

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

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Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>295044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>03/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hearthstone                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1950 Baring Blvd<br>Sparks, NV 89434 |                                                 |
| 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 0550<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41848</b></p> <p>Based on interview, clinical record review, and document review, the facility failed to ensure a Licensed Practical Nurse (LPN) spoke about a resident in a respectful manner and treated a resident with dignity for 1 of 3 residents sampled related to facility reported incidents (FRI) (Resident #251). This deficient practice had the potential to cause a resident to experience psychosocial harm or mental anguish because of not being treated with respect.</p> <p>Findings include:</p> <p>Resident #251</p> <p>Resident #251 was admitted to the facility on [DATE], with diagnoses including cognitive communication deficit, anxiety disorder, unspecified, and sepsis due to methicillin susceptible staphylococcus aureus.</p> <p>A FRI, dated 01/28/2025, documented an LPN1 had entered the room of Resident #251 to hang the resident's intravenous (IV) antibiotic. The LPN1 had dropped the IV spike (the sharp end of an IV tube used to puncture an IV bag) into the garbage can and was going to continue to use the IV tubing. Resident #251 had noted to the LPN1 the tubing was contaminated and the LPN1 had responded to the resident the LPN1 would use an alcohol pad on the IV spike. The LPN1 then dropped the IV tubing on the floor, picked up the IV tubing, and was planning to use the IV tubing to administer the antibiotic to Resident #251 and the resident again requested the tubing not be used to administer the resident's antibiotic. LPN1 verbalized the resident was refusing the medication. The LPN1 left the resident's room and then came back with new IV tubing but the resident did not feel safe having the LPN1 hang medication based on the earlier conduct of the LPN1 and feared the LPN1 might have put something in the resident's IV bag.</p> <p>The final report from the facility, dated 01/31/2025, documented the facility had substantiated the allegations.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>An interview, dated 01/28/2025, conducted by the Assistant Director of Nursing (ADON) with an LPN2 who had worked with LPN1 on 01/28/2025 when the incident with Resident #251 had occurred documented the following: The LPN2 verbalized the LPN1 had not acted professionally. The LPN2 had asked the LPN1 to hang the IV medication for Resident #251. The LPN2 had observed the LPN1 coming out of the resident's room to get new IV tubing and the LPN1 referred to the resident as a derogatory name. The LPN1 continued referring to the resident by a derogatory name. The LPN2 followed the LPN1 into the resident's room and witnessed the LPN1 get angry and respond unprofessionally to Resident #251. Resident #251 had told the LPN1 to get out of the resident's room and the LPN1 left the room while talking about Resident #251. The LPN2 had stayed in the resident's room to speak with the resident and the resident was very upset by the way the resident had been treated by the LPN1. When the LPN2 approached the LPN1 at the nurse's desk, the LPN1 again started referring to Resident #251 by a derogatory name.</p> <p>An interview, dated 01/30/2025, conducted by the ADON with the LPN1 documented the following. The LPN1 confirmed the LPN1 had dropped the IV tubing on the floor and the LPN1 informed the resident the LPN1 had an alcohol swab and would use the alcohol swab to clean the IV tubing. The LPN1 retrieved new IV tubing and returned to the resident's room. The resident asked the LPN1 for the LPN1's name and the LPN1 gave the resident the LPN1's name and then walked out of the room. The LPN1 explained the LPN1 was mad. The LPN1 verbalized the LPN1 may have called the resident a derogatory name because the LPN1 was upset.</p> <p>A Progress Note, dated 01/28/2025, documented a nurse had come to hang the resident's scheduled IV. The nurse had come out to the nursing station to request new IV tubing. The nurse had stated the patient refused to let the nurse reuse the IV tubing after the tubing was on the floor because it had been contaminated. The nurse documenting the progress note went into the resident's room to speak with the resident and apologize for the incident between the resident and the nurse. The resident was upset about the nurse being unprofessional.</p> <p>A Social Services note, dated 01/30/2025, documented the resident claimed the resident had never been treated the way the nurse had treated the resident on 01/28/2025 and felt the nurse was extremely hostile.</p> <p>On 02/26/2025 at 11:50 AM, the Director of Nursing Services (DNS) verbalized the LPN1 had dropped the IV tubing for Resident #251 on the floor when preparing to administer an IV antibiotic on 01/28/2025. The resident had brought the issue to the nurse's attention and the nurse had told the resident the nurse would wipe the tubing with an alcohol swab and the tubing would be safe to use. The DNS confirmed it would not have been okay to use the tubing after the IV spike had touched the floor.</p> <p>On 02/26/2025 at 12:02 PM, the Executive Director verbalized the facility had substantiated the events from the allegations in the FRI.</p> <p>The facility document titled Resident Rights, undated, documented a resident in the facility would have the right to be treated with respect and dignity.</p> <p>FRI #NV00073280</p> |                                                                                   |                                                 |

