Printed: 03/17/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Phoenix Mountain Post Acute	13232 North Tatum Blvd Phoenix, AZ 85032

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 03/17/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035072	A. Building B. Wing	07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Phoenix Mountain Post Acute	13232 North Tatum Blvd Phoenix, AZ 85032

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observations, interviews, facility documentation and policy, the facility failed to ensure that one resident (#435) with an intellectual disability was properly groomed, and provided proper hygiene. The sample size was three residents. The deficient practice could result in the resident being ostracized and ridiculed at the facility, adversely impacting self esteem. Findings include:Resident # 435 was admitted to the facility on [DATE], with diagnoses that included unspecified intellectual disabilities, adjustment disorder with mixed anxiety and depressed mood, pyoderma gangrenosum (a rare, inflammatory skin disease where painful pustules or nodules become ulcers), and psoriasis vulgaris (a chronic inflammatory skin condition characterized by red raised patches, covered with silvery white scales).The Activities of Daily Living (ADL) care plan dated October 1, 2021, revealed that the resident required assistance with self-care and mobility. The care plan goal included the resident being clean and well-groomed. Resistance to Care was care-planned and initiated on January 31, 2024, with a goal of being open to feedback and coping mechanisms A progress note dated April 7, 2025, revealed the resident became upset with her about a shower, and for not allowing the resident to keep a urine-soaked blanket. The quarterly Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview Mental Status (BIMS) score of 15, indicating the resident is cognitively intact. The assessment also revealed the resident has had no adverse behavioral symptoms or rejection of care over the lookback period. The Interim Self-Care assessment revealed the resident was capable of performing activities of independent living independently (requiring no assistance from a helper). An investigation of an anonymous complaint submitted to the Bureau of Long-term Care on June 17, 2025, revealed the complainant's disapproval of the resident being allowed to walk around the facility and dining area with her briefs always soaked. A request for the past three months of the resident's shower sheets was made on July 11, 2025. Repetitive refusals of bad baths/ showers were revealed throughout April 2025 to July 2025. Shower sheets or other documentation supporting the resident having a bath from June 28, 2025 to July 11, 2025, were not provided to the compliance officer before exit. The clinical record does not support the IDT's attempt to re-evaluate the resident's ability to maintain proper bowel and bladder management on a quarterly basis. On July 11, 2025, at approximately 1:25 p.m., the compliance officer, along with the Assistant Director of Nursing (ADON/Staff #43) observed the resident walking down the hallway in a disheveled, ungroomed, and malodorous state. The resident stopped to engage in small talk with the ADON. Upon closer evaluation, a substantial amount of skin flaking was present on clothes and in hair. The resident's clothing had staining, and the resident's walker had a brown dried substance near the hand-grip area. Upon leaving the facility on July 11, 2025, at 3:40 p.m., the compliance officer, along with the Clinical Resource Staff (Staff # 40), observed the resident standing in the facility lobby. The resident state was unchanged from the previous observation.An interview was conducted with Resident # 412 on July 11, 2025, at approximately 1:13 p.m., who voiced familiarity with the resident and stated they let her Resident # 435 walk around all day smelling like piss and sh--, and do nothing about it. It's disgusting! The resident continued that the staff should think about how they would feel if someone allowed their loved one to be walking around like that!. An interview was conducted on July 11, 2025, at approximately 1:25 p.m., with the ADON (Staff # 43), who revealed that the resident is oftentimes resistant to care. The ADON further explained that they work hard to meet the resident's demand, and respect her rights as to when and how she wants things done. The ADON explained that the resident is very independent and refuses to let others assist. After seeing the brown dried matter on the walker, the ADON stated she would instruct staff to assist the resident in getting cleaned up immediately.During an exit conference conducted on July 11, 2024, at approximately 3:30 p.m. with the Director of Nursing (DON/Staff # 01), the DON revealed that the facility is aware that the resident has a long history of being resistant to care, and will continue to find ways to accommodate to help the resident meet care needs. The facility's Dignity and Respect policy, revised September 2024, revealed that residents will be appropriately dressed in clean clothes arranged comfortably on their persons and be well-groomed. The facility's ADL (Activities of Daily Living), Services to carry out policy, reviewed August 2024, dictate that qualified staff will provide necessary services to ensure residents maintain good nutrition, grooming, toileting, and personal oral hygiene. The facility's Bowel and Bladder Management policy, revised July 2013, directs the Interdisciplinary Team (IDT) to re-evaluate on at least a quarterly basis, upon a change of condition, and at other times as appropriate or indicated by the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Phoenix Mountain Post Acute	13232 North Tatum Blvd Phoenix, AZ 85032

