

State
Public Records Documents
Only

Survey event #G5QZ

Facility: SANDSTONE OF TUCSON
REHAB CENTRE



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 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 #G5QZ12.

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,

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

Bernadette Keilman
LTC Customer Service Representative IV

\bk

Enclosure

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NCI-2643	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/04/2022
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NAME OF PROVIDER OR SUPPLIER SANDSTONE OF TUCSON REHAB CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET 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
{Y 000}	<p>Initial Comments</p> <p>An offsite follow-up survey was conducted on February 4, 2022. No deficiencies were cited.</p>	{Y 000}		

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

TITLE

(X6) DATE

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER NCI-2643	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 State surveyor to show those deficiencies previously reported 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 State Survey Report (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 Y2501	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # R9-10-425.A.1.a	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 <i>Matt Cruz</i>	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		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		



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, Arizona 85714

Dear Ms. Petkovic:

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

Enclosed is a statement of **STATE** deficiencies noted during the inspection of your facility on January 20, 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 February 3, 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.

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

Health and Wellness for all Arizonans

Sandstone Of Tucson Rehab Centre

January 24, 2022

Page 2

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

SUBJECT LINE: the name of your facility and POC

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, #440, Phoenix, Arizona 85007 at (602) 364-2690.

Sincerely,



Diane Eckles
Bureau Chief

DE:bk

Douglas A. Ducey | Governor Don Herrington | Interim Director

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Health and Wellness for all Arizonans

ADHS LICENSING SERVICES

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NAME OF PROVIDER OR SUPPLIER SANDSTONE OF TUCSON REHAB CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 2900 EAST MILBER STREET TUCSON, AZ 85714
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Y 000	Initial Comments The investigation of complaint AZ00179599 was conducted on January 20, 2022. The following deficiency was cited:	Y 000	Y000 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.	
Y2501	R9-10-425.A.1.a. Environmental Standards R9-10-425.A. An administrator shall ensure that: R9-10-425.A.1. A nursing care institution's premises and equipment are: R9-10-425.A.1.a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness and infection; and This RULE 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) as per facility policy. The deficient practice could result in additional resident rooms being maintained in an unsanitary manner. Findings include: 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. 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	Y2501	Y2501 <u>A. Corrective actions:</u> 1. Resident #5 room was cleaned at the time of survey 2. Resident #5 room was deep cleaned post survey 3. Resident was educated the importance of allowing staff to clean his room. <u>B. Identify other residents</u> 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.	1/20/22 1/21/22 2/3/22

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

TITLE

(X6) DATE

[Signature]

Administrator

2-3-22

ADHS LICENSING SERVICES

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Y2501	<p>Continued From page 1</p> <p>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 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</p>	Y2501	<p><u>C. Measures</u></p> <p>1. On February 2nd, 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 1st, 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><u>D. Corrective Actions</u></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>	2/2/22 2/1/22

ADHS LICENSING SERVICES

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Y2501	<p>Continued From page 2</p> <p>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 (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, bleaching 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</p>	Y2501		

ADHS LICENSING SERVICES

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Y2501

Continued From page 3
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.

Y2501



Notice of Inspection Rights

Facility/Agency Name: Sandstone Of Tucson Rehab Centre

Address: 2900 East Milber Street

City: Tucson

Zip: 85714

Facility I.D.#: LTC0053

License #: NCI-2643

Medicare #: 035099

Date of Inspection: January 20, 2022

Survey Event ID: G5QZ11

Inspector/Team Coordinator: Carey Sexton

Accompanied By:

BUREAU OF LONG TERM CARE LICENSING

This inspection is conducted under the authority of:

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.
 - Conduct a complaint investigation.
3. No fees are charged for this inspection.
4. An authorized representative of this facility may accompany the inspector(s) during the inspection conducted on these premises, except during any confidential interview.
5. You have the right to receive copies of any original documents taken 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 report and each person whose conversations 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 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). Details of the IDR process will be provided when the SOD is mailed to you.
9. If you have questions regarding this inspection, you may contact: Diane Eckles, Bureau Chief, at 150 N. 18th Ave., Suite 440, Phoenix, 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 decision can be found in A.R.S. §12-901 et seq.

Upon entry to the premises for this inspection, the inspector(s) presented photo identification indicating that they are Arizona Department of Health Services (ADHS) employees and reviewed with me the above Notice of Inspection Rights. I have read the disclosures and am notified of my inspection and due process rights as listed. I understand that while I have the right to decline to sign this form, the ADHS representative(s) may proceed with the inspection.

Administrator/Director/Agency Representative Signature

Date:

Administrator/Director/Agency Representative refused to sign this form.

Administrator/Director/Agency Representative or authorized on-site representative is not present.

Inspector/Team Coordinator Signature:

Date:

Copy left with Administrator/Director/Agency Representative