STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	035217	A. Building B. Wing	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rehab at Scottsdale Village Square	2620 North 68th Street Scottsdale, AZ 85257

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49399 Based on clinical record review, staff interviews, and review of facility policy, the facility failed to ensure that resident (#2) and or representative was informed of the risks and benefits of psychotropic medications prior to the administration of the medications. The deficient practice could result in residents and/or resident representatives not being aware of the benefits and the potential adverse side effects of psychotropic medications. Findings include: Resident #2 was admitted to the facility on [DATE] with diagnoses that included cerebrovascular accident (CVA), aphasia, non-Alzheimer's dementia, and hemiplegia. A review of resident #2 care plan initiated on May 28, 2024 revealed that resident used psychotropic medications related to schizoaffective disorder, bipolar with hallucinations and disorganized thinking. The interventions included administer antipsychotic medications as ordered by physician. Monitor for side effects and effectiveness every shift. A review of resident #2 MDS dated [DATE] revealed a BIMS score of 3, which indicated resident had severe cognitive impairment. In addition, behavior of physical and verbal symptoms directed to others occurred 1 to 3 days and other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds) occurred daily. Resident #2 used a wheelchair for mobility. The physician's orders revealed the medication Trazodone HCl Tablet 50 mg was ordered on May 27, 2024. A review of MAR for May 2024 revealed the following medication being administered: -Rexulti Oral tablet 2 mg give 1 tablet by mouth two times a day for mood swings, physical aggression related to schizophrenic disorder start date of 05/15/2024 and discontinue date of 05/21/2024; -hydroxyzine HCl tablet 25 mg give 1 tablet by mouth one time a day for figeting related to anxiety disorder a start date of 05/16/2024 and a discontinue date of 06/19/2024; (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

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Rexulti Oral tablet 3 mg give 1 tablet by mouth one time a day for agitation related to schizoaffective disorder start date of 05/21/2024 and a discontinue date of 06/27/2024; -Sertraline HCl tablet 100 mg give 1 tablet by mouth one time a day for crying related to cognitive social or emotional deficit following other cerebrovascular disease start date of 05/16/2024 and discontinue date of 07/24/2024; -Trazodone HCl tablet 50 mg give 1 tablet by mouth at bedtime for inability to sleep related to cognitive social or emotional deficit following other cerebrovascular disease start date of 05/15/2024. A review of resident #2 clinical record revealed another physician order for Rexulti Oral Tablet 3 mg was ordered on June 28, 2024. A review of MAR for June 2024 revealed the following medication being administered: - hydroxyzine HCl tablet 25 mg give 1 tablet by mouth one time a day for fidgeting related to anxiety disorder, start date of 05/16/2024 and discontinue date of 06/19/2024; - hydroxyzine HCl Oral tablet 25 mg give 1 tablet by mouth every 8 hours as needed for agitation related to anxiety disorder for 90 days, start date of 06/19/2024 and discontinue date of 09/11/2024; - Rexulti Oral tablet 3 mg give 1 tablet by mouth one time a day for agitation related to schizoaffective disorder, start date of 05/21/2024 and discontinue date of 06/27/2024; - Rexulti Oral Tablet 3 MG Give 1 tablet by mouth one time a day for Agitation related to schizoaffective disorder, start date 06/28/2024; - Sertraline HCl Tablet 100 MG Give 1 tablet by mouth one time a day for crying related to cognitive social or emotional deficit following other cerebrovascular disease start date of 05/16/2024 and discontinue date of 07/24/2024; - Trazodone HCl Tablet 50 MG Give 2 tablet by mouth at bedtime for inability to sleep related to cognitive social or emotional deficit following other cerebrovascular disease start date of 05/27/2024. A review of resident #2 clinical record revealed another physician order for hydroxyzine HCl Oral Tablet 25 MG was ordered on September 11, 2024, order for Sertraline HCl Oral Tablet 100 MG was ordered on September 12, 2024, and order forAtivan Oral Tablet 0.5 MG was ordered on September 19, 2024. A review of MAR for September 2024 revealed the following medication being administered: - hydroxyzine HCl Oral tablet 25 mg give 1 tablet by mouth every 8 hours as needed for agitation related to anxiety disorder for 90 days start date of 06/19/2024 and discontinue date of 09/11/2024; - hydroxyzine HCl Oral tablet 25 mg give 1 tablet by mouth every 8 hours as needed for agitation and axiety related to anxiety disorderfor 90 days start date of 09/11/2024; (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Ativan Oral tablet 0.5 mg give 1 tablet by mouth every 6 hours as needed for mood lability related to vascular dementia, start date of 09/18/2024 and discontinue date of 09/25/2024; - Ativan Oral tablet 0.5 mg give 1 tablet by mouth one time a day for mood lability related to vascular dementia, start date 09/19/2024; - Ativan Oral tablet 0.5 mg give 1 tablet by mouth every 