STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035189	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Canada Care Center	7970 North LA Canada Drive Tucson, AZ 85704

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and policy review, the facility failed to provide housekeeping services necessary to maintain a clean and homelike environment for residents in three of four resident rooms and hallways. This deficient practice can increase the risk of infection, and not provide the residents with a safe and clean environment. Findings Include:A complaint received on the online complaint portal system, dated January 2, 2026, revealed that the facility did not seem to have enough staff to keep the facility clean, and that the overall cleanliness of the facility is not good. Additionally, the complainant revealed that staff would not clean up the floor after her meal tray spilled. On March 3, 2026, at approximately 8:42 a.m., an observation of room [ROOM NUMBER] was conducted while both residents in Beds A and B were present. During the observation, trash and crumbs were noted on the floor. Multiple visible dark streaks were also observed in high-traffic areas of the flooring. During the observation, the resident in Bed A stated, It takes a lot to get the rooms cleaned around here. The resident in Bed B, stated that the floor and room has been dirty for quite a while. The resident further stated that cleaning staff do not clean the room on a daily basis, but stated he could not estimate how often they come. On March 3, 2026, at approximately 8:54 a.m., an observational tour of the 100 Hall was conducted with the Business Office Manager (Staff #72). During the tour, the manager identified rooms that did not meet the facility's cleanliness expectations and stated the three identified rooms had visible dirt and streaks on the floor (rooms [ROOM NUMBER]); two of the rooms had multiple pieces of trash on the floor (rooms [ROOM NUMBERS]); and one room had visible food crumbs on the floor along with multiple dark streaks and scuff marks in the flooring surface (room [ROOM NUMBER]).On March 3, 2026, at approximately 9:00 a.m., an observation of room [ROOM NUMBER] was conducted with a Certified Nursing Assistant (CNA/Staff #77). During the observation, small pieces of paper, and small loose debris, were noted on the floor along with a few discarded items near the trash can. The CNA stated that housekeeping typically cleans resident rooms daily; however, housekeeping had not yet arrived on the unit that morning, as the meal cart was still present in the hallway. The CNA also stated that the drink cart located in the 300-hallway had multiple areas of visible spillage on the red cooler, on both metallic drink dispenser surfaces, and on the cart surfaces. The CNA indicated that spills should be cleaned when they occur and stated that the cart was being returned to the kitchen to be properly cleaned.On March 3, 2026, at 9:10 a.m., during medication pass with a Registered Nurse (RN/Staff # 75), the nurse identified and stated that room [ROOM NUMBER], failed to meet facility standards due the buildup of streaked dirt, areas of dried spills on the floor, as well as trash on the floor. The RN stated that the room should have been kept clean, and that the current condition of the room was neither home-like nor appropriate for decreasing the risk for spreading infection. The RN stated that trash, messes and spills should be cleaned up immediately and not be allowed to accumulate. An interview was conducted on March 3, 2026, at approximately 3:00 p.m. with the Housekeeping Supervisor (Staff #8). The Housekeeping Supervisor stated that maintaining a clean and home-like environment includes ensuring floors are swept and mopped, trash is removed regularly, and bathroom fixtures such as mirrors, sinks, and toilets are cleaned. She (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035189	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Canada Care Center	7970 North LA Canada Drive Tucson, AZ 85704

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	explained that the goal of housekeeping services is to keep the environment organized and smelling clean in order to support a comfortable atmosphere for residents. The supervisor stated that housekeeping staff are instructed to clean under furniture and routinely clean and disinfect high-touch surfaces. She explained that these practices help create a peaceful and comfortable environment for residents. The supervisor stated that she conducts routine walkthroughs throughout the facility to monitor housekeeping performance and ensure resident rooms receive daily cleaning. During these rounds, she stated that areas needing deep cleaning are identified and rooms are checked to ensure they have the supplies and environmental conditions necessary to support a comfortable living environment. The Housekeeping Supervisor stated that housekeeping staff are assigned to specific halls and begin cleaning at the start of each hallway, addressing resident rooms, hallways, and common