

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 01/20/2026
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 - Some</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 clinical record reviews, staff and resident interviews, and policy, the facility failed to protect the rights of 3 of 3 residents (#1, #2, #3) to be free from physical abuse by other residents and family members. The deficient practice could result in further abuse. Regarding a resident-to-resident altercation that involved Resident #1 and Resident #2. -Regarding Resident #1 Resident #1 was initially admitted to the facility on [DATE], and re-admitted on [DATE], with diagnoses of dementia, major depressive disorder, anxiety disorder, epilepsy, and bipolar disorder. The care plan dated November 06, 2025, had a focused care area for Resident #1, having a behavior problem related to taking things and flushing them down the toilet. Interventions included administering medication as ordered, monitoring/documenting for side effects and effectiveness, anticipating and meeting the resident's needs, and, if reasonable discuss the resident's behavior. explain/reinforce why the behavior is inappropriate and/or unacceptable to the resident, and intervene as necessary to protect the rights and safety of others. Approach/speak in calm manner. Divert attention. Remove from the situation and take to an alternate location as needed. A Significant Change MDS (Minimum Data Set) assessment dated [DATE], revealed Resident #1 had a BIMS (Brief Interview for Mental Status) score of 07, which indicated severe cognitive impairment. A behavior note dated December 24, 2025, at 3:09 PM revealed that the nurse observed Resident #1 being hit by another resident in the dining room. The nurse ran over to the residents to separate the two men. A skin assessment was performed, no noted injuries were observed at the time. A change in condition evaluation dated December 24, 2025, revealed Resident #1 had an injury on the left side of the forehead. The care plan dated December 24, 2025, had a focused care area for Resident #1, having a psychosocial well-being problem related to a resident-to-resident altercation. Interventions included:72 HRS observation, Consult with: Pastoral care, social services, psych services, Other: monitor/document resident's usual response to problems: Internal - how individual makes own changes, external - expects others to control problems or leaves to fate, or luck, and when conflict arises, remove residents to a calm, safe environment and allow them to vent/share feelings-Regarding Resident #2 Resident #2 was admitted to the facility on [DATE], with diagnoses of Alzheimer's disease, post-traumatic stress disorder, anxiety disorder, major depressive disorder, mood disorder, and dementia. A quarterly MDS (Minimum Data Set) assessment dated [DATE], revealed Resident #2 had a BIMS (Brief Interview for Mental Status) score of 05, which indicated severe cognitive impairment. An incident note dated December 24, 2025, at 03:01 PM revealed a resident to resident altercation with physical aggression. Resident #2 was observed leaning over Resident #1, hitting him repeatedly. The writer observed Resident #2 after the incident; he was alert, upset, and shaky, stating, someone was trying to get into his backside. Resident #2 has discoloration to the right knuckle of the 2nd finger and a right knuckle hematoma between the 3rd finger hematoma. Administrator and DON (Director of Nursing) notified. The medical doctor was notified. Left voicemail</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 035217
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Exploitation and Misappropriation Prevention Program was revised April 2021 revealed that Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms.</p>		