6 hours as needed for physical aggression related to vascular dementia, for 90 days start date of 09/25/2024; - Rexulti Oral tablet 3 mg give 1 tablet by mouth one time a day for Agitation related to schizoaffective disorder, start date-06/28/2024; - Sertraline HCl tablet 100 mg give 1 tablet by mouth one time a day for restlessness related to anxiety disorder, start date-07/25/2024 and discontinue date of 09/11/2024; - Sertraline HCl Oral tablet 100 mg Give 1.5 tablet by mouth one time a day for restlessness related to anxiety disorder, start date-09/12/2024; - Trazodone HCl Tablet 50 MG Give 2 tablet by mouth at bedtime for inability to sleep related to cognitive social or emotional deficit following other cerebrovascular disease start date of 05/27/2024. A review of resident #2 care plan initiated on September 23, 2024 revealed was at risk for psychosocial emotional distress related to resident to resident altercation. The interventions included monitored 72 hours for psychosocial emotional distress, and allow resident to verbalize any concerns noted from this incident; and that, resident had potential to be physically aggressive related to history of harm to others, Poor impulse control. The interventions included the resident's triggers for physical aggression are increased auditory stimulation. The resident's behaviors are de-escalated by 1:1 and quite environment. Administer medications as ordered and monitor/document for side effects and effectiveness. Analyze times of day, places, circumstances, triggers, and what de-escalates behavior and document. Assess and anticipate resident's needs: food, thirst. toileting needs, comfort level, body positioning, pain. A review of resident #2 clinical record revealed a progress note dated September 23, 2024 at 13:15 that physical aggression directed towards resident #1. The residents were separated. An interview was conducted on October 1, 2024 at 3:22 pm with a licensed practical nurse (LPN)/ Staff #150 who stated that their role in the behavioral locked unit was to do rounds, check residents, review their medications, and monitor so they can see what is going on in the unit. They give routine scheduled psychotropic medications such as for instance Seroquel, Ativan, and sometimes Haldol. They monitor side effects of the psychotropic medications such as decreased mental status, and urine output. Staff #150 added that they get consents for these medications and the consents are in the residents' charts and are in the paper form in the chart. Staff #150 stated that she was working that particular day when an altercation between the two residents happened but she did not witness the incident. She stated that resident #1 was coming in from smoking and resident #2 was in the dining room and resident #2 reached over while a CNA was in between just to prevent resident #2 from reaching over resident #1's arm. The residents were separated. (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On October 1, 2024 at 4:59 pm, the DON/Staff #184 brought the chart of resident #2 in the conference room. The DON revealed that resident #2 had consents for psychotropic medications for hydroxyzine, trazadone, and rexulti dated February 1, 2024. However, resident #2 was admitted after that date into the facility on [DATE]. An interview was conducted on October 1, 2024 at 5:22 pm with the administrator /Staff #10 and DON/Staff #184. The DON stated resident #2 was admitted on [DATE] with his psychotropic medications' consents signed on February 1, 2024 from their sister facility; and that, they utilize the same consent. The DON stated that the process of transfer from one facility to a sister facility was that they review the information provided to determine if its viable for them to use. DON stated that it is a transfer and that their sister facility holds the same policy. A review of facility policy titled, Resident Rights, version 1.2 (H5MAPL0768) revealed 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's rights to: be informed of, and participate in his or her care planning and treatment. A review of facility policy titled, Psychotropic Medication Use, version 1.0 (H5MAPL1554) revealed 13. Residents receiving psychotropic medications are monitored, and for resident evaluations, 4. residents (and/or representatives) have the right to decline treatment with psychotropic medications.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49399 Based on clinical record review and staff interviews, the facility failed to ensure one resident (#1) with a diagnosis of mental illness was referred to the appropriate state-designated mental health or intellectual disability authority for review. The deficient practice could result in necessary specialized services not being provided for residents who need it. Findings include: Resident #1 had a Pre-Admission Screening and Resident Review (PASRR) level one completed on March 6, 2024 at an outside hospital. A review of resident #1 clinical record revealed a PASRR level one completed and signed from the hospital on March 6, 2024; however, the referral determination section D was blank. Resident #1 was admitted to the facility on [DATE]. Resident #1 was admitted to the facility on [DATE] with diagnoses that included schizoaffective disorder, anxiety disorder, type 2 diabetes mellitus, and bipolar disorder. A review of resident #1 Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, which meant resident was cognitively intact. Resident's active diagnoses included diabetes mellitus, anxiety disorder, bipolar disorder, and schizophrenia. In addition, resident exhibited verbal behavioral symptoms directed towards others. A review of resident #1 care plan initiated on April 19, 2024 revealed that the resident used psychotropic medications related to Schizoaffective disorder with hallucinations. The interventions include to administer antipsychotic medications as ordered by physician, monitor for side effects and effectiveness every shift. Moreover, that the resident used anti-anxiety medications related to Anxiety disorder. The interventions include to administer anti-anxiety medications as ordered by physician, monitor for side effects and effectiveness every shift. Furthermore, revealed that the resident used antidepressant medication related to depression. The interventions include to administer antidepressant medications as ordered by physician, monitor for side effects and effectiveness every shift. Review of physician's orders revealed the following medication orders: Haloperidol tablet 10 mg (milligrams), Depakote tablet 250 mg, trazadone HCL (hydrochloride) 100 mg, hydroxyzine 25 mg, and alprazolam 0.25 mg. A review of resident #1 medication administration record (MAR) for April 2024 revealed the following administered: - trazadone 100 mg give 1 tablet by mouth at bedtime for depression start date 4/8/2024 and discontinue date 5/23/2024; - Divalproex Sodium tablet delayed release 250 MG Give 1 tablet by mouth two times a day for Bipolar start date of 4/9/2024 and discontinue date of 5/30/2024; (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Haloperidol Oral Tablet 2MG (Haloperidol) Give 1 tablet by mouth three times a day for Schizophrenia: Auditory hallucination start date of 04/09/2024 0800 discontinue date of 04/22/2024 - Haloperidol Tablet 5 MG Give 1 tablet by mouth every morning and at bedtime for related to schizoaffective disorder start date 4/17/2024 and discontinue date of 5/9/2024 - Alprazolam Oral Tablet 0.25 MG (Alprazolam) Give 1 tablet by mouth every 8 hours as needed for posturing at staff related to anxiety disorder for 14 Days start date of 04/11/2024 - Hydroxyzine HCl Tablet 25 MG Give 1 tablet by mouth every 6 hours as needed for agitation start date of 04/11/2024 and discontinue date of 05/02/2024 A review of resident #1 clinical record revealed a progress note dated September 23, 2024 at 14:34 that resident fiduciary was notified of a resident-to-resident altercation. Progress note dated September 23, 2024 at 19:35 revealed that while resident #1 was walking past resident #2 was hit on the right arm. Resident was assessed and no injuries observed nor complaints of pain or discomfort. An interview was conducted on October 1, 2024 at 3:05 pm with a certified nursing assistant (CNA)/Staff #47 who stated that resident #1 was independent and by himself in his room. Resident #1 can be aggressive if other residents are making a lot of noise. Resident #1 does smoke. An interview was conducted on October 1, 2024 at 3:12 pm with resident #1. Resident #1 stated that while he was walking by to go back to his room, a resident hit him on his arm like a smack. Resident #1 stated that it ain't no big deal. An interview was conducted on October 1, 2024 at 3:19 pm with a CNA/Staff #113. Staff #113 who stated that their role was to make sure residents are changed and fed. They get in between residents to prevent anything happening. An interview was conducted on October 1, 2024 at 4:15 pm with the social service director/Staff #16 and present during the interview was Staff #197. Staff #16 stated that her role included attending meetings, care plan meeting, and getting resources for residents. During the interview, Staff #16 reviewed the PASRR for resident #1 and she stated that resident #1's level one PASRR was completed and did not see level 2 PASRR referral. She stated that resident should have a level 2 PASRR for schizoaffective disorder and bipolar disorder. She stated that level 2 PASRR referral was not done and the facility would have to submit for level 2. Staff stated that they were informed about the two residents' altercation, and they spoke to resident #1 and resident told them he got hit on the arm by resident #2, and that they followed up on their psychosocial wellbeing. An interview was conducted on October 1, 2024 at 5:22 pm with the administrator /Staff #10 and DON/Staff #184. The administrator stated that if PASRR triggers level one, then level two should be done and reviewed as indicated. The administrator and DON reviewed Point Click Care (PCC) for resident #1 PASRR, and stated that when resident #1 was admitted from the hospital, the hospital filled out the PASRR. If resident is in their facility for more than 30 days, they will complete a level 2 PASRR. They stated that they do not have a physical copy of the resident #1 level 2 PASRR; and that, they had reached out to ALTCS (Arizona Long Term Care System), but the DON stated that they were not sure when they reached out to ALTCS. (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of facility policy titled, Resident Assessments, version 2.1 (H5MAPL0755) revealed A comprehensive assessment of every resident's needs is made at intervals.