areas as they proceed. She stated that a floor technician operates the floor machine each morning to maintain hallway floors. The supervisor stated that she also performs morning rounds to observe environmental conditions and address concerns that are identified. The Housekeeping Supervisor stated that previously one housekeeper was assigned to cover two halls; however, she stated that due to an increase in census, staffing assignments are being reassessed so that each hall will have a dedicated housekeeper. The supervisor stated that the facility is in the process of hiring additional staff and reported that one candidate is pending background clearance. She also stated that the facility recently obtained a new washer and continues to implement system improvements to support environmental cleanliness. The supervisor revealed that housekeeping staff are regularly scheduled from 8:00 a.m. to 4:45 p.m., including the supervisor, floor technician, and housekeeping staff assigned to each hall. She explained that while housekeeping staff perform routine cleaning during scheduled hours, all facility staff share responsibility for maintaining a clean environment by reporting spills or debris so they can be addressed promptly. The Housekeeping Supervisor stated that maintaining a clean and homelike environment is the responsibility of all staff within the facility. She stated that spills are expected to be cleaned immediately once identified or reported in order to prevent accidents and maintain a safe environment. The supervisor stated that spills or debris must be reported to housekeeping staff as soon as they occur because if housekeeping is not notified they may not be aware of the issue. She stated that staff typically communicate spills through radio communication so housekeeping staff can respond quickly. The supervisor also stated that maintaining clean floors and surfaces helps prevent illness and infection and reduces the spread of contamination within the facility. The Housekeeping Supervisor stated that the Director of Nursing informed her, of concerns identified with the surveyor during the survey. The supervisor stated that after being notified of the concerns, she personally responded to address the identified issues. The supervisor stated she was instructed to bring room [ROOM NUMBER], up to facility standards, which included cleaning the feces off the toilet. The supervisor revealed that she was also told to address the tube-feeding residue that accumulated on the floor mat in room [ROOM NUMBER]. Following these incidents, the supervisor stated that she spoke with housekeeping staff and reinforced expectations that bathrooms, floors, and other high-use areas must be carefully checked during routine cleaning and that spills, residue, or debris must be addressed promptly. She stated that some resident rooms require closer monitoring because certain residents may have difficulty maintaining cleanliness within their rooms. The Housekeeping Supervisor stated that the findings reported to her by the Director of Nursing on March 3, 2026 did not meet the facility's expectations for environmental cleanliness. She stated that the department is addressing these concerns by hiring additional housekeeping staff, adjusting hall assignments to ensure adequate coverage, and utilizing the new washer to improve cleaning processes. The supervisor stated that the department will continue monitoring the environment and refining processes to ensure the facility consistently maintains a clean, safe, and comfortable environment for residents.An interview was conducted on March 5, 2026, at approximately 9:48 a.m. with the Assistant Director of Nursing (ADON/Staff #83). The ADON stated that maintaining cleanliness and hygiene is an important professional standard within the facility. The (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035189	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Canada Care Center	7970 North LA Canada Drive Tucson, AZ 85704

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	ADON further stated that cleanliness is important for residents who are healing, especially those who may be immunocompromised. In addition, the ADON continued to state that a clean, sanitary, and hygienic environment was imperative to both physical health and mental well-being. The ADON also revealed that an unclean environment could potentially contribute to declines in health and negatively impact residents' comfort. The ADON also stated that spills should be cleaned immediately to prevent slip hazards and that overall presentation of the environment should prioritize resident safety. The ADON indicated that situations involving cleanliness concerns provide opportunities for staff education and reinforcement of facility expectations.A follow-up clarification interview was conducted on March 5, 2026, at approximately 10:50 a.m. with the resident in Bed B of room [ROOM NUMBER] to obtain additional clarification regarding his prior statement. During the interview, the resident stated that he was not joking when the