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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035257 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/10/2025 |
| NAME OF PROVIDER OR SUPPLIER The Peaks Health & Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 3150 North Winding Brook Road Flagstaff, AZ 86001 | |

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

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (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

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, review of clinical record, and review of facility policy, the facility failed to ensure an allegation of abuse was reported to mandated entities within 2 hours for one resident (#5). The deficient practice could lead to an allegation of abuse not being investigated by all mandated entities timely, resulting in possible ongoing abuse to a resident.-Findings include:Resident #5 was admitted to the facility February 29, 2024, with diagnoses that included hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side, aphasia following unspecified cerebrovascular disease, bipolar disorder, dysarthria, and acquired absence of right leg above knee.An admission minimum data set (MDS) assessment dated [DATE], revealed Resident #5 had a brief interview for mental status (BIMS) score of 10, indicating moderate cognitive impairment. Section E revealed no potential indicators of psychosis and no behavioral symptoms were present.A care plan dated March 13, 2024, revealed Resident #5 is at risk for impaired cognitive function or impaired thought processes due to expressive aphasia following cerebrovascular accident.An additional care plan dated March 13, 2024, revealed the resident is at risk for communication problem due to expressive aphasia and dysarthria following cerebrovascular accident.There was no evidence of a care plan or interventions to address a potential behavior of the resident making abuse allegations.A facility self-report submitted to the State Agency on December 12, 2024, revealed that on December 12, 2024, Resident #5 alleged that a male (possibly plural males) have hit him on the back while he is using the toilet or in the shower. The resident is unspecific as to person, place, or time.A Clinical Note dated July 1, 2025, revealed Resident #5 had difficulty breathing and thick white sputum. The provider was contacted, and an order was given to send the resident to the emergency room.A Provider Note dated July 7, 2025, revealed Resident #5 was readmitted to the facility July 6, 2025. The resident was treated in the hospital for aspiration pneumonia. While in the hospital, the resident reported that he was being sexually abused. Per the documentation, the resident has reported a different history to different staff members. Sexually transmitted infection screening was negative. Social services was consulted for assistance with next steps, and additionally, the resident has not made this allegation to anyone at the facility. There was no evidence that the facility reported Resident #5's abuse allegation to mandated reporting sources including the police, the ombudsman, adult protective services, or the State Agency.A written statement by a Speech Language Pathologist (Staff #29) dated July 8, 2025, revealed regarding Resident #5's complaint of possible sexual abuse at the facility, recent documentation from the hospital reports the resident made it sound like it was staff versus two other providers, and he has said that a different resident attempted to sexually abuse him. Additionally, the statement revealed I have worked with the above patient in speech therapy for over a year and the resident has a history of a previous cerebrovascular accident (stroke) with resulting dysarthric speech characteristics, decreased speech intelligibility, expressive aphasia, and memory impairments. The resident has mentioned above issues various times during therapy sessions with significant inconsistencies in information. He has been observed to give differing information to different people/staff members regarding this topic.An additional written statement by the Social Services Director (Staff #30) dated July 8, 2025, revealed regarding the discussion with Resident #5 regarding rape allegation at the hospital, that Resident #5 stated he was raped at this facility by a white man in he hall maybe 5 months ago, he could not recall the exact conversation he had with hospital staff on July 2, 2025. He stated it has happened in the past unsure as to the date, time, or place. The resident was unable to describe anyone who may have participated other than a white male, and unsure if the white male was a resident or staff member. The resident denies physical injury.A formal request was submitted to the facility on July 10, 2025, at 12:03 PM, for a full facility investigation regarding Resident #5's allegation of abuse in July 2025, and to include any evidence of submission of mandated reporting to the State Agency.The facility administrator signed a statement dated July 10, 2025, that revealed Resident #5 made no complaint or allegation to the facility regarding any physical or sexual abuse. On July 2, 2025, the hospital called the facility Social Services Director and stated that Resident #5 complained that he was sexually abused at the facility, and that the hospital was reporting the incident to adult protective services. Upon the resident's return to the facility, the Social Services Director asked Resident #5 about the statement made to the staff at the hospital. Resident #5 stated that it was about 5 months ago. On December 12, 2024, Resident #5 reported physical abuse and then recanted his statement when the police arrived to question him An interview was conducted with a</p> | | |