State Public Records Documents Only

Survey event #DOE0

Facility: SANDSTONE OF TUCSON REHAB

Revised 7-2020



July 26, 2022

Receipt Of This Notice Is Presumed To Be 07/26/2022 Important Notice - Please Read Carefully

Mr. Ryan Valdez, Administrator Sandstone Of Tucson Rehab Centre 2900 East Milber Street Tucson, AZ 85714

Dear Mr. Valdez:

On July 25, 2022, an offsite revisit survey was conducted at your facility by the Arizona Department of Public Health, Licensing and Certification Bureau, to determine if your facility was in compliance with state requirements at the time of the follow-up investigation to complaint #DOE012.

Enclosed is the **State Revisit Report form**, which indicates the licensee to be in substantial compliance based on your Plan of Correction. A copy of this form will become a part of the facility's public file. Please keep this current inspection report in the facility and available for review.

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

Sincerely,

Bernadette Keilman

LTC Customer Service Representative IV

Hefilman

\bk

Enclosure

PRINTED: 07/26/2022 FORM APPROVED

ADHS LICENSING SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER	_IA R:		CONSTRUCTION	(X3) DATE COMP	(X3) DATE SURVEY COMPLETED	
				A. BUILDING			-C	
		NCI-2643		B. WING			25/2022	
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
SANDSTO	NE OF TUCSON REHAE	K CENTRE	2900 EAST TUCSON, A	MILBER STR	EET			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	TUCSON, A	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATION		PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETE DATE	
{Y 000}	Initial Comments			{Y 000}				
	An offsite follow-up st 25, 2022. No deficien	urvey was conducted on cies were cited.	July					

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

TITLE (X6) DATE

STATE FORM: REVISIT REPORT

	ER / SUPPLIER / CATION NUMBE		MULTIPLE CON A. Building B. Wing	STRUCTIO	N			Y2	DATE OF REVISIT 7/25/2022 _{Y3}
NAME OF	FACILITY		EHAB CENTRE			STREET ADDRESS, C 2900 EAST MILBER S TUCSON, AZ 85714			
corrective	e action was a	ccomplis	shed. Each defi	ciency sho	uld be fully ident	eviously reported that ified using either the r efix codes shown to th	regulation or LS	C provision	number and the
ITEI Y4	M		DATE Y5	ITEM Y4		DATE Y5	ITEM Y4		DATE Y5
ID Prefix	Y1077		Correction	ID Prefix	Y2505	Correction	ID Prefix		Correction
Reg. # LSC	R9-10-410.C.2.		Completed 07/29/2022	Reg. # LSC	R9-10-425.A.2.	Completed 07/29/2022	Reg. #		Completed
ID Prefix			Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # LSC			Completed	Reg. # LSC		Completed	Reg. #		Completed
ID Prefix			Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # LSC			Completed	Reg. # LSC		Completed	Reg. #		Completed
ID Prefix			Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # LSC			Completed	Reg. # LSC		Completed	Reg. #		Completed
ID Prefix			Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # LSC			Completed	Reg. # LSC		Completed	Reg. #		Completed
REVIEWE STATE AC		REVIE	WED BY LS) MC	DATE 7/25/2		RE OF SURVEYOR			DATE 7/25/2022
REVIEWE CMS RO	ED BY	REVIE	WED BY LS)	DATE	TITLE		<i>Y</i>		DATE
FOLLOW 6/24/202	UP TO SURVE	COMPI	ETED ON			CORRECTED DEFICIEN CIENCIES (CMS-2567)			☐ YES ☐ NO

Page 1 of 1

EVENT ID: DOE012



July 25, 2022

Mr. Ryan Valdez, Administrator Sandstone Of Tucson Rehab Centre 2900 East Milber Street Tucson, AZ 85714 NCI-2643

Dear Mr. Ryan Valdez,

Thank you for the documentation submitted with your request for informal dispute resolution regarding the Statement of Deficiencies for your survey # DOE011 conducted on June 24, 2022.

The management review team has reviewed the citations and your documentation, and has made the following decisions:

Tag #F925. §483.90.i.4 will remain as written.

Tag #Y205. R9-10-425.A will remain as written.

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

Sincerely,

Tom Salow

Interim Assistant Director

CB/pdh

Enclosure

CC: **CMS**

Ombudsman



July 19, 2022

Ryan Valdez, Administrator, Administrator Sandstone Of Tucson Rehab Centre 2900 East Milber Street Tucson, AZ 85714

Dear Mr. Valdez:

Enclosed please find the Statement of Deficiencies and Plan of Correction for the Complaint Investigation # **DOE011** conducted on June 24, 2022 which was submitted to the Bureau of Long Term Care on July 15, 2022.

The Plan of Correction is unacceptable for the following reasons:

Changes needed to the 2567:

- -For all Ftags/Ytags indicate the frequency of the audits that will be conducted
- -Indicate the completion date for the Plan of Correction (POC)

Supplemental Documentation:

- -For all Ftags/Ytags include evidence that staff have been in-serviced
- -For all Ftags/Ytags include some completed audits

The requested documents are required to be returned to this office no later than **July 26, 2022**, please retain a copy for your files. If the requested documents for the Plan of Correction are not received by this office on or before **July 26, 2022**, licensure action and/or civil penalties may be assessed.

