which will be recommended if substantial compliance is not achieved include the following:

**Recommending to CMS Civil Money, effective January 20, 2022**

**Recommending to CMS Denial of Payment for New Admission**

### **Mandatory Remedies**

Your current period of noncompliance began on January 20, 2022. If you do not achieve substantial compliance within three months after the last day of the survey identifying noncompliance, the CMS Regional Office and/or State Medicaid Agency must deny payments for new admissions. The CMS Regional Office must terminate your provider agreement if substantial compliance has not been reached by **July 19, 2022**.

Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended (or revised, as appropriate). A change in the seriousness of the deficiencies may result in a change in the remedy selected. When this occurs, you will be advised of any change in remedy.

### **Notice for Statutory Denial of Payment for New Admissions (DPNA)**

Based on deficiencies cited during this survey and as authorized by CMS San Francisco Regional Office, we are giving formal notice of imposition of statutory Denial of Payment for New Admissions effective **April 20, 2022**. This remedy will be effectuated on the stated date unless you demonstrate substantial compliance with an acceptable plan of correction and subsequent revisit.

This notice in no way limits the prerogative of CMS to impose discretionary DPNA at any appropriate time. CMS Regional Office will notify your intermediary and the Medicaid Agency. If effectuated, denial of payment will continue until your facility achieves substantial compliance or your provider agreement is terminated. [Facilities are prohibited from billing those Medicare/Medicaid residents or their responsible parties during the denial period for services normally billed to Medicare or Medicaid] The Medicare and Medicaid programs will make no payment for residents whose plans of care begin on or after the DPNA effective date.

### **FILING AN APPEAL**

If you disagree with the determination of noncompliance (and/or substandard quality of care resulting in the loss of your Nurse Aide Training and Competency Evaluation Program (NATCEP), if applicable), you or your legal representative may request a hearing before an

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administrative law judge of the U.S. Department of Health and Human Services, Departmental Appeals Board. Procedures governing this process are set out in 42 CFR §498.40, et. seq. You may appeal the finding of noncompliance that led to an enforcement action, but not the enforcement action or remedy itself. A request for a hearing should identify the specific issues, and the findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. You may have counsel represent you at a hearing (at your own expense). Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted unless you do not have access to a computer or internet service. **You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than 60 days from the date of receipt of this letter.**

When using DAB E-File for the first time, you will need to create an account by a) clicking Register on the DAB E-File home page; b) entering the requested information on the Register New Account form; and c) clicking Register Account at the bottom of the form. Each representative authorized to represent you must register separately to use the DAB E-File on your behalf.

The e-mail address and password given during registration must be entered on the login screen at: [https://dab.efile.hhs.gov/user\\_sessions/new](https://dab.efile.hhs.gov/user_sessions/new) to access DAB E-File. A registered user's access to DAB E-File is restricted to the appeals for which he/she is a party or an authorized representative. You can file a new appeal by a) clicking the *File New Appeal* link on the Manage Existing Appeals screen; then b) clicking *Civil Remedies Division* on the File New Appeal screen; and c) entering and uploading the requested information and documents on the File New Appeal-Civil Remedies Division form.

The Civil Remedies Division (CRD) requires all hearing requests to be signed and accompanied by the notice letter from CMS that addresses the action taken and your appeal rights. All submitted documents must be in Portable Document Format (PDF). Documents uploaded to DAB E-File on any day on or before 11:59p.m. ET will be considered to have been received on that day. You will be expected to accept electronic service of any appeal-related documents filed by CMS or that the CRD issues on behalf of the Administrative Law Judge (ALJ) via DAB E-File. Further instructions are located at: [https://dab.efile.hhs.gov/appeals/to\\_crd\\_instructions](https://dab.efile.hhs.gov/appeals/to_crd_instructions). Please contact the Civil Remedies Division at (202) 565-9462 if you have questions regarding the DAB E-Filing System. If you experience technical issues with the DAB E-Filing System, please contact E-File System Support at [OSDABImmediateOffice@hhs.gov](mailto:OSDABImmediateOffice@hhs.gov) or call (202) 565-0146 before 4:00p.m. ET.

If you do not have access to a computer or internet service, you may call the Civil Remedies Division at (202) 565-9462 to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter by mailing to the following address:

**Department of Health & Human Services  
Departmental Appeals Board, MS 6132  
Director, Civil Remedies Division  
330 Independence Avenue, S.W.  
Cohen Building – Room G-644  
Washington, D.C. 20201**

Douglas A. Ducey | Governor    Don Herrington | Interim Director

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Sandstone Of Tucson Rehab Centre

January 24, 2022

Page Five

In addition, please email a copy of your request to Western Division of Survey and Certification-San Francisco at [ROSFEenforcements@cms.hhs.gov](mailto:ROSFEenforcements@cms.hhs.gov).

