

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>035273                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                         | (X3) DATE SURVEY<br>COMPLETED<br><br>06/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Splendido at Rancho Vistoso                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>13500 North Rancho Vistoso Blvd<br>Tucson, AZ 85755 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                 |
| F 0600<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, staff and resident interviews, and facility policy, the facility failed to protect the rights for one Resident (#6) out of the four sampled residents to be free from physical abuse by another resident (#10). The deficient practice could result in other residents being abused. Finding include--Regarding Resident #6Resident #6 was admitted to the facility on [DATE], with diagnoses that included depression with psychotic symptoms, anxiety, and insomnia.A quarterly MDS (minimum data set) assessment dated [DATE], revealed a BIMS (brief interview for mental status) score of 15, which indicated intact cognition. The mood assessment revealed that the resident felt down, depressed, or hopeless in 2 -6 days of the assessment.A behavior progress note dated May 27, 2026, revealed that the Resident was involved in a resident to resident altercation involving slapping the arm of another resident. The note indicated no injuries were noted and that the resident admitted she had no intent to harm another resident (#10).A facility incident report dated May 27, 2026, revealed that an interview was conducted with Resident #6, who stated that During an activity, Resident #10 announced to the group for whom the Resident #6 had voted. The note indicated Resident #6 objected to Resident #10 statement, and swatted on Resident #10 arm. The note indicated that residents exchanged 2-3 swats and the activity aide redirected both residents to their rooms. The note revealed no injury, redness, edema or discoloration to Resident #6's arm.A care plan initiated on May 28, 2026, revealed a focus area on verbal and physical aggression related to change in routine, loss of control, unfamiliar environment, unpredictable situations, and without provocation. The interventions included allow resident time to respond to directions or requests, be cognizant of not invading resident's personal space, do not argue or condemn resident, and if aggressive, not respecting others boundaries, try and remove from recreational program if redirection does not work then provide individualized program.An interview was conducted on June 9, 2026, at 9:34 a.m. with Resident #6, who stated that a few weeks ago while at an activity, Resident #10 was sitting next to Resident #6 and they got into fight regarding politics and then both residents pushed each other. Resident #6 further stated that a nurse intervened, separated, and educated Resident #6 and #10 not to discuss about politics or religion in public. Resident #6 further stated that the incident shocked her and in future, she would not never discuss politics in public.Regarding Resident #10Resident #10 was re-admitted to the facility on [DATE], with diagnoses that included hypertension, depression, and insomnia.An annual MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated intact cognition. The assessment revealed that no behaviors were exhibited during the assessment period.A behavior progress note dated May 27, 2026, revealed that Resident #10 was involved in a resident to resident altercation involving slapping the arm of another resident. The note indicated that no injuries were observed and that the resident admitted that she had no intent to harm the other resident (#6).Further review of the facility incident report dated May 27, 2026, revealed that an interview with Resident #10, who stated that she was talking to another resident about Resident #6 regarding whom she had voted. The note indicated that Resident #6 overheard the conversation and became upset, and started yelling and swatted Resident #10 on the forearm. The report indicated that (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Building<br>B. Wing                                         | (X3) DATE SURVEY<br>COMPLETED<br><br>06/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Splendido at Rancho Vistoso                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <p>F 0600</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Resident #10 swatted Resident #6 back and then both residents started swatting each other approximately 3 times, then the activity aide intervened and redirected both residents to their rooms. The note indicated no injury, redness, edema or discoloration were observed on Resident #10's arm. A care plan initiated on May 28, 2026, revealed a focus area on verbal and physical aggression related to: change in routine, inability to perform task (specify actions), loss of control, sensory overload (specify actions), unfamiliar environment, unpredictable situations and without provocation. The interventions included allow resident time to respond to directions or requests, be cognizant of not invading resident's personal space and ensuring she isn't invading others, discuss resident's options for appropriate channeling of anger with resident, and If aggressive, not respecting others boundaries, try and remove from recreational program if redirection does not work and provide individualized program. An interview was conducted on June 9, 2026, at 9:24 a.m. with Resident #10, who stated that Resident #6 flare-up easily and she has to be careful about it. Resident #10 stated that few weeks ago in dining room, she was talking about politics to other resident which Resident #6 did not agreed and hit her in arms and then she also responded by hitting her back. Resident #10 further stated that Program Coordinator (staff #34) intervene and redirected both of them to their rooms. An interview was conducted on June 6, 2026, at 9:48 a.m., with a Program Coordinator (staff #34), who stated that abuse included verbal, physical, and financial. The Program Coordinator stated that she was assisting a group activity and Resident #6 and #10 were in activity room having a group discussion, she heard both residents were slapping each other. The Program Coordinator also stated that both residents were immediately separated, redirected to their rooms and skin assessments were performed with no injuries observed. The Program Coordinator further stated that she would consider the altercation between Resident #6 and #10 as one person evoked another person and the incident was unintentional and unplanned. An interview was conducted on June 6, 2026, at 11:09 a.m., with a Social Service Coordinator (staff #121) who stated that abuse included verbal, physical, and financial. The Social Service stated that the facility process for a resident-to-resident altercation included separating both residents, notifying the abuse coordinator immediately, and assessing both residents for injuries. The Social Service stated that she recalled the incident between Resident #6 and Resident #10 which happened last week of May, 2026, in the activity room and it was reported to her by Program Coordinator (staff #34). The Social Service Coordinator stated that Resident #10 was talking about politics in the activity room and announced to the group regarding whom Resident #6 had voted. Per Social Services Coordinator, Resident #6 overheard Resident #10 and they started slapping each other on the arms. The Social Service Coordinator stated that the Program Coordinator (staff #34) intervene and separated both residents, then notified the Director of Nursing (DON) and the Social Services Coordinator. The Social Service Coordinator and DON interviewed both residents and assessed for any injuries. The Social Service Coordinator further stated that she would consider the altercation between Resident #6 and #10 as physical abuse as they were slapping each other and disrespecting other resident's right but there was no injury or harm to either residents. An interview was conducted on June 6, 2026, at 1:30 p.m., with the Administrator (staff #112) and the Assistant Director of Nursing (ADON, #123). The Administrator stated that the incident between Resident #6 and #10 occurred either on Wednesday or Thursday, and was reported to her by the Program Coordinator (staff #34). The Administrator stated that the Program Coordinator heard the commotion while she was running an activity. The Administrator stated that Resident #10 was talking to another resident regarding whom Resident #6 had voted, Resident #6 became upset and offensive and smacked Resident #10's on the arms and then both residents started smacking each other arms. The Administrator then stated that the residents were separated, and assessed for injuries. The ADON stated that both residents were educated on discussing about politics in public or touching each other physically were not appropriate. The Administrator stated that she would not considered the incident as abuse because it was unintentional and both residents are safe and embraced about the situation. Review of the facility policy titled, Resident Rights, revised on dated April, 2025, revealed (continued on next page)</p> |                                                                                                  |                                                 |

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| F 0600<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | that the resident is not subjected to abuse, neglect, and exploitation. Review of the facility policy<br>titled, Abuse Policy, reviewed on December 2025, revealed that facilities strive to prevent the abuse<br>of all their residents. |                                                                                                  |                                                 |