Thank you for your cooperation. If you have any questions, please call the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

Megan whettey

Megan Whitby
Interim Long Term Care Bureau Chief

MW/MC:mm

Attachments

ADHS LICENSING SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ C. B. WING . 06/24/2022 NCI-2643 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET SANDSTONE OF TUCSON REHAB CENTRE TUCSON, AZ 85714 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY Y 000 Y 000 Initial Comments Y000 This Plan of Correction is submitted to meet The onsite investigation of complaints the requirements established by State law. AZ00181682, AZ00179202, AZ00178375, This Plan of Correction constitutes this AZ00183243, and AZ00178242 was conducted facility's demonstration of compliance for on June 17, 2022 and on June 20 through June the deficiencies cited. Submission of this 24, 2022. The following deficiencies were cited: Plan of Correction is not an admission that a deficiency existed or that one was correctly Y1077 R9-10-410.C.2. Resident Rights ¥1077 cited. R9-10-410.C. A resident has the following rights: Y1077 A. Corrective actions: R9-10-410.C.2. To receive treatment that supports and respects the resident's individuality. 1. Residents #46, #136, and #140 were not choices, strengths, and abilities; found affected by this alleged deficient practice. 2. Residents #46 and #136 received showers and/or following facility survey, per facility This RULE is not met as evidenced by: shower schedule. Resident #140 discharged Based on clinical record reviews, staff interviews, from the facility on August 6, 2021. facility documentation, and policy, the facility failed to ensure three residents (#46, #136, and 3. Documentation for showers and/or bed #140) received treatment that supported their baths are available on electronic medical individuality, choices, strengths, and abilities by records and/or uploaded into resident charts. failing to provide them with adequate showers. B. Identify other residents Findings include: 1. No other residents were found to be Review of facility documentation revealed a affected by the alleged deficient practice shower schedule which included that residents noted. However, all residents have the are to receive two showers per week. potential to be affected by the alleged deficient practice. -Resident #46 was admitted on November 6. 2021 with diagnoses that included difficulty in walking and vertigo of central origin. The resident's Activities of Daily Living (ADL) care plan revealed the resident had a self-care performance deficit related to weakness. unsteadiness on feet, difficulty walking, and

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

OE011

(X6) DATE

If continuation sheet 1 of 9

ADHS LICENSING SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER-COMPLETED A BUILDING __ H WING NCI-2643 06/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET SANDSTONE OF TUCSON REHAB CENTRE TUCSON, AZ 85714 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) (D (X51 (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Y1077 Y1077 Continued From page 1 C. Measures activity intolerance from respiratory failure. An 1.On July 15th, 2022, Nurse Unit Manager intervention included to encourage the resident to in-serviced and implement the staff on the participate in the fullest extent possible with each following topics but not limited to: interaction. a. Facility policies and procedures for ADL A quarterly Minimum Data Set (MDS) care provided for dependent residents, assessment dated May 6, 2022 included that the including showers and bed baths resident required supervision with one-person physical assistance for personal hygiene and b. Requirements for compliance regarding extensive assistance for bed mobility. This completion of shower sheets/bed baths and assessment included that bathing post shower documentation self-performance and bathing support provided e. Administrator initiated a QA loot bit July did not occur during the 7-day look-back window 12, 2022 regarding ADL Care and snowers of the assessment. The resident scored a 15 on and bed baths to ensure: the Brief Interview for Mental Status (BIMS) indicating he was cognitively intact. Resident are tecciving showers and bed baths per the facility A review of the clinical record for April through shower schedule June, 2022 included the following information regarding showers and/or bed baths. Documentation following mowers -0 showers/bed baths were completed for the and/or bed bath is completed and weeks of: April 3 to 9, April 10 to 16, May 29 to uploaded into patient's thart. June 4, and June 5 to 11. D. Corrective Actions -1 shower/bed bath was completed for the weeks of: April 17 to 23 and May 1 to 7, The administrator or designee will 7/29/22 continue to conduct random tudits, lwice i -Resident #136 was admitted to the facility on week for 6 weeks to ensure that tesidents tre November 19, 2019 with diagnoses of dementia receiving showers per facility schedule and that shower documentation is available on and hemiplegia. electronic medical records and/or trploaded into resident thart. The resident's ADL care plan revealed the resident had a self-care performance deficit I. The results of the audits completed on this related to decreased mobility, weakriess, and POC will be submitted to the Quanty hemiplegia of the right dominant side. An Assurance and Performance Improvement intervention included to provide supervision to committee for review and follow up. extensive assistance from staff for ADLS as needed. A quarterly MDS assessment dated June 8, 2022

