

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295026	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Grover C Dils Medical Center Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 700 N Spring St, Box 1010-C-Adm Bldg Caliente, NV 89008	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>28154</p> <p>Based on observation and interview, the facility failed to ensure wheelchair armrest coverings were intact for 2 of 10 sampled residents (Resident 1 and Resident 11). The deficient practice had the potential to create areas that could be injurious to a resident's skin and a non-cleanable surface which could harbor bacteria that could infect any such injury.</p> <p>Findings include:</p> <p>Observation of Resident 11 (R11) on 04/30/2024 at 9:21 AM showed both armrests of the wheelchair were cracked, torn, missing areas of both wheelchair armrests exposing the white padding below the vinyl.</p> <p>Observation of Resident 1 (R1) on 04/30/2024 at 10:48 AM showed both armrests of the wheelchair were cracked, torn, missing areas of both wheelchair armrests exposing the white padding below the vinyl.</p> <p>During an observation and interview on 05/01/2024 at 4:01 PM, the Maintenance Director observed R1's wheelchair armrests cracked and torn and stated, They're done for. After observing R11's wheelchair armrests, the Maintenance Director confirmed the wheelchair armrests were cracked and uncleanable.</p> <p>No policy regarding wheelchair maintenance was provided.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>28154</p> <p>Based on record review, interview and policy review, the facility failed to ensure 1 of 10 sampled residents (Resident 12) was provided with a written transfer/discharge notice that stated the reason for transfer, the place of transfer, and other information regarding the transfer. The deficient practice had the potential to affect the resident and their representative by not having the knowledge of where and why a resident was transferred, and/or how to appeal the transfer, if desired.</p> <p>Findings include:</p> <p>A review of Resident 12 (R12) electronic medical record (EMR) Progress Notes tab showed a note on 01/2/2024 at 12:12 PM that stated R12 had a fall in the room while ambulating, hit their head, sustained a midline laceration above the forehead and had been taken to the emergency room .</p> <p>The EMR lacked documented evidence a written notice of transfer was provided to R12 or their representative.</p> <p>The facility was unable to provide a written notice of transfer from the facility to the emergency room .</p> <p>During a telephone interview on 05/02/2024 at 7:56 AM, R12's representative stated, He had a fall and a pretty good head gash. The representative stated he was notified right away, but it was only verbal. I'm looking through my file and I didn't receive anything in writing.</p> <p>During an interview on 05/02/2024 at 2:10 PM, the Administrator stated, Nothing has been sent out in writing to anyone regarding transfers.</p> <p>Review of the facility's policy titled Transfer and Discharge, dated 03/18/21, revealed:</p> <p>.Notice of Discharge: .When a resident is temporarily transferred on an emergency basis to an acute care facility, notice of the transfer shall be provided to the resident and resident representative as soon as practicable.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 12679</p> <p>Based on record review, staff interview, and review of the Resident Assessment Instrument (RAI) Manual, the facility failed to ensure 7 of 10 sampled residents (Resident (R) 6, R14, R7, R1, R8, R11 and R12) had an accurate Minimum Data Set (MDS) assessment. The deficient practice had the potential for inaccurate assessment and care planning of the resident.</p> <p>Findings include:</p> <p>Review of the RAI Manual dated 10/23 indicated, .It is important to note here that information obtained should cover the same observation period as specified by the MDS items on the assessment, and should be validated for accuracy (what the resident's actual status was during that observation period) by the IDT (Interdisciplinary Team) completing the assessment .</p> <p>1. Resident 6 was admitted to the facility on [DATE].</p> <p>Resident 6's Significant Change MDS with an Assessment Reference Date of (ARD) of 03/27/2024, revealed the resident was severely cognitively impaired. The assessment indicated the resident was dependent on caregiving staff to move the resident side-to-side while in bed, and staff did not transfer the resident out of bed due to safety concerns. The assessment revealed the facility coded the resident with the use of bi-lateral side rails as a restraint.</p> <p>2. Resident 14 was admitted to the facility on [DATE].