

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035273	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/28/2025
NAME OF PROVIDER OR SUPPLIER  Splendido at Rancho Vistoso		STREET ADDRESS, CITY, STATE, ZIP CODE  13500 North Rancho Vistoso Blvd 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, staff interviews, observations, and policy review, the facility failed to ensure that medications were not left unattended on a bedside table for one of 44 sampled residents(#142).The deficient practice could result in medications not being administered as ordered or another resident/person consuming the medication.</p> <p>Findings include:</p> <p>Resident (#142) was admitted on [DATE] with diagnoses that included acute respiratory failure with hypoxia, paroxysmal atrial fibrillation, type 2 diabetes mellitus and hypertension.</p> <p>An admission Minimum Data Set ( MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 13, which indicated intact cognition.</p> <p>A care plan initiated on March 18, 2025 revealed no evidence of a focus or interventions regarding self-administration of medications.</p> <p>A physician order dated March 18, 2025, revealed the following:</p> <p>-Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT-two puff inhale orally every 4 hours as needed for wheezing</p> <p>-Brimonidine Tartrate Ophthalmic Solution 0.2 % (Brimonidine Tartrate)-Instill 1 drop in both eyes three times a day for glaucoma.</p> <p>Review of clinical records dated March 18, 2025 revealed no evidence of a medication self-administration assessment.</p> <p>During a screening observation of resident #142 conducted on March 25, 2025 at 2:29 p.m., an Albuterol Sulfate Inhaler, Alphagan (Brimoidine Tartrate ophthalmic solution 0.1 %) and a systane ultra PF(preservative free )small sample- were observed on top of the resident ' s bedside table.The resident stated she liked her inhaler right next to her just in case she felt the need for it. She stated that none of the staff commented about the medications being on her bedside table.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on March 27, 2025 at 10:21 AM with the Director Of Nursing ( DON/ Staff # 80) , who stated if a resident has self-administration medications they would need to be secured in a locked container or locked drawer. The DON stated it is not acceptable to have medication at bedside because of risk of resident administering medication incorrectly or another resident can go into the room and have access to medication. The DON further stated there is not a physician order for self-administration assessment. He stated that staff have been trained and educated on to remove medications at bedside and to verify with providers.</p> <p>Review of a facility policy titled, Medication/Treatment Management dated April, 2004 revealed that Self-administration of medications/treatments is permitted only upon the written order of the primary healthcare provider.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observations and staff interviews, the facility failed to ensure that there were no expired over the counter medications, nutritional supplements and syringes readily available for resident use, the sample size is 38 residents. The deficient practice could result in an increased risk for side effects.</p> <p>Findings include:</p> <p>On March 26, 2025 at 7:51 A.M. an observation of a medication preparation was conducted for Resident # 287 by staff Registered Nurse (RN / staff #122). Aspirin 81 oral tablet delayed release 81 mg was prepared for the resident, the medication was found to have an expiration date of August 2023. The expiration date was brought to the attention of RN / staff #122, who immediately disposed of the medication. The medication was not given to resident #287. A new bottle was retrieved from the medication supply room. Medication was prepared and dispensed without incident for the involved resident.</p> <p>Following the observation conducted on March 26, 2025 at 7:51 A.M., an interview was conducted with RN / staff #122, who stated that the medication was provided by the resident (Resident #287).</p> <p>An observation of the medication store rooms conducted on March 27, 2025 at 8:49 A.M. with Registered Nurse, Assistant Director of Nursing (ADON /staff #45) who has been employed for two and a half years, the Central Supply Coordinator and Staffing Coordinator (CS/ staff # 125), joined the review once it was in progress. The medication room, located behind Nurse ' s station # G714, revealed 1 individual serving size container of Boost nutritional supplement, with the expiration date of September 3, 2024, and 1 individual serving size of Activia yogurt expired March 26, 2025, both items were disposed of in the trash can in the medication room. Additionally, the hand sanitizer located in the medication room had expired in January 2025. Housekeeping services were immediately advised and the hand sanitizer was replaced. Covid tests discovered on the counter, past expiration date. Abated by CS/ staff #125, who provided documentation of extension dates for the test kits.</p> <p>An observation of the long term care medication room conducted on March 27, 2025 at 9:40 A.M. accompanied by CS / staff #125 revealed expired syringes. The expired syringes were: 11 insulin syringes, expired October 2024; 20 Tuberculin syringes, expired July 2024; and 1- 10 ml syringe, expired October 2023. CS / staff #125 collected the expired items for disposal.