included that the resident required physical help

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		NCI-2643	B. WNG		06	C 5/24/2022
	PROVIDER OR SUPPLIER	CENTRE 2900 EAS	DDRESS, CITY, STA ST MILBER STRI , AZ 85714			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST 8E PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
Y1077	help with bathing. The BIMS indicating sever A review of the clinical June, 2022 included the regarding showers and on showers/bed baths weeks of: April 3 to 9, 16, April 17 to 23, April 17 to 7, May 9 to 18 february 28, 2021 with with behavioral disturb weakness. This reside 2021. The resident's ADL car resident had a self-car related to confusion and dementia and Alzheim included to monitor the in ability. A quarterly MDS assessincluded that this resident person physical assists resident scored 0 on the cognitive impairment. A review of the clinical July, 2021 included the regarding showers and on showers/bed baths of the series of the clinical July, 2021 included the regarding showers and on showers/bed baths of the clinical person showers/bed baths of the clin	process and required setup aresident scored a 0 on the electric cognitive impairment. I record for April through the following information addor bed baths: Were completed for the April 10 to 16, April 11 to all 24 to 30, and May 15 to as completed for the weeks to 14, and June 5 to 11. Idmitted to the facility on a diagnoses of demential ance and muscle and discharged on August 6, are plan revealed the electric performance deficit and impaired cognition from the resident for any changes assent dated July 23, 2021 the entirequired physical help ance with bathing. The the BIMS indicating severe are cord for June through the following information are completed for the graph of the grap	Y1077			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	l	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING			
		NCI-2643	B. WING			C 24/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
SANDST	ONE OF TUCSON REHAB	CENTRE 2900 EAST	MILBER STI	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
Y1077	-1 shower/bed bath w of June 27 to July 3 a An interview was cond 2:36 PM with a Certific (CNA/staff #96) who is assigned to complete showers. She said that the bulletin board and one is done on the dailbed two. She said that shower, then normally hopefully the next shift the shower She said that showers are document that gets turned into the said that showers are clinical record. She saknow that residents has sheets or computer do asked the person that An interview was cond 1:55 PM with a License (LPN/staff #72) who says heets after the CNAs or if they refuse. She is to the clinical record and it shows when the resident had a shower CNA and get confirmate. An interview was cond 12:46 PM with the interview was cond 13:46 PM with the interview bathing upon the resident hing upon the resident	as completed for the weeks and July 25 to 31. ducted on June 23, 2022 at ed Nursing Assistant raid that each day she is a certain amount of at showers are posted on broken down by shift. Bed by shift and evening does at if she cannot complete a she will tell the nurse and at will be able to complete that there are very few days rower. She said that ted on a specific paper and red nurse every day. She also documented in the red as shower without shower recumentation unless they worked that day. Sucted on June 23, 2022 at ed Practical Nurse and look up the resident raid that the nurses can go and look up the resident and dent has had a shower/bed the did not know if a then she would ask the tion.	Y1077			

ADHS LICENSING SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION DENTIFICATION NUMBER A BUILDING. B. WING 06/24/2022 NCI-2643 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2900 EAST MILBER STREET SANDSTONE OF TUCSON REHAB CENTRE TUCSON, AZ 85714 PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY Y1077 Y1077 Continued From page 4 missed shower and/or bed baths. She said that the facility has a shower aid who was assigned to do showers, however, they do get pulled to help on the floor at times An interview was conducted on June 24, 2022 at 1:30 PM with the administrator (staff #26) who said that she does not know if the facility has a bathing problem or a documentation problem, but that there is a problem. Review of the facility's bathing policy, revised February 2018, revealed a purpose to promote cleanliness, provide comfort to the residents, and to observe the condition of the residents' skin. The policy included to document the date and time a shower was performed as well as the title of the individual(s) who assisted the resident with the shower. The policy included that if the resident refused the shower, staff will document the reason(s) why and the intervention taken. The person recoding the data should sign the form and include their title. Y2505 Y2505 Y2505 R9-10-425.A.2. Environmental Standards A. Corrective actions: 1 No residents were found to be affected by R9-10-425 A. An administrator shall ensure that: the alleged deficient practice. 2. Residents #6, #72, #34, #98, #62 had R9-10-425 A.2. A pest control program is rooms cleaned at the time of survey, and implemented and documented; were all deep cleaned following survey 3 Gap underneath double doors to loading dock was fixed at time of survey. Vacant room 213 gap in wall was patched and room This RULE is not met as evidenced by was deep cleaned at time of survey. Based on observations, staff interviews, and review of facility documentation and policy, the facility failed to maintain an effective pest control program to ensure the facility was free from rodents.

ADHS LICENSING SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ C B. WNG ___ NCI-2643 06/24/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2900 EAST MILBER STREET

(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	(X5) COMPLETE DATE
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Findings include: A review of pest control inspections and services from an outside exterminator from October 13, 2021 through June 16, 2022 included: 2021 -October 13 - Includes rodent station install -October 14 - Invoice for 7 week rodent trapping	PREFIX	B. Identify other residents 1. No other 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. C. Measures 1. On June 23, 2022, Director of Maintenance in-serviced and implement the staff on the following topics but not limited to: a. Facility policies and procedures for cleaning resident rooms b. Requirements for compliance regarding	COMPLETE
	-April 12 - Rodent bait stations some activity -April 14 - Inspection of rodent bait stations some activity -May 12 - Inspection of rodent bait stations some activity -June 2 - Installed 10 traps units -June 9 - Inspection of rodent bait stations some activity Review of the facility's pest log from October 23, 2021 through June 16, 2022 included:	e	completion of cleaning logs c. Importance of utilizing the pest control log d. Administrator or designee initiated a QA tool on June 23, 2022 regarding resident room cleanings to ensure: Resident rooms are cleaned appropriately per facility policy Cleaning logs are appropriately completed by housekeeping staff D. Corrective Action 1. The housekeeping director or designee will continue to conduct daily random audits for 6 weeks to ensure that resident rooms are	7/29/22
	-November 20 - Nightshift reported mouse in a resident room 2022 -January 20 - Droppings in three resident rooms -January 26 - Mice in two resident rooms -February 4 - Mice feces in a resident room -March 1 - Mouse in one resident room, mouse caught in another resident room -May 9 - Mice in one resident room -May 26 - Mice caught in several resident rooms -April 11 - Mice droppings in one resident room -May 27 - Mouse caught in one resident room -June 14 - Rodents heard from up above in front office and looby		appropriately cleaned and that cleaning logs are completed by facility staff 2. The maintenance director or designee will continue to conduct random audits twice a week for 6 weeks on door seals that lead to the outside 3. 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	