</p> <p>Resident 14's Quarterly MDS with an ARD of 04/01/2024 indicated was moderately cognitively impaired. The assessment indicated was independent to move side to side while in bed. The assessment revealed the resident required substantial to maximum assistance from staff to transfer from the bed to her wheelchair. The assessment revealed the facility coded the resident with the use of bi-lateral side rails.</p> <p>During an interview on 05/02/2024 at 11:14 AM, the Administrator, Director of Nursing (DON), and the Chief Operating Officer (COO) all stated that the MDS was to be accurate. The DON stated a restraint was any device that would hinder someone's movement and for R6 and R14, the side rails did not hinder their movements.</p> <p>3. Review of Resident 7's (R7) January 2024 Medication Administration Record (MAR) showed a facility admitted [DATE]. The MAR showed documentation that R7 received sertraline, an antidepressant selective serotonin reuptake inhibitor (SSRI) during the assessment period for the MDS with an ARD of 01/13/2024.</p> <p>The Quarterly MDS with an ARD of 01/13/2024 was coded that R7 received an antipsychotic on a regular basis and an indication for use was in the medical record.</p> <p>Review of R7's physician orders did not indicate that R7 had an order for an antipsychotic medication.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 05/02/2024 at 1:52 PM, the COO provided a printed copy of the January 2024 MAR and clarified that sertraline was an antidepressant. The COO indicated R7 was not receiving an antipsychotic and the MDS was not accurately coded.</p> <p>In an interview on 05/02/2024 at 2:41 PM, the DON was not sure if there were any policies regarding MDS accuracy, but if not, they would use the RAI manual.</p> <p>Review of the October 2023 RAI manual, page N-5, stated:</p> <p>.High-Risk Drug Classes: Use and Indication .Coding Instructions: Code all high-risk drug class medications according to their pharmacological classification, not how they are being used.</p> <p>4. Resident 1 (R1) was admitted to the facility on [DATE] admitted on [DATE] with medical diagnoses that included dementia, polyosteoarthritis, lower back pain, pain due to orthopedic prosthetic device, and displaced intertrochanteric fracture.</p> <p>During an interview on 04/30/2024 at 9:35 AM, R1 used the side rail on the bed.</p> <p>The Electronic Medical Record (EMR) showed a Bed Rail Assessment completed on 02/07/2024. The assessment revealed, Side Rails/Assist Bar are indicated and serve as an enabler to promote independence.</p> <p>The Restraint Assessment Form completed on 02/02/2024 showed the type of restraint as bed rails.</p> <p>R1's Annual MDS with an ARD of 02/09/2024 showed the bed rails coded as physical restraints used daily.</p> <p>5. Resident 8 (R8) was admitted to the facility on [DATE] with medical diagnoses that included dementia, anxiety, pseudobulbar affect, glaucoma, left hip pain, retinal break, and displaced fracture of the femoral neck.</p> <p>R8's Restraint Assessment Form, dated 03/04/2024 revealed the type of restraint as bed rails for mobility aid.</p> <p>R8's Quarterly MDS, with an ARD of 03/07/2024, showed R8 was coded for the restraint of bed rails used daily.</p> <p>6. Resident 11 (R11) was admitted on [DATE] with medical diagnoses that included heart failure, atrial fibrillation, dementia, atherosclerotic heart disease, and hypertension.</p> <p>R11's Restraint Assessment Form completed 04/08/2024 revealed the type of restraint as bed rails x [times] 2.</p> <p>R11's Annual MDS, with an ARD of 01/08/2024, showed R11 had side rails as restraints that were used daily.</p> <p>7. Resident 12 (R12) was admitted on [DATE], with medical diagnoses that included traumatic subdural hematoma, acute embolism and thrombosis of extremity deep veins, aphasia, osteoarthritis, epilepsy, anxiety, nocturia, restlessness and agitation.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R12's Restraint Assessment Form dated 04/06/2024, revealed the type of restraint as bed alarm, and siderails r/t [related to] mobility aide.</p> <p>R12's Admission MDS, with an ARD of 01/11/2024, showed R12 had side rails as restraints that were used daily.</p> <p>Review of the facility's policy titled Restraint Use, reviewed 11/16/23, showed:</p> <p>Definitions: Physical restraints are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. Physical restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, lap cushions, and lap trays the resident cannot remove easily. Also included as restraints are facility practices that meet the definition of a restraint, such as: Using siderails that keep a resident from voluntarily getting out of bed .</p> <p>During an interview on 05/02/2024 at 11:15 AM, the DON (who completed the MDS assessments), COO and the Administrator, all confirmed the side rails for R1, R8, R11, and R12 were not used as restraints to keep the residents in bed. They all stated that the MDSs were coded incorrectly.