

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2025
NAME OF PROVIDER OR SUPPLIER Rehab at Scottsdale Village Square		STREET ADDRESS, CITY, STATE, ZIP CODE 2620 North 68th Street Scottsdale, AZ 85257	

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, review of records, and review of facility policy and procedure, the facility failed to ensure a resident (#87) was not abused by another resident (#91). The deficient practice could lead to physical and psychosocial harm to residents.</p> <p>Findings Include:</p> <p>Regarding resident #87:</p> <p>Resident #87 was admitted to the facility on [DATE] with diagnoses including: Alzheimer's disease, dementia, personality change due to known physiological condition, chronic ischemic heart disease, heart failure, hypertension, major depressive disorder, and anxiety disorder.</p> <p>A quarterly minimum data set (MDS) assessment dated [DATE] revealed the resident had a brief interview for mental status (BIMS) score of 08, indicating moderate cognitive impairment.</p> <p>A nursing progress note dated June 18, 2025 at 2:49 p.m. revealed that resident #87 ate resident #91 ' s cookie and resident swung at resident #87and hit him on the left ear. Residents were separated and no pain was reported by resident #87 and no physical injuries were noted to the residents.</p> <p>Regarding resident #91:</p> <p>Resident #91 was admitted to the facility on [DATE] with diagnoses including: Parkinson ' s disease, neurocognitive disorder with Lewy bodies, dementia, personal history of traumatic brain injury, and major depressive disorder.</p> <p>A quarterly minimum data set (MDS) assessment dated [DATE] revealed the resident had a brief interview for mental status (BIMS) score of 3, indicating severe cognitive impairment.</p> <p>A nursing progress note dated June 18, 2025 at 1:37 p.m. stated that after resident #87 ate resident #91 ' s cookie, resident #91 started to stand and swing at the other resident, hitting him on the left ear. Resident #91 kept trying to swing at resident #87 and staff stood in between them and separated them to prevent any other harm.</p> <p>A physician progress note at 6:26 p.m. June 18, 2025 stated that resident #91 was to be placed on one-on-one supervision by staff and his medications were to be reviewed.</p> <p>(continued on next page)</p>

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with Licensed Practical Nurse (LPN/staff #43) on June 20, 2025 at 11:45 a.m. revealed that on June 18, 2025, LPN #43 was at the nurse ' s station overlooking the residents as they were finishing lunch. She heard verbal commotion and immediately went to assist. LPN #43 stated she heard resident #91 yelling and swearing at resident #87. She intervened with assistance from other staff and attempted to physically restrain resident #91, but resident #91 did make contact with resident #87 ' s ear. LPN #43 stated that redirection will usually work to diffuse conflicts between residents but in this case, resident #87 did suffer verbal and physical abuse.</p> <p>An interview with the director of nursing (DON/staff #65) at 12:28 p.m. revealed that physical abuse would be classified as any unwanted contact between two individuals. He further stated that speaking to another person in a manner that is unacceptable would constitute verbal abuse.</p> <p>Review of a policy revised in September of 2022 titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, revealed a definition of abuse being the willful infliction of injury with resulting physical harm, pain or mental anguish. The policy further revealed a definition for willful being that an individual acted deliberately.</p> <p>Review of a policy revised in April of 2021 titled, Abuse, Neglect, Exploitation or Misappropriation - Prevention Program, revealed that residents have a right to be free from abuse, and the facility was committed to ensuring residents were protected from abuse by anyone, including other residents.</p> <p>Review of a policy revised in February of 2021 titled, Resident Rights, revealed that residents have the right to be free from abuse.</p>		