ARIZONA DEPARTMENT OF HEALTH SERVICES
Division of Licensing Services – Residential Facilities Unit

On-Site Compliance Inspection Report

Statement of Findings

FACILITY NAME	LICENSE NUMBER	STATUS
Saguaro Gardens Assisted Living	AL09371H	Active
ADDRESS	**FACILITY TYPE**	**LICENSED CAPACITY**
4817 East Cactus Wren Road, Scottsdale, AZ 85254	Assisted Living Home	10 residents
MANAGER OF RECORD	**PHONE**	**CARE TYPES**
Patricia Moreno-Valdez	(480) 555-0192	Directed care · Personal care · Supervisory care

INSPECTION NUMBER	INSPECTION DATE	INSPECTION TYPE
INSP-0148837	March 6, 2025	Compliance (Annual)
COMPLIANCE OFFICER	**REPORT PRINTED**	**SOURCE**
T. Whitfield, AZDHS Licensing Surveyor	June 2026	AZCareCheck (sample)

INSPECTION SUMMARY

The following deficiencies were identified during the on-site annual compliance inspection conducted on March 6, 2025. Three resident records were sampled (R1, R2, R3).

DEFICIENCY 1 · A.A.C. R9-10-816(B)(3) — Medication Administration Log

The manager failed to ensure that medication administration records were completed at the time of administration for two of three sampled residents. The deficient practice posed a risk if staff were unable to determine whether a resident had received a scheduled medication.

FINDINGS

A review of R2's medication administration record revealed three entries during the week of February 17, 2025 where the administering staff member's initials and time of administration had not been recorded. A review of R3's record revealed two similar unsigned entries during the same period. In an interview, E2 acknowledged the entries had not been completed at the time of administration and reported the omissions were due to shift handoff timing. No evidence of medication errors was identified. The facility's own written medication policy requires staff to initial and timestamp each entry at the time of administration.

PLAN OF CORRECTION: Facility management retrained all caregiving staff on same-time documentation of medication administration and implemented a daily supervisor log audit. Corrective action verified complete prior to the January 22, 2026 annual inspection.

DEFICIENCY 2 · A.A.C. R9-10-814(A)(4) — Resident Service Plan Review Frequency

The manager failed to ensure that a resident's service plan was reviewed and updated at least every six months, for one of three sampled residents. The deficient practice posed a risk as services may not reflect the resident's current needs.

FINDINGS

R1's service plan was dated August 3, 2024. The inspection was conducted on March 6, 2025 — seven months after the last review. No updated service plan or documented interim review was found in R1's medical record. In an interview, E1 acknowledged the service plan had not been reviewed within the required six-month window and attributed the lapse to a staffing transition in October 2024.

> **PLAN OF CORRECTION:** Facility management assigned service plan review tracking to a designated staff member and added a recurring calendar reminder at the four-month mark for each resident. Corrective action verified complete prior to the January 22, 2026 annual inspection.

Both deficiencies cited above were resolved prior to the facility's January 22, 2026 annual inspection (INSP-0171204), which found no deficiencies. No civil penalty was assessed and no formal enforcement action was taken in connection with this inspection.

ACKNOWLEDGEMENT

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Compliance Officer Signature — Date

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Facility Manager Signature (Acknowledgement of Receipt) — Date