FORM APPROVED ADHS LICENSING SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: __ С B. WING_ NCI-2643 06/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET SANDSTONE OF TUCSON REHAB CENTRE **TUCSON, AZ 85714**

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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) COMPLETE DATE
Y2505	Continued From page 6	Y2505		
	An interview was conducted on June 17, 2022 at 2:10 PM with a resident (#6) who said that he has seen mice in his room and that one was caught last night in a trap. He said that the mice are in the bathroom as well.			
	An observation was conducted of resident #6's bathroom immediately after the interview. Behind the toilet brush and trash can, there were small, dark brown objects that had the appearance of rodent droppings.			
	An interview was conducted on June 17, 2022 at 2:20 PM with a resident (#72) who said little mice were running around and that he had seen one two days ago. This resident's roommate (#34) said that there was a little rat and a couple of little tiny ones			
	An observation was conducted on June 17, 2022 at 2.24 PM in resident #98's room. The resident's bed was moved out and there were small, dark brown objects that had the appearance of rodent droppings against the wall where the head of the bed would be. The room also contained a metal rodent trap under the sink.			
	An observation was conducted on June 17, 2022 at 3 00 PM of a vacant resident room (room 213)which had a hole approximately 5 inches by 10 inches in the corner of the bathroom in the wall near the sink. This room had multiple small, dark brown objects with the appearance of rodent feces behind the nightstand.			
	An observation was conducted on June 20, 2022 of a gap under and between double doors to the outside loading dock and waste disposal area.			

DOE011

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMF	PLETED
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		NCI-2643	B WNG		06	/24/2022
NAME OF F	SPOUIDED OF CLIPPLIED		DEBB 0/TV 07	4TE 710 0005	1 00	2-172-022
NAME OF F	ROVIDER OR SUPPLIER		RESS, CITY, ST	•		
SANDSTO	ONE OF TUCSON REHAB	CENTRE TUCSON,	MILBER ST	KEET		
	CHIMMAN DV CT			ORAMBERIS DI AN AF CORRECTIO	\h.I	
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RATE	DATE
				DEFICIENCY)		
Y2505	Continued From page	7	Y2505			
	An observation was o	onducted on June 21, 2022				
		t #98 and #62's room. On				
		mall, dark brown objects				
		nce of rodent feces at the				1
	corner of the dresser					
						1
	An interview was cond	ducted on June 21, 2022 at				
		ector of maintenance (staff				
	· ·	tarted in this position in				
		id that he renewed the				
		control company that was				1
		e used them because he				
		with the rodents. He said				
		utting traps in the building they keep using them. He				
		ther stripping across the				
		to have helped. He said				
	that he does not know					1
	having trouble with mid					
	During an interview wi	· ·				
		June 21, 2022 at 12:30				
	PM, he stated that the	y for the last 8 months to a				
		have traps in place and				
		hat the rodents were gone				
		ey have been back again				
		He said that he works with				
		ance who does follow the				
	suggestions that he ma	akes. He said that the				1
	rodents come from out	side and that if they seal				
		they get sealed inside. He				
		side looking for water and				
	food and because it is	comfortable.				
	An interview whee send	uctod at 8:08 AM an luna				
		ucted at 8:08 AM on June ctor of Maintenance (Staff				
	#8)	Not of Maintenance (Stail				
	who acknowledged the	e gap in the door to the				
	outside trash area and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		NCI-2643	B. WING			C 24/2022
	ROVIDER OR SUPPLIER	CENTRE 2900 EAS	DDRESS, CITY, STAT ST MILBER STRE I, AZ 85714			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
Y2505	inches at the base of were more gaps at wa these were likely caus the door. He said then the door. He said that door. An interview was cond 1:32 PM with the adm said that the facility has this problem and that said that they do have place. The facility's pest cond 1, 2021, revealed a purinsects and rodents for policy included that all tight fitting and free of shall be kept in such constructions.	the door. He said there aist and chest high and that sed by delivery people hitting the were bait stations outside the would fix the gaps in the ducted on June 24, 2022 at a sinistrator (staff #26) who as spent a lot of money on they are trying to fix it. She a a pest control program in the area of the property of th	Y2505			



July 7, 2022

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

Mr. Ryan Valdez, Administrator Sandstone Of Tucson Rehab Centre 2900 East Milber Street Tucson, Arizona 85714

Dear Mr. Valdez:

Thank you for the courtesy and cooperation extended to our staff during the recent inspection of your facility.