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on interviews, facility documentation and policy, the facility failed to ensure patient care equipment was maintained according to manufactures recommendations and kept in safe operating condition. The deficient practice could result in a resident not receiving basic life support with an Automated External Defibrillator (AED). Findings Include: An observation was conducted with the Executive Director (Staff # 07) on May 28, 2025 at 12:00 p.m. of the facility's Core Crash Cart. The defibrillator is stored in the bottom drawer of the Core Crash Cart with a blinking green light. The crash cart daily checkoff list is located on top of the cart. According to an invoice dated December 20, 2021, the facility acquired the AED machine. According to the user manual, version DAC-A580-EN-DL, the Operator's Checklist should be used as a basis for routine maintenance. The manual includes specific maintenance tasks that are recommended to be performed on a regular basis to ensure machine readiness. The 2024 Facility Assessment revealed ways of ensuring an adequate supply of equipment revealed the facility can also rent specialized or additional equipment on any given day through a variety of local vendors. The Phoenix Mountain Nursing Center Emergency Cart Checklist from April 2024 through June 2024 failed to support the presence of an AED on the list, and that daily checks on the machine were being performed. Facility documentation provided by the Assistant Director of Nursing (Staff # 43), undated, revealed the AED showed signs of malfunction on May 11, 2025, and that a confirmation email was received on May 15, 2024 instructing the facility to remove the AED from use until a new battery was available. An email dated May 28, 2025 at 12:42 p.m. addressed to the ADON, revealed the replacement of the battery pack and instructions was originally sent on May 15, 2024 at 1:48 p.m. The facility documentation failed to support the daily equipment check of the AED machine. The facility documentation also failed to support the use of the manufacturers recommended way to document the functioning of the defibrillator. Review of a complaint filed with the Arizona Department of Health on May 13, 2024 revealed Emergency Medical Services (EMS) arrived to assist a resident in cardiac arrest. The rescue team reported concern that the facility's AED was not in operational order. An interview conducted on May 28, 2025 at 1:22 p.m. with the customer service representative for the manufacturer revealed the date of contact for the malfunctioning AED was on May 15, 2025, and after troubleshooting a replacement battery was decided as part of the solution. An interview was conducted with a representative from the local Emergency Medical Services department on May 29, 2025 at approximately 3:02 p.m. The representative revealed appreciation for the investigation into this matter, and felt inoperable lifesaving equipment at a healthcare facility is definitely of concern. A panel discussion was conducted on May 30, 2025 at 12:28 p.m., with the Director of Nursing (Staff #01) and the ED. Both parties revealed that in August of 2024, the AED was added to the crash cart log checklist. They also explained that in February 2025, service for the AED was added to the monthly maintenance checklist. Both parties revealed that an AED is not a requirement in the nursing home, however the panel acknowledged the facility is responsible for maintaining patient care equipment in working order. The panel also agreed that the AED was intended for resident emergency use. A second interview was conducted on May 30 at 1:22 p.m. with the manufacturer's customer service representative. The representative re- verified that the manufacturer was not contacted until May 15, 2024 at 10:00 a.m. The representative explained that during customer calls, a ticket is immediately opened and timestamped in their system. The facility's Cardiopulmonary Resuscitation policy, revised December 2023, revealed Basic Life Support includes early cardiopulmonary resuscitation, and rapid defibrillation with an automated external defibrillator, if available. A crash cart policy was requested on May 28, 2025, but notice was given on May 28 2025 at 13:48 that there was not a corresponding policy. However, the procedure is for the night staff nurses check daily.