</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 12679</p> <p>Based on observation, interview, record review and policy review, the facility failed to attempt alternatives to the use of side rails for four of six residents (R) reviewed with side rails (R1, R8, R11, and R12). This failure had the potential to create a safety hazard for any resident using side rails in the facility.</p> <p>Findings include:</p> <p>1. Review of R1's printed Admission Record showed a facility admitted [DATE], readmission on 03/14/2023, with medical diagnoses that included dementia, polyosteoarthritis, lower back pain, pain due to orthopedic prosthetic device, and displaced intertrochanteric fracture.</p> <p>On 04/30/2024 at 9:35 AM, R1 stated the side rail on the bed was used by the resident.</p> <p>The Bed Rail Assessments completed 02/07/2024 indicated no alternatives attempted prior to the use of the bed rails.</p> <p>Review of R1's printed care plan showed a bed mobility status of supervision/set up help only to independent/set up help only, and transfer performance of limited assist /one-person physical assist.</p> <p>2. Review of R8's printed Admission Record showed a facility admitted [DATE] with medical diagnoses that included dementia, anxiety, pseudobulbar affect, glaucoma, left hip pain, retinal break, and displaced fracture of the femoral neck.</p> <p>Observation on 04/30/2024 at 9:15 AM showed R8 in bed on a low-air-loss air mattress with bilateral upper quarter side rails.</p> <p>Review of R8's printed Bedrail Assessment Form, dated 03/07/2024, showed no documented alternatives attempted prior to the use of the bed rails.</p> <p>Review of R8's printed Care Plan showed for bed mobility that the resident required extensive to total assist by two staff to turn and reposition in bed every two hours and as necessary; and the resident uses mobility bars/bed rails to maximize independence with turning and repositioning in bed. The Care Plan showed Side Rails: half rails up as per Dr's [Doctor's] order for safety during care provision, to assist with bed mobility.</p> <p>3. Review of R11's printed Admission Record showed a facility admitted</p> <p>12/28/2022 with medical diagnoses that included heart failure, atrial fibrillation, dementia, atherosclerotic heart disease, and hypertension.</p> <p>Observation on 04/30/2024 at 9:21 AM showed R11 had bilateral upper quarter rails on the bed.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R11's EMR Assessments tab showed a Bedrail Assessment Form completed 04/08/2024 which indicated the type of restraint as bed rails x [times] 2 and showed no documented alternatives attempted prior to the use of the bed rails.</p> <p>Review of R11's printed Care Plan showed he required the limited to extensive physical assist of one person for transfers and required the extensive assistance of one to two staff to turn and reposition in bed.</p> <p>4. Review of R12's printed Admission Record showed a facility admitted [DATE], with medical diagnoses that included traumatic subdural hematoma, acute embolism and thrombosis of extremity deep veins, aphasia, osteoarthritis, epilepsy, anxiety, nocturia, restlessness and agitation.</p> <p>Observation on 04/30/2024 at 10:22 AM showed R12 had quarter bilateral upper rails.</p> <p>Review of R12's EMR Assessments tab showed a Bedrail Assessment Form dated 04/08/2024, did not document any attempted alternatives prior to the use of the bedrails.</p> <p>Review of R12's printed Care Plan showed R12 only needed supervision/set-up help only for bed mobility, and supervision / one-person physical assist for transfers. The Care Plan noted Resident uses bilateral bedrails/mobility bars as a mobility aid and to encourage independence.</p> <p>During an interview on 05/02/2024 at 2:00 PM, the Chief Operating Officer (COO) and Administrator both stated that there were no alternatives attempted prior to side rail use.</p> <p>Review of the facility policy titled, Bedrail Use - Safety, revised 09/21/2022, showed:</p> <p>.Prior to the use of bedrails, the facility will attempt to use appropriate alternatives prior to installing a side or bedrail .</p> <p>During an interview on 05/01/2024 at 2:29 PM, the Director of Plant Operations routinely completed safety checks on the beds with side rails. The Director of Plant Operations took measurements of the area between the mattress and the side rails but did not have evidence of this in the tracking records. The Director of Plant Operations confirmed he did assess the use of side rails and air mattress but did not have evidence of this in his records.</p> <p>Review of the facility's policy provided by the facility titled Bedrail Use-Safety dated 09/21/2022 indicated, . Prior to the use of bedrails, the facility will attempt to use appropriate alternatives prior to installing a side or bedrail. If a side or bedrail is used, the facility must ensure correct installation, use, and maintenance of bedrails, including but not limited to the following elements .