Enclosed is a statement of **STATE** deficiencies noted during the inspection of your facility on June 24, 2022. A Plan of Correction (PoC) for the deficiencies must be submitted. This plan must be both specific to the problems noted and general to the overall process involved.

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 be advised that your plan of correction will be available as a public document for review by interested parties.

Please place your plan of correction in the space provided in the right column of the statement of deficiencies and return the original to this office no later than July 17, 2022. You must include all pages of the Statement of Deficiencies when submitting your PoC. Please ensure to retain a copy for your files. If the plan of correction is not received by this Office on or before this date, state enforcement action may be taken.

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

ltc.licensing@azdhs.gov

SUBJECT LINE: the name of your facility and POC

Sandstone Of Tucson Rehab Centre July 7, 2022 Page 2

Siane Eckles

Informal Dispute Resolution - You have an opportunity to dispute any deficiencies or language listed on the SOD through an Informal Dispute Resolution (IDR). To dispute a deficiency or language listed on the SOD, send a written request on a separate document due 10 days from receipt of this letter. The written request must include documentation that shows the licensee was in compliance at the time of the inspection. The Department will review the written request and documentation provided to the Department and notify you of the Department's decision. If you have any questions, please call: Diane Eckles, Bureau Chief, Bureau of Long Term Care, 150 North 18th Avenue, Suite 440, Phoenix, Arizona 85007 at (602) 364-2690.

Sincerely,

Diane Eckles Bureau Chief

DE:bk

Attachments

RECEIVED BLTC 7-16-22 MM

PRINTED: 07/07/2022 FORM APPROVED

ADHS LI	CENSING SERVICES				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING:		COMPLETED
					c
		NCI-2643	B. WNG		06/24/2022
		1401-2043			00/24/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	ATE, ZIP CODE	
CANDETO	NE OF THECOM BEHAD	2900 EAS	T MILBER STR	EET	
SANDSTONE OF TUCSON REHAB CENTRE TUCSON			AZ 85714		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	
TAG	REGULATURT UR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	VAIL S
Y 000	Initial Comments		Y 000		
				Y000	
	The onsite investigation	on of complaints	1	This Plan of Correction is submitted to	
	AZ00181682, AZ0017	79202, AZ00178375,		the requirements established by State	
	AZ00183243, and AZ	00178242 was conducted		This Plan of Correction constitutes thi	
	on June 17, 2022 and	I on June 20 through June		facility's demonstration of compliance the deficiencies cited. Submission of t	
	24, 2022. The following	ng deficiencies were cited:		Plan of Correction is not an admission	
				deficiency existed or that one was con	
Y1077	R9-10-410.C.2. Resid	lent Rights	Y1077	cited.	Cony
	R9-10-410.C. A resid	lent has the following rights:			
				<u>¥1077</u>	
	R9-10-410.C.2. To re	ceive treatment that		A. Corrective actions:	
	supports and respects	s the resident's individuality,		1 7 11 1 146 1406 1 14140	
	choices, strengths, an	nd abilities;		1. Residents #46, #136, and #140 were	
				found affected by this alleged deficien practice.	1
				practice.	
			1	2. Residents #46 and #136 received she	owers
	T: 5.4.5 :			and/or following facility survey, per fa	cility
	This RULE is not met			shower schedule. Resident #140 discha	arged
		ord reviews, staff interviews,		from the facility on August 6, 2021.	
		, and policy, the facility residents (#46, #136, and			
		nent that supported their		3. Documentation for showers and/or b	
		strengths, and abilities by		baths are available on electronic medic	
		with adequate showers.		records and/or uploaded into resident c	iiaiis.
	ig to provide their				
	Findings include:			B. Identify other residents	
	_				
		umentation revealed a		1. No other residents were found to be	
		ch included that residents		affected by the alleged deficient practic	e
	are to receive two sho	owers per week.		noted. However, all residents have the potential to be affected by the alleged	
				deficient practice.	
		Imitted on November 6,		activions practice.	
		that included difficulty in			
	walking and vertigo of	r central origin.			
	The resident's Activitie	es of Daily Living (ADL) care			
	plan revealed the resi				
	performance deficit re				
	•	difficulty walking, and			
	a	ag, and			