Director of Nursing (DON) and the surveyor were previously in the room. The resident reported that even though his roommate has dementia; neither one of them were joking when the DON and the surveyor was present in the room earlier about the need for housekeeping improvement, and that their room is not cleaned on a daily basis. The facility's Infection Control Program policy, with the reviewed date of August 2025, revealed the goal of the infection control program, it to identify and correct problems relating to infection control practices. The facility's Homelike Environment policy, with the reviewed date of May 2022, revealed that it is the policy of the facility to provide a home like environment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035189	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Canada Care Center	7970 North LA Canada Drive Tucson, AZ 85704

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and facility policy, the facility failed to protect the rights of one of 13 sampled resident's (#600) to be free from abuse by another resident (#525). The deficient practice could result in residents being abused by other residents or staff.Findings include:A facility 5-day incident report, dated April 17, 2023, revealed that on April 9, 2023 at 10:55 p.m. Resident #525 was overheard by a Licensed Practical Nurse (LPN/staff #64) and a Certified Nursing Assistant (CNA/staff #801), using obscenities including the racial profanity nigger towards Resident #600. The facility report included that the abuse was substantiated, resulting in no injury.-Resident #525 (alleged perpetrator):Resident #525 was originally admitted on [DATE] with diagnoses that included malnutrition, hemorrhagic telangiectasia, anxiety disorder, blindness in one eye, and insufficient sleep syndrome. A Medicare 5-day Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview of Mental Status (BIMS) score of 15, which indicated normal cognition. The assessment also revealed that no behaviors physical or verbal directed toward others had occurred in 1-6 days during the assessment.A Daily Skilled progress note dated April 9, 2023 revealed that the resident was alert and oriented x 3, with no active symptoms or treatments effecting mood or behavior. However, the note included that Resident #525 yelled obscenities at the roommate (Resident #600), was redirected, and proceeded to call the roommate a nigger.-Resident #600 (alleged victim): Resident #600 was admitted on [DATE] with diagnoses that included hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, asthma, and depression.A quarterly MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated normal cognition.Review of progress notes revealed no evidence regarding the altercation that occurred on April 9, 2023.An interview was conducted on March 4, 2026 at 2:44 pm with an LPN (staff #64), who witnessed the incident that occurred on April 9, 2023. She stated that verbal abuse included yelling, cursing and racial/prejudice remarks. She further stated that the incident included a racial slur toward Resident #600 by Resident #525, who was prejudice.An interview was conducted on March 5, 2026 at 12:30 pm with the Assistant Director of Nursing (ADON/staff #83), who stated that verbal abuse included yelling, profanities, and racial slurs. She further stated that when verbal abuse occurs the residents are separate and the incident is reported to the Abuse Coordinator. The ADON stated that this incident occurred prior to her employment at the facility.An interview was conducted with the Executive Director (ED)/Abuse Coordinator (staff #19), who stated that he expected abuse allegations to be reported immediately. He further stated that verbal abuse included name calling and racial slurs that could cause distress to residents if the person receiving takes offense. The ED/Abuse Coordinator reviewed the facility 5-day report and stated that Resident #525 used colorful language toward Resident #600 that included racial verbiage. The ED/Abuse Coordinator stated that Resident #525 was moved into another room the next day, and there were no reports of any more incidents. The ED/Abuse Coordinator also stated both residents declined to be interviewed, and neither wanted to talk about the incident. The ED/Abuse Coordinator also stated that the facility investigation substantiated the verbal abuse.A policy titled, Abuse: Prevention of and Prohibition Against, revised/reviewed October 2025, revealed that it is the policy of the facility that each resident has the right to be free from abuse. Nursing home residents have a right to be free from verbal, sexual, physical and mental abuse. The policy included that willful abuse means the individual must have acted deliberately. Verbal abuse includes the use of oral or gestured language that willfully includes disparaging and derogatory terms to residents, or within their hearing distance, regardless of age, ability to comprehend, or disability.A policy titled, Resident Rights, revealed that the resident has the right to be free from verbal abuse.