Printed: 06/18/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035135	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2023	
NAME OF PROVIDER OR SUPPLIER  Montecito Post Acute Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 51 South 48th Street Mesa, AZ 85206		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0757	Ensure each resident's drug regimen must be free from unnecessary drugs.			
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48926			
Residents Affected - Few	Based on clinical record review, staff interviews and policy review, the facility failed to ensure one resident was free from unnecessary medication by failing to ensure there was a adequate indication for the use of antibiotic medication for one resident (#193). The deficient practice could result in residents receiving unnecessary antibiotics which could result in infectious microorganisms with increased drug resistance and/or superinfection.			
	Findings include:			
	Resident #193 was admitted on [DATE] with diagnoses of that included displaced fracture of the first cervical vertebra, repeated falls, and acute urinary tract infection without hematuria.			
	The IDT (interdisciplinary team) note dated December 27, 2021 included that the resident had a cystitis and was on Cefdinir (antibiotic) for 7 days.  The antibiotic therapy care plan dated December 28, 2021 included that the resident was on antibiotic therapy related to UTI (urinary tract infection) prophylaxis for 7 days. Intervention included to administer medication as ordered. It also included that antibiotics were non-selective and may result in the eradication of beneficial microorganisms and emergence of undesired ones, causing secondary infections such as oral thrush, colitis and vaginitis.			
	The nursing note dated January 4, 2022 included that the resident was s/p (status post) oral Cefdinir for UTI prophylaxis.			
	Review of the clinical record from January 5 through 14, 2022 revealed no documentation of any infection the resident had developed after the antibiotic therapy.			
	However, the physician order dated January 15, 2022 included for Ciprofloxacin HCl (antibiotic) 250 mg 1 tablet twice a day for 5 days for infection.			
	The antibiotic therapy care plan was revised on January 16, 2022 to include UTI prophylaxis was resolved in January 16, 2022.			
	The daily skilled note dated January 17, 2022 included that the resident was on oral cipro (antibiotic) for infection.			
	(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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 035135

If continuation sheet Page 1 of 4

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NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Montecito Post Acute Care and Rehabilitation		51 South 48th Street Mesa, AZ 85206		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0757  Level of Harm - Minimal harm or potential for actual harm	The Medication Administration Record (MAR) for January 2022 revealed ciprofloxacin was transcribed as Ciprofloxacin HCl tablet 250 mg give 1 tablet by mouth two times a day for infection for 5 days. The type of infection was not transcribed onto the MAR.			
Residents Affected - Few	Further review of the MAR included through January 20, 2022.	d that ciprofloxacin was documented as	s administered from January 15	
	Continued review of the clinical record revealed there were no documentation that the resident had signs/symptoms of any infections; or, documentation of the type of infection the resident was being treated for from January 15 through 20, 2022. There was no documentation of an indication for the use of Ciprofloxacin; and that, the physician was notified from January 15 through 20, 2022.  An interview was conducted on November 21, 2023 at 11:00 a.m. with licensed practical nurse (LPN/staff #368 who stated that if the electronic record includes an antibiotic order without an indication or type of infection indicated for its use, she would clarify the order with the resident's providers.  During an interview with the Director of Nursing (DON/staff #361) conducted on November 21, 2023 at 2:0 p.m., the DON stated that if the facility receives a new order for an antibiotic and the order does not specify the type of infection, the nurse was to call the ordering physician and obtain a diagnosis/indication for the antibiotic use.			
	In an interview with an infection preventionist (IP/staff #83) and the assistant DON (ADON/staff #28) conducted on November 21, 2023 at 2:43 p.m., the IP stated that her responsibilities included reviewing new antibiotic orders, resident signs and symptoms, and laboratory reports against McGeer's criteria and sensitivity reports. The IP said that McGeer's criteria were different for different types of infections; and that, if an antibiotic use did not meet the McGeer's criteria, she would contact one of the facility's two infectious disease specialists regarding a change or discontinuation of the antibiotic. The IP further stated that the consulting pharmacist also reviews antibiotic usage and recommends changes.			
	The facility policy on Unnecessary Drugs revealed that each resident's drug regimen must be free from unnecessary drugs; and that, an unnecessary drug is any drug when used without adequate indications for its use. The procedure stated that the potential contribution of the medication regimen to a newly emerging or worsening symptom is recognized and evaluated, and the regimen is modified when appropriate and to incorporate appropriate medication related goals and parameters for monitoring the resident's condition into the comprehensive care plan.			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035135	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2023	
NAME OF PROVIDER OR SUPPLIER  Montecito Post Acute Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 51 South 48th Street Mesa, AZ 85206		
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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some				

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
Evel of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	CNAs would get the shampoo from and document the treatment on the In an interview with a nurse (staff # the treatment nurse was responsible responsible for giving the shampoo stated that based on information protreatment was applied.  During an interview with the Director p.m., the DON stated that the treatment were performing bathing tasks. The on the resident's shower sheet. The treatment nurse for signature; and, the task. Further, the DON stated the	wember 20, 2023 at 2:34 p.m. with CN/ the treatment nurse, apply the shamper shower sheet which would be signed 147) conducted on November 21, 2023 te for dispensing the physician ordered to the CNA who would then apply it to ovided by the CNA, the nurse would do not of Nursing (DON/staff #361) conduct ment nurses would dispense the medic to DON said that the CNA would docume a DON said that the CNA would take the treatment nurse would then accurate the CNAs were not taking the sheet he showers did or did not involve applied to the conduction of	to to the resident during showers by the nurse.  B at 11:25 a.m., staff #147 stated shampoo; and was also the resident as ordered. Staff #147 boument in the clinical record the ed on November 21, 2023 at 12:45 sated shampoo to the CNAs who ent the application of the shampoo to shower sheet back to the ately document the completion of ts to the treatment nurses; and that,