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

5899

DOE011

(X6) DATE

If continuation sheet 1 of 9

STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		NCI-2643	B. WNG		C 06/24/2022
SANDSTO	(EACH DEFICIENC)	CENTRE 2900 EAS TUCSON, ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	DRESS, CITY, ST. T MILBER STR AZ \$5714	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	N (X5) BE COMPLETE
	Continued From page activity intolerance fro intervention included to participate in the fulles interaction. A quarterly Minimum I assessment dated Maresident required superphysical assistance for extensive assistance fo	MIST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) In respiratory failure. An to encourage the resident to st extent possible with each Data Set (MDS) by 6, 2022 included that the ervision with one-person repersonal hygiene and for bed mobility. This that bathing bathing support provided the 7-day look-back window the resident scored a 15 on Mental Status (BIMS) intively intact. I record for April through the following information dor bed baths: were completed for the April 10 to 16, May 29 to 11. The second for the weeks are completed for the weeks.	ID	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) C. Measures 1. On July 15th, 2022, Nurse Unit Mana, in-serviced and implement the staff on following topics but not limited to: a. Facility policies and procedures for Acare provided for dependent residents, including showers and bed baths b. Requirements for compliance regard completion of shower sheets/bed baths post shower documentation c. Administrator initiated a QA tool on 12, 2022 regarding ADL Care and show and bed baths to ensure: Resident are receiving shower and bed baths per the facility shower schedule Documentation following shower sheets/bed bath is completed uploaded into patient's chart D. Corrective Actions 1. The administrator or designee will continue to conduct audits for 6 weeks ensure that residents are receiving shower documentation is available on electron	BE COMPLETE DATE ger the ADL ling and July wers ers owers I and to wers to wers
	hemiplegia of the right intervention included to extensive assistance f needed. A quarterly MDS asses	e performance deficit nobility, weakness, and dominant side. An o provide supervision to		medical records and/or uploaded into resident chart. 2.The results of the audits completed o POC will be submitted to the Quality Assurance and Performance Improvem committee for review and follow up.	

ADHS LICENSING SERVICES (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: B. WING NCI-2643 06/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET SANDSTONE OF TUCSON REHAB CENTRE **TUCSON, AZ 85714** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) Y1077 Continued From page 2 Y1077 in part of the bathing process and required setup help with bathing. The resident scored a 0 on the BIMS indicating severe cognitive impairment. A review of the clinical record for April through June, 2022 included the following information regarding showers and/or bed baths: -0 showers/bed baths were completed for the weeks of: April 3 to 9, April 10 to 16, April 11 to 16, April 17 to 23, April 24 to 30, and May 15 to 21. -1 shower/bed bath was completed for the weeks of: May 1 to 7, May 9 to 14, and June 5 to 11. -Resident #140 was admitted to the facility on February 28, 2021 with diagnoses of dementia with behavioral disturbance and muscle weakness. This resident discharged on August 6, 2021. The resident's ADL care plan revealed the resident had a self-care performance deficit related to confusion and impaired cognition from dementia and Alzheimer's. An intervention included to monitor the resident for any changes in ability. A quarterly MDS assessment dated July 23, 2021 included that this resident required physical help in part of the bathing process and required 1 person physical assistance with bathing. The resident scored 0 on the BIMS indicating severe cognitive impairment. A review of the clinical record for June through July, 2021 included the following information regarding showers and/or bed baths: -0 showers/bed baths were completed for the weeks of: June 6 to 12, June 13 to 19, July 4 to

10, July 11 to 17, and July 18 to 24.

ADHS LICENSING SERVICES (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ С R WING NCI-2643 06/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET SANDSTONE OF TUCSON REHAB CENTRE **TUCSON, AZ 85714** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRFFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y1077 Continued From page 3 Y1077 -1 shower/bed bath was completed for the weeks of: June 27 to July 3 and July 25 to 31. An interview was conducted on June 23, 2022 at 2:36 PM with a Certified Nursing Assistant (CNA/staff #96) who said that each day she is assigned to complete a certain amount of showers. She said that showers are posted on the bulletin board and broken down by shift. Bed one is done on the day shift and evening does bed two. She said that if she cannot complete a shower, then normally she will tell the nurse and hopefully the next shift will be able to complete the shower. She said that there are very few days she cannot get to a shower. She said that showers are documented on a specific paper and that gets turned into the nurse every day. She said that showers are also documented in the clinical record. She said that the CNA's would not know that residents had a shower without shower sheets or computer documentation unless they asked the person that worked that day. An interview was conducted on June 23, 2022 at 1:55 PM with a Licensed Practical Nurse (LPN/staff #72) who said that she signs shower sheets after the CNAs have bathed the resident or if they refuse. She said that the nurses can go to the clinical record and look up the resident and it shows when the resident has had a shower/bed bath. She said that if she did not know if a resident had a shower then she would ask the CNA and get confirmation. An interview was conducted on June 23, 2022 at 12:46 PM with the interim Director of Nursing (DON/staff #30) who said that residents are offered bathing twice a week and additional bathing upon the resident's request. She said it did not meet her expectations that the residents

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING:		COMPLETED
		NCI-2643	B. WNG		C 06/24/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
SANDSTO	NE OF TUCSON REHAB	2900 EAS	ST MILBER STR	EET	
SANDSTO	NE OF TUCSON REHAB	TUCSON	, AZ, 85714		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
Y1077	missed shower and/o the facility has a show do showers, however, on the floor at times. An interview was cone 1:30 PM with the adm said that she does not bathing problem or a that there is a problem Review of the facility's February 2018, revea cleanliness, provide of to observe the condition The policy included to time a shower was pe of the individual(s) wh the shower. The policy resident refused the s the reason(s) why and	r bed baths. She said that wer aid who was assigned to they do get pulled to help ducted on June 24, 2022 at aninistrator (staff #26) who to the know if the facility has a documentation problem, but an a bathing policy, revised led a purpose to promote omfort to the residents, and on of the residents' skin. It is document the date and arformed as well as the title to assisted the resident with any included that if the shower, staff will document the date and the intervention taken. The lata should sign the form	Y1077	<u>Y2505</u>	
	R9-10-425.A.2. A pes implemented and doc This RULE is not met	umented:		A. Corrective actions: 1. No residents were found to be affected the alleged deficient practice. 2. Residents #6, #72, #34, #98, #62 had rooms cleaned at the time of survey, an were all deep cleaned following survey 3. Gap underneath double doors to load dock was fixed at time of survey. Vacar room 213 gap in wall was patched and was deep cleaned at time of survey.	d ing nt
	review of facility documents	mentation and policy, the ain an effective pest control e facility was free from			