**Informal Dispute Resolution**

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, an explanation of why you are disputing those deficiencies along with supporting information that shows that the facility was in compliance at the time of the survey to Diane Eckles, Bureau Chief, Bureau of Long Term Care, 150 North 18th Avenue, Suite 440, Phoenix, Arizona 85007. This request must be sent during the same 10 days you have for submitting a PoC for the cited deficiencies.

An informal dispute resolution process will not delay the effective date of any enforcement action. **Please note: Facilities requesting an Informal Dispute Resolution must submit separate requests, one for State deficiencies cited and one for Federal deficiencies cited, if applicable.** Retain a copy of the PoC for your files. If the PoC is not received by this Office by **February 3, 2022**, licensure and/or recertification may be denied. If you have any questions concerning the instructions contained in this letter, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,



Diane Eckles  
Bureau Chief

DE:bk

Douglas A. Ducey | Governor    Don Herrington | Interim Director

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**Sandstone of Tucson Rehab Centre**  
2900 E Milber Street  
Tucson, AZ 85714

February 02, 2022

Arizona Department of Health Services  
150 North 18<sup>th</sup> Avenue, Suite 440  
Phoenix, AZ 85007-3247

RE: Sandstone of Tucson Rehab Centre  
Provider #:035099  
Survey Cycle Date: January 20, 2022  
Survey Exit Date: January 20, 2022  
Survey Type: Complaint Survey (**Event ID: G5QZ11**)

Dear Ms. Diane Eckles,

Attached to this email, please find the facility's Plan of Correction for F584 from the survey stated above along with the *Submission of evidence in lieu of an onsite revisit*.

Submission of evidence in lieu of an onsite revisit shows that the facility has put into place systemic changes identified in the Plan of Corrections and has initiated a program to monitor the continued effectiveness of the POC.

I am hoping for your kind consideration on this matter. If you should have any further questions or need additional information, please do not hesitate to contact me.

Respectfully submitted,

Elma Petkovic, Administrator  
Ph. # 520-294-0005  
Mobile: 602-702-4694  
Email: [epetkovic@sandstonehc.com](mailto:epetkovic@sandstonehc.com)



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/24/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>035099</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/20/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>SANDSTONE OF TUCSON REHAB CENTRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2900 EAST MILBER STREET TUCSON, AZ 85714</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	<b>F000</b> This Plan of Correction is submitted to meet the requirements established by Federal law. This Plan of Correction constitutes this facility's demonstration of compliance for the deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency existed or that one was correctly cited.	
F 584 SS=D	<p><b>Safe/Clean/Comfortable/Homelike Environment</b> CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p>	F 584	<p><b>F584</b> <u>A. Corrective actions:</u></p> <ol style="list-style-type: none"> <li>1. Resident #5 room was cleaned at the time of survey</li> <li>2. Resident #5 room was deep cleaned post survey</li> <li>3. Resident was educated the importance of allowing staff to clean his room.</li> </ol> <p><u>B. Identify other residents</u></p> <ol style="list-style-type: none"> <li>1. No residents were found to be affected by the alleged deficient practice noted. However, all residents have the potential to be affected by the alleged deficient practice.</li> </ol>	<p>1/20/22</p> <p>1/21/22</p> <p>2/3/22</p>

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

TITLE

(X6) DATE

*[Handwritten Signature]*

Administrator

2-3-22

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/24/2022  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>035099</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/20/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>SANDSTONE OF TUCSON REHAB CENTRE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2900 EAST MILBER STREET TUCSON, AZ 85714</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 584	<p>Continued From page 1</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on an observation, clinical record review, interviews, and facility documentation and policy, the facility failed to ensure that housekeeping services necessary to maintain a sanitary, orderly, and comfortable interior were provided for one resident's room (#5). The deficient practice could result in additional resident rooms being maintained in an unsanitary manner.</p> <p>Findings include:</p> <p>Resident #5 was admitted to the facility on September 15, 2020 with diagnoses that included morbid obesity, necrotizing fasciitis, and acute and chronic respiratory failure with hypoxia.</p> <p>Review of the facility's deep clean schedule for January 2022 revealed the resident's room was to be deep cleaned on January 13, 2022. The schedule included an area for staff to initial to indicate it was complete and there was an area for a manager to initial as well. Both of these areas were left blank for that date. There was also an area for comments. This area was left blank as well.</p> <p>An interview with the resident was conducted on January 20, 2022 at 10:20 a.m. He said that housekeeping staff don't touch his room on</p>	F 584	<p><b>C. Measures</b></p> <p>1. On February 2<sup>nd</sup>, 2022, Director of Environmental Services in-serviced and implement the staff on the following topics ; but not limited to:</p> <p>a. Facility policies and procedures for cleaning resident rooms.</p> <p>b. Requirements for compliance regarding completion of cleaning logs</p> <p>c. Housekeeping Director initiated a QA tool on February 1<sup>st</sup>, 2022 regarding resident room cleanings to ensure: Resident rooms are cleaned appropriately per facility policy  Cleaning logs are appropriately completed by housekeeping staff</p> <p><b>D. Corrective Actions</b></p> <p>1. The housekeeping director or designee will continue to conduct audits for 6 weeks to ensure that resident rooms are appropriately cleaned and that cleaning logs are completed by facility staff.</p> <p>2. The results of the audits completed on this POC will be submitted to the Quality Assurance and Performance Improvement committee for review and follow up.</p>	<p>2/2/22</p> <p>2/1/22</p>