</p> <p>Secondary to the discovery of expired items in the medication rooms,the decision was made to revisit each of the medication carts for Over the Counter (OTC) medication review.</p> <p>A review of the over the counter medications was conducted on March 27, 2025 at 11:28 A.M. All over the counter medications dates were reviewed on cart #1 with Staff RN (RN / staff # 50), there were no observed concerns. 4 loose tablets were discovered in the OTC drawer, RN / staff #250 was unsure what the tablets were, the RN collected the loose tablets and dropped them into the trash.</p> <p>Following an observation conducted on March 25, 2025 at 11:40 A.M. with RN / staff #250, the RN was questioned regarding the process for disposal of medication. The RN would normally dispose of the medications in the pill dissolver, but just tossed them in the trash at this time.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The RN reports that central supply is usually responsible for ordering the OTC medication and supplies. The nursing staff is responsible for monitoring quantities of the prescribed medications that are on hand for the medication cart.</p> <p>The ADON and the MDS person do the audits of the medication carts, if there are any findings, they would be reported back to the nursing staff for educational purposes. The RN reviewed her process for giving medications, the RN stated she sanitizes her hands or wears gloves, she checks the orders, then she retrieves the medications, pours them and then gives the medication to the resident. Once the resident takes the medication, she then documents in the Medication Administration Record (MAR). When preparing the medication for the resident, the RN 's process is to review the 5 rights of medications and looks at the expiration dates. The RN would not give an expired medication if it were discovered, but if a resident was given an expired medication, the nurse would monitor for allergic reaction.</p> <p>A review of the OTC medications was conducted on March 27, 2025 at 12:46 P.M. all OTC expiration dates were reviewed on medication cart #3 with LPN/ staff # 59. The findings include an expired bottle of Tums, documented opened date of bottle was October 1, 2023 and the expiration in February 2025. Additionally, two bottles of prescription medications for resident #14 (Levo thyroxine and Hydrolazine) were located in the OTC drawer. The prescriptions were greater than one year old, but with no expiration date on the bottle. The LPN stated that she would check with the resident for permission to destroy or dispose of the medications, they are considered back up medications that the resident had from home. There are fresh medications packaged in blister packs in the medication cart from the pharmacy. The LPN was interviewed regarding the process for destroying medication, LPN stated there is a destruction jug for prescription medications but is unsure about OTC medications. The LPN stated that she would investigate and advise the surveyor of the policy.</p> <p>The LPN reported back that prescription medications are placed in the destruction jug and the OTC medication can be thrown in the trash.</p> <p>A review of the OTC medications was conducted on March 27, 2025 at 1:40 P.M. all OTC expiration dates were reviewed on the middle medication cart #2 with LPN/ staff # 58. No expired OTC medications were discovered in the middle medication Cart # 2.</p> <p>A review of the OTC medications was conducted on March 27, 2025 at 2:10 P.M. all OTC expiration dates were reviewed on the middle long term care medication cart with LPN/ staff # 58. Two expired tuberculin syringes were discovered in the long term care medication cart, with an expiration date of July 2024. No expired OTC medications were found.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Following the discovery made on March 27, 2025 at 2:10 P.M., an interview was conducted with LPN / staff #58 on March 27, 2025 at 2:20 P.M., the LPN stated that she reviews the medication carts on Sunday ' s, when it is usually a little quieter. When expired OTC medications are located, CS #125 is advised. She reports that expired prescription medications are returned to the pharmacy, but OTC medications are destroyed using the drug buster. Regarding the middle medication cart, LPN / staff #58 voiced surprise, she was confident that there were no expired items on the medication cart. LPN indicated that Tb testing supplies are not usually housed on the medication cart, therefore staff would not be looking for it. The LPN asserted that if expired medications were given to a resident, the medication would not be as effective, the provider would need to be advised and the resident would need to be monitored for side effects. The LPN reported that CS/staff #125 is responsible for ordering supplies, employee CS / staff #125 reports to the ADON / staff # 45 and Director of Nursing (DON/staff # 80)</p> <p>On March 27, 2025 at 02:56 P.M. an interview was conducted with CS / staff #125. The staff member ' s expectation is that whoever is receiving a product is verifying the expiration dates and addressing short dates (short dates indicate a rapidly approaching expiration date) so that co-workers will be aware. The employee expressed that she expects to have no expired products on the medication carts or in the medication rooms. She mentions the expiration dates are on the product for a reason and it may lead to ill affect a resident's health in some way and it is not good practice.