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

· · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
71107 27111	o, domined men	BENTI OF THOM SERVE	A. BUILDING:			
		NCI-2643	B. WNG		C 06/24/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
SANDSTO	ONE OF TUCSON REHAB		MILBER STR	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
Y2505	Findings include: A review of pest contribution from an outside extern 2021 through June 16 2021 -October 13 - Includes -October 14 - Invoice 2022 -April 12 - Rodent baid -April 14 - Inspection of activity -May 12 - Inspection of activity -June 2 - Installed 10 -June 9 - Inspection of activity Review of the facility's 2021 through June 16 2021 -November 20 - Nights resident room 2022 -January 20 - Droppin -January 26 - Mice in -February 4 - Mice feel -March 1 - Mouse in ocaught in another resiliem -May 9 - Mice in one resiliem -May 26 - Mice caugh -April 11 - Mice droppin -May 27 - Mouse caugh	ol inspections and services minator from October 13, 2022 included: s rodent station install for 7 week rodent trapping stations some activity of rodent bait stations some of rodent bait stations some straps units frodent bait stations some straps units frodent bait stations some spectage from October 23, 2022 included: shift reported mouse in a gs in three resident rooms two resident room ne resident room, mouse dent room	Y2505	B. Identify other residents 1. No other 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. C. Measures 1. On June 23, 2022, Director of Maintenance in-serviced and implement staff on the following topics but not linto: a. Facility policies and procedures for cleaning resident rooms b. Requirements for compliance regard completion of cleaning logs c. Importance of utilizing the pest controlog d. Administrator or designee initiated a tool on June 23, 2022 regarding resident room cleanings to ensure: Resident rooms are cleaned appropriate per facility policy Cleaning logs are appropriately completed by housekeeping staff D. Corrective Action 1. The housekeeping director or designee will continue to conduct random audits to weeks to ensure that resident rooms are appropriately cleaned and that cleaning are completed by facility staff 2. The maintenance director or designee continue to conduct random audits for 6 weeks on door seals that lead to the outs: 3. The results of the audits completed on POC will be submitted to the Quality Assurance and Performance Improvement committee for review and follow up	int the nited ing ol QA t ly eed for 6 logs will ide this	

ADHS LICENSING SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B. WING NCI-2643 06/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET SANDSTONE OF TUCSON REHAB CENTRE **TUCSON, AZ 85714** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Y2505 Y2505 Continued From page 6 An interview was conducted on June 17, 2022 at 2:10 PM with a resident (#6) who said that he has seen mice in his room and that one was caught last night in a trap. He said that the mice are in the bathroom as well. An observation was conducted of resident #6's bathroom immediately after the interview. Behind the toilet brush and trash can, there were small, dark brown objects that had the appearance of rodent droppings. An interview was conducted on June 17, 2022 at 2:20 PM with a resident (#72) who said little mice were running around and that he had seen one two days ago. This resident's roommate (#34) said that there was a little rat and a couple of little tiny ones. An observation was conducted on June 17, 2022 at 2:24 PM in resident #98's room. The resident's bed was moved out and there were small, dark brown objects that had the appearance of rodent droppings against the wall where the head of the bed would be. The room also contained a metal rodent trap under the sink. An observation was conducted on June 17, 2022 at 3:00 PM of a vacant resident room (room 213) which had a hole approximately 5 inches by 10 inches in the corner of the bathroom in the wall near the sink. This room had multiple small, dark brown objects with the appearance of rodent feces behind the nightstand. An observation was conducted on June 20, 2022 of a gap under and between double doors to the

outside loading dock and waste disposal area.

ADHS LICENSING SERVICES (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING: C B. WING NCI-2643 06/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET SANDSTONE OF TUCSON REHAB CENTRE **TUCSON, AZ 85714** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Y2505 Y2505 Continued From page 7 An observation was conducted on June 21, 2022 at 7:23 AM of resident #98 and #62's room. On the floor there were small, dark brown objects that had the appearance of rodent feces at the corner of the dresser closest to the sink. An interview was conducted on June 21, 2022 at 10:55 AM with the director of maintenance (staff #8) who said that he started in this position in February 2022. He said that he renewed the contract with the pest control company that was being used. He said he used them because he wanted to fix the issue with the rodents. He said the company started putting traps in the building and if they see activity they keep using them. He said that they put weather stripping across the doors and that seems to have helped. He said that he does not know why the facility is still having trouble with mice. During an interview with a pest control staff (contract staff #34) on June 21, 2022 at 12:30 PM, he stated that the company has had a contract with the facility for the last 8 months to a year. He said that they have traps in place and bait stations. He said that the rodents were gone for months and that they have been back again for maybe 2-3 months. He said that he works with the director of maintenance who does follow the suggestions that he makes. He said that the rodents come from outside and that if they seal the areas, sometimes they get sealed inside. He said that they come inside looking for water and food and because it is comfortable. An interview was conducted at 8:08 AM on June 22, 2022 with the Director of Maintenance (Staff who acknowledged the gap in the door to the outside trash area and said it was about 0.5