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| F 0641<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30748</b></p> <p>Based on interview, clinical record review, and interview, the facility failed to ensure the accuracy of a Minimum Data Set 3.0 (MDS) assessment for 1 of 3 closed records sampled residents (Resident #99). This deficient practice had the potential to deprive the resident of necessary needs and services relative to their current health management needs upon discharge home.</p> <p>Findings include:</p> <p>Resident #99</p> <p>Resident #99 was admitted to the facility on [DATE], and discharged on [DATE], with diagnoses including encounter for surgical aftercare following surgery on the digestive system, cognitive communication deficit, prediabetes, and other abnormalities of gait and mobility.</p> <p>A Nursing Progress Note dated 12/18/2024, documented the resident was discharged home with all medications and belongings.</p> <p>A discharge MDS assessment dated [DATE], Section A - Discharge Status, documented the resident was discharged short-term to the hospital.</p> <p>On 02/25/2025 at 12:46 PM, the MDS Coordinator explained the MDS assessments were used to gather information for plan of care accuracy. Once information was gathered, the information was used for reimbursement and quality measures. The accuracy of MDS assessments were important to ensure proper care of residents at the level of care needed. The MDS Coordinator confirmed Resident #99's discharge MDS assessment documented the resident was discharged to the hospital and was incorrect. The MDS assessment should have accurately documented the resident was discharged home.</p> <p>The facility policy titled Resident Assessment and Associated Processes, last revised 12/2023, documented the facility would electronically transmit encoded, accurate, and complete MDS data to the Centers for Medicare &amp; Medicaid Services (CMS) system. Transmission of the MDS data would include the discharge documents. The MDS data was electronically signed in the clinical health record.</p> |                                                                                   |                                                 |

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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>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41848</b></p> <p>Based on observation, interview, clinical record review, and document review, the facility failed to ensure: 1) a resident's behaviors of threatening staff members with physical and sexual violence were care planned for 1 of 22 sampled residents (Resident #78). This deficient practice had the potential to result in staff working with the resident being unaware of the resident's behaviors and the resident's behaviors worsening or escalating with no interventions in place, 2) edema and the use of diuretic medications were care planned for 1 of 22 sampled residents (Resident #83). This deficient practice had the potential to result in staff working with the resident to be unaware of the need to monitor the resident for edema, provide medications (diuretic) as indicated, and monitor for adverse side effects of the medication.</p> <p>Findings include:</p> <p>Resident #78</p> <p>Resident # 78 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including alcohol dependence with alcohol-induced persisting dementia, schizoaffective disorder, unspecified, and hallucinations, unspecified.</p> <p>A Nursing Progress Note, dated 01/06/2025, documented the resident used profane language toward a License Practical Nurse (LPN) and called the LPN derogatory names. The resident told the LPN to get on the LPN's knees and perform a sexual act for the resident and apologize to the resident until the resident was tired of the LPN. The resident yelled and blocked the LPN from leaving the area. The resident threatened to break the LPN's face and was using numerous expletives. The resident then threatened to catch the LPN off-guard and rape the LPN.</p> <p>A Nursing Progress Note, dated 01/09/2025, documented the resident approached the LPN and started laughing while calling the LPN a derogatory name.</p> <p>A Nursing Progress Note, dated 01/15/2025, documented the LPN walked by Resident #78 and the resident called the LPN a derogatory name. The LPN walked away from the resident to avoid any further comments from the resident as the resident's use of derogatory language towards the LPN and other staff was an ongoing concern. The resident then threatened to rape the LPN and told the LPN the resident would wait for the LPN outside and would torture the LPN. The resident then referred to the LPN as a derogatory name in Spanish.</p> <p>A Nursing Progress Note, dated 01/30/2025, documented the resident walked by an LPN at a nurse's station and called the nurse a derogatory name. The Director of Nursing Services (DNS) and other staff were witnesses.</p> <p>The Care Plan for Resident #78 did not include the behaviors of threatening staff.</p> <p>On 02/26/2025 at 12:42 PM, the LPN verbalized the resident had snapped and the resident began making violent threats toward the LPN when the LPN had taken the resident's alcohol away.</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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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>On 02/26/2025 at 4:08 PM, the Director of Nursing Services (DNS) verbalized the