</p> <p>On March 27, 2025 at 03:15 P.M. , during an interview with DON / staff # 80, the DON proclaimed that he would not expect his staff to use expired products and that any expired products that are located would be disposed of appropriately. His expectations regarding expired products in the facility have not been met. His expectation is that there are no expired products in the facility. He explained the risk of using expired medications / products would depend on what the product was, it would most likely not be as effective.</p> <p>Interview with Center Administrator (CA / staff #35) on March 28, 2025 at 8:10 A.M. CA / staff # 35 stated the expectations for staff members would be that they are reviewing expiration dates before utilizing items for residents and dispose of the product according to professional standards. The CA stated that there may be negative side effects if expired medications or supplies are used on a resident, depending on what the item / product is.</p> <p>Review of the policy entitled Medication/Treatment Management, last revised April 2024, revealed that OTC medications should be disposed of within 1 year of opening regardless of expiration date.</p> <p>Review of the policy entitled Medication Destruction and Medication Supply Destruction for Non-Controlled Medications last revised January 2024 revealed unused, unwanted or non returnable medications should be removed from medication carts and stored in secured storage until destroyed. Options for disposal of prescription drugs may include community medication take back programs, commercially available container and substance that renders medications unusable or mixing medications with undesirable substance, that mixture is placed in a sealable disposable container and then placed into an opaque bag and disposed of in the trash.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, interviews and review of policies and procedures, the facility failed to ensure food storage and service were in accordance with professional standards regarding storing of food boxes and staff wearing a bonnet. The deficient practices could increase the risk for foodborne illness.</p> <p>Findings include:</p> <p>An observation on March 25, 2025 at 10:00 a.m. revealed boxes in the refrigerator and freezer on the top shelf. These items were too close to the ceiling. The boxes included: four boxes of spinach, half &amp; half, whipping cream, and broccoli in the refrigerator. In the freezer: cookies, fudge bars, wheat, bakers misc., royal Danish pastries. All the boxes were on the top shelf blocking the sprinkler system.</p> <p>A return observation occurred on March 26, 2025 at 10:40 a.m. The boxes were still stacked on the top shelf in the refrigerator and the freezer.</p> <p>An observation on March 26, 2025 at 10:30 a.m. showed a red line on the wall in the main kitchen area. The line is used to ensure boxes/items are not stacked higher than is appropriate.</p> <p>An observation was conducted on March 26, 2025 at 11:18 a.m. server, staff #101 was wearing a hair covering which did not cover the hair completely. Hair was outside the covering in the front, and hair was outside the covering on both sides of the head.</p> <p>An interview was conducted on March 26, 2025 at 10:40 a.m. with executive chef, staff #231 stated that in the refrigerator-freezer the items cannot interfere with the sprinkler system. He stated that the boxes would interfere with the sprinkler system and would need to be moved.</p> <p>An interview was conducted on March 26, 2025 at 10:45 a.m. with the dietician, staff #214. She confirmed the process is that stored boxes should leave an 18-inch clearance to the ceiling. She also stated boxes should not be stacked higher than 18-inches in both the refrigerator and freezer areas so the sprinkler system would be clear.</p> <p>An interview was conducted on March 27, 2025 at 01:20 p.m. with the administrator, staff #35. Staff #35 discussed her expectations for stacking food on racks in the refrigerator and freezer areas. She stated they could not interfere with the sprinkler system and there should be an 18-inch clearance.</p> <p>An interview was conducted on March 26, 2025 at 11:25 am with chef de cuisine, staff #31 regarding expectation of hair coverings. She stated if the hair isn't completely covered it is not okay. The associated risk includes hair potentially falling out on food.</p> <p>An interview was conducted on March 27, 2025 at 01:20p.m. with the administrator, staff #35. She stated that her expectations are that hair should be completely covered. The risk is hair may be found in food if not covered.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility policy entitled food storage and refrigeration management with a revision date on March, 2023 revealed that store items on shelves at least six inches (6) above the floor to facilitate air circulation and proper cleaning. There should also be eighteen inches (18 inches) from the top of the storage shelf items to the ceiling. This is a fire safety requirement.</p> <p>A review of the facility policy entitled culinary employee health and personal hygiene revised March, 2024 under hair restraints and jewelry revealed that employee's wear a hair net or bonnet in any food production area so that all hair is completely covered.</p>