ADHS LICENSING SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING NCI-2643 06/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET SANDSTONE OF TUCSON REHAB CENTRE **TUCSON, AZ 85714** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Y2505 Continued From page 8 Y2505 inches at the base of the door. He said there were more gaps at waist and chest high and that these were likely caused by delivery people hitting the door. He said there were bait stations outside the door. He said that he would fix the gaps in the door. An interview was conducted on June 24, 2022 at 1:32 PM with the administrator (staff #26) who said that the facility has spent a lot of money on this problem and that they are trying to fix it. She said that they do have a pest control program in place. The facility's pest control policy, dated November 1, 2021, revealed a purpose to prevent or control insects and rodents from spreading disease. This policy included that all building openings shall be tight fitting and free of breaks, and that the facility shall be kept in such condition and cleaning procedures used to prevent the harborage or feeding of insects and rodents.



Notice of Inspection Rights

Fac	cility/Agency Name: Sa	ndstone Of Tucson Rehab	Centre			
Address: 2900 East Milber Street				City: Tucson	Zip: 85714	
Fac	cility I.D.#: LTC0053	License #: NCI-2643	Medicar	e #: 035099	Date of Inspection: June 17, 2022	
	rvey Event ID: DOE01	1				
	pector/Team Coordinate					
Accompanied By:						
	voiiipuiivu 23.			***************************************		
	BUREAU OF LONG TERM CARE LICENSING					
Thi	s inspection is conducted u					
* ***						
1.	Arizona Revised Statutes (A.R.S.) Title 36, Chapters 1 and 4, and Arizona Administrative Code (A.A.C.), Title 9, Chapter 10. Some of the					
	activities during the inspection may include, but are not limited to, a facility premise inspection, review and/or copying of records, including					
	personnel records, interviews with residents/patients/clients, family and staff, and review of services offered.					
2.		The purpose of this inspection is to:				
		Determine compliance with health care institution requirements pursuant to the above A.R.S. and A.A.C.				
2		Conduct a complaint investigation. of fees are charged for this inspection.				
3. 4.						
4,	any confidential interview.					
5.	You have the right to rec	eive copies of any original do	cuments take	n by the inspector(s)	during the inspection in those cases where the	
agency has authority to take original documents.						
6,	You and your staff have the opportunity to provide any information that would clarify an issue. Additionally, interviews with staff, family or					
	residents/patients/clients may be conducted privately. Each person interviewed will be informed that statements made by the person may be					
	included in the inspection	n report and each person who:	se conversation	ons are tape or video	recorded will be informed that the conversation is	
	being tape or video recorded.					
7.	Upon completion of the inspection the inspector(s) will conduct an exit interview and informally disclose their findings. A Statement of					
	Deficiencies (SOD) formally notifying you of the findings will be provided within 30 working days. You will be afforded an opportunity to					
	submit a Plan of Correcti	submit a Plan of Correction (POC) unless the Department is considering enforcement against the license.				
8. You have an opportunity to dispute any findings of non-compliance through an Informal Dispute Resolution (IDR).					Dispute Resolution (IDR). Details of the IDR process	
٥	will be provided when the SOD is mailed to you. If you have questions regarding this inspection, you may contact: Diane Eckles, Bureau Chief, at 150 N. 18th Ave., Suite 440, Phoenix,					
9.	Arizona 85007-3242, Phone: (602) 364-2675, FAX: (602) 324-0993, E-Mail: Diane. Eckles@azdhs.gov. If you have an issue that you cannot					
	resolve with the Bureau or the Division, you may contact the Office of Ombudsman-Citizens' Aide, 7878 N. 16th St., Suite 235 Phoenix AZ					
	85020 (602) 277-7292.					
10. Your administrative hearing rights are found at A.R.S. § 41-1092 et seq., and rights relating to appeal of a final agency d					ing to appeal of a final agency decision can be found	
	in A.R.S. §12-901 et seq.					
			()	1 1 . 4 . 14 416 41	in directions that they are Anisona Department of Health	
Upo	on entry to the premises to	r this inspection, the inspecto	r(s) presente	a photo identification of Increation Right	n indicating that they are Arizona Department of Health s. I have read the disclosures and am notified of my	
iner	vices (ADris) elliployees	and reviewed with the the a	that while I b	or inspection regit have the right to decl	ine to sign this form, the ADHS representative(s) may	
	ceed with the inspection.	gins as histon. I understand	mat wille I i	are the right to deer	ine to bight time totally the 122-120 representative (e) initial	
pro	/	Well Wir-			6-17-2027	
Adı	ministrator/Director/Agenc	y Representative Signature		Date		
		, ,				
	☐ Administrator/Director/Agency Representative refused to sign this form.					
	☐ Administrator/Di	rector/Agency Representative	or authorized	d on-site representativ	ve is not present.	
	. A. A. 11	11		D-	to //	
Ins	pector/Team Coordinator S	agnature:		Da	6/17/2022	
	☑ Copy left with Adm	inistrator/Director/Agency Re	presentative		/ /	