</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>12679</p> <p>Based on document review and interview, the facility failed to ensure the daily nurse staff posting included the total number and the actual hours worked by the licensed and unlicensed nursing staff directly responsible for long-term resident care per shift. This deficient practice had the potential to affect all 13 of 13 residents and visitors of the facility.</p> <p>Findings include:</p> <p>Review of staff posting documents provided by the facility dated 04/22/2024 through 05/01/2024, failed to have the total and actual working hours identified for Registered Nurses (RN), Licensed Practical Nurses (LPN), and Certified Nursing Assistants (CNA). The staff posting document included the census for the acute and swing bed side of the facility. The document identified two RNs for all three areas of the facility, which included long-term care, acute, and swing beds.</p> <p>During an interview on 05/02/2024 at 10:26 AM, the Administrator confirmed the staff postings included the staff assigned to long-term care, acute, and swing beds.</p> <p>During a subsequent interview on 05/02/2024 at 11:14 AM, the Administrator stated the staff posting should have included the actual and total hours that the staff worked for only long-term care.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28154</p> <p>Based on observation, interview, policy review, and review Centers for Disease Control (CDC) website, the facility failed to ensure one of one expired insulin vial and two of two undated, opened vials of Mantoux tuberculin purified protein derivative (PPD) were not available for residents' use.</p> <p>Findings include:</p> <p>During an observation of the long-term care medication room on [DATE] at 12:03 PM with Registered Nurse (RN) 9 and the Infection Preventionist (IP) revealed two undated open vials, put back in their boxes, of Mantoux tuberculin PPD skin tests and one vial of Humulin R (insulin) that had an open date of [DATE].</p> <p>Interview on [DATE] at 12:06 PM, the IP confirmed there was no open date on the PPD vials and that once opened the PPD could be used for 30 days. The IP stated the insulin vial was expired.</p> <p>Review of the facility's policy titled Medication Storage in the Long-Term Care, revised [DATE], revealed it did not address outdated medication.</p> <p>Review of the CDC Mantoux Tuberculin Skin Test (cdc_25732_DS1.pdf on page 6) stated:</p> <p>.The label should indicate the expiration date. If it's been open more than 30 days or the expiration date has passed, the vial should be thrown away and a new vial used .</p>

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<p>F 0851</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>12679</p> <p>Based on interview, review of the payroll-based journal (PBJ) submitted to the Centers for Medicare and Medicaid (CMS), the facility failed to ensure one quarter (third quarter of fiscal year 2023) out of three quarters reviewed for PBJ that the direct care staffing information was submitted accurately to CMS. This failure had the potential for staffing issues related to Registered Nurse (RN) coverage for eight consecutive hours per day.</p> <p>Findings include:</p> <p>Review of the PBJ report from CMS showed no RN coverage for eight consecutive hours per day during the third quarter (October, November, December) of 2023.</p> <p>Review of documents provided by the facility and referred to as the staffing schedule for 10/2023 indicated there was RN coverage at least eight consecutive hours on 10/01/2023 and 10/15/2023.</p> <p>Review of documents provided by the facility and titled Time Report for 10/2023 indicated there was RN coverage for at least eight consecutive hours on 10/01/2023 and 10/15/2023.</p> <p>Review of documents provided by the facility and referred to as the staffing schedule for 11/2023 indicated there was RN coverage on 11/12/2023 and on 11/26/2023.</p> <p>Review of documents provided by the facility titled Time Report for 11/2023 indicated there was RN coverage for at least eight consecutive hours on 11/12/2023 and on 11/26/2023.</p> <p>Review of documents provided by the facility and referred to as the staffing schedule for 12/2023 indicated there was RN coverage at least eight consecutive hours on 12/09/2023, 12/10/2023, and on 12/31/2023.</p> <p>Review of documents provided by the facility titled Time Report for 12/2023 indicated there was RN coverage for at least eight consecutive hours on 12/09/2023, 12/10/2023, and on 12/31/2023.</p> <p>During an interview on 05/02/2024 at 8:40 AM, the Accounts Payable Clerk stated there was no PBJ confirmation that was received after entering the data to CMS. The Accounts Payable Clerk did not complete any audits of the data which was entered. The Accounts Payable Clerk stated the facility had RNs on duty.</p>		