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/24/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>035099</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/20/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>SANDSTONE OF TUCSON REHAB CENTRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2900 EAST MILBER STREET</b> <b>TUCSON, AZ 85714</b>		
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F 584	<p>Continued From page 2</p> <p>weekends, and that there are mice in the building that have a field day in his room at night. He said that the mice climb around on the TV cords and around the floor and that he sees them go behind his dresser.</p> <p>An observation of the resident's room was conducted immediately after this interview. Behind the dresser there were multiple small dark brown objects which had the appearance of rodent droppings and 2 crusty yellow-brown areas with some moisture that had the appearance of urine puddles.</p> <p>Immediately after the observation, the housekeeping manager (staff #6) came into the room. He looked at what was behind the dresser and said that he thought they were mouse droppings and that he would not doubt it because the facility has had an issue with mice for a while. He said that he would have someone clean it up immediately.</p> <p>An interview was conducted on January 20, 2022 at 1:09 p.m. with a housekeeper (staff #1) who said that regular cleaning of a room includes sweeping and mopping. He said that they mop with disinfectant and that the staff have to move things when they are cleaning. He said that he mops under the bed and behind dressers and cleans the walls if they are dirty. He said that he has not seen mice but he has seen mice droppings in the facility. He said that he has to move everything from the walls to ensure droppings are cleaned up as they should not remain on the floor.</p> <p>An interview was conducted on January 20, 2022 at 1:22 p.m. with the housekeeping manager</p>	F 584			

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F 584	<p>Continued From page 3</p> <p>(staff #6) who said that resident rooms are cleaned daily and a deep clean of each occupied room is done monthly. He said that the deep cleans consist of pulling furniture away from the walls, bleaching bed frames and beds, wiping the walls, and mopping the bathrooms using bleach. He said that this resident's room was due for a deep cleaning on January, 13, 2022, but the resident did not allow his room to be deep cleaned on that date. He said that the presence of the mouse droppings and urine did not meet his expectations. He said that the housekeeping staff should move furniture when they see something that needs to be cleaned up behind the furniture.</p> <p>An interview was conducted on January 20, 2022 at 1:30 p.m. with the administrator (staff #2) who said that the resident refuses everything, uses bad language, and will only allow staff to clean his room sometimes. She said that they have already started on a correction for the housekeeping issues. She said that they will implement a form that housekeeping will have to sign and they will have to communicate what they cleaned to the nurse. She said the nurse would document any housekeeping refusals in the care plan.</p> <p>The facility's room cleaning policy revealed the purpose was to show the proper cleaning method to sanitize a resident's room or any area in the facility. The procedure included that the entire floor must be dust mopped especially behind dressers and beds. Also, staff should damp mop by starting in the far corner of the room, moving all furniture as necessary. The policy included that the most important area to disinfect in the resident's room is the floor and it needs to be sanitized daily.</p>	F 584			

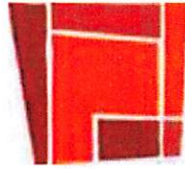
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ARIZONA DEPARTMENT  
OF HEALTH SERVICES

LICENSING

February 7, 2022

**Important Notice - Please Read Carefully**

Ms. Elma Petkovic, Administrator  
Sandstone Of Tucson Rehab Centre  
2900 East Milber Street  
Tucson, AZ 85714

**Re: Complaint Intake #AZ00179597, #AZ00179599  
Investigation # G5QZ11**

Dear Ms. Petkovic:

Surveyors of the Arizona Department of Health Services (Long Term Care) have thoroughly investigated the above referenced complaint. Prior to being investigated, this complaint was broken down into allegations that correspond to the Department's rules for the facility.

The overall finding of this investigation is that the allegations were unable to be substantiated.

You are in receipt of a Statement of Deficiencies for this survey that confirms the complaint was unsubstantiated.

If we may be of further assistance, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

A handwritten signature in black ink that reads "Bernadette Keilman".

Bernadette Keilman  
Customer Service Representative IV  
Bureau of Long Term Care Licensing

Douglas A. Ducey | Governor    Don Herrington | Interim Director

150 North 18th Avenue, Suite 440, Phoenix, AZ 85007-3247    P | 602-364-2690    F | 602-324-0993

W | [azhealth.gov](http://azhealth.gov)

*Health and Wellness for all Arizonans*