

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Rosewood Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2045 Silverada Blvd Reno, NV 89512	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43311</p> <p>Based on observation, interview, record review and document review the facility failed to ensure a Care Plan related to an indwelling catheter and catheter care was developed and implemented for 1 of 19 sampled residents (Resident #1).</p> <p>Findings include:</p> <p>Resident #1</p> <p>Resident #1 was admitted to the facility on [DATE], with diagnoses including chronic kidney disease and benign prostatic hyperplasia, without lower urinary tract symptoms.</p> <p>A Physician's Order dated 02/12/2024, documented to provide indwelling catheter care every shift.</p> <p>A Physician's Order dated 02/12/2024, documented indwelling catheter: 18 French 5 cubic centimeters balloon, change every night shift every 30 days.</p> <p>A care plan focus dated 02/09/2024, documented Resident #1 had bowel/bladder incontinence related to impaired mobility and prostate enlargement.</p> <p>Resident #1's comprehensive care plan lacked documented evidence a care plan related to an indwelling catheter and catheter care.</p> <p>On 08/01/2024 at 4:52 PM, the Director of Nursing (DON) confirmed the DON and the Social Worker were responsible to create and update the resident care plan. Care plans included what the problem was, what pharmacological and non-pharmacological interventions were used for relief, what monitoring should occur, and what care was to be provided to the resident.</p> <p>On 08/01/2024 at 4:55 PM, the DON confirmed Resident #1's care plan lacked an update to identify the catheter placed on 02/12/2024, goals, interventions, and catheter care. The DON explained the DON was responsible to provide an updated care plan to include the resident's newly placed catheter and care.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy titled Comprehensive Person-Centered Care Planning revised 12/2023, documented the interdisciplinary team (IDT) would develop a comprehensive person-centered care plan for each resident which included measurable objectives and timeframe to meet a resident's medical, nursing, mental, and psychosocial needs that were identified in the comprehensive assessment. The resident's comprehensive plan of care would be reviewed and/or revised by the IDT after each assessment, including both the comprehensive and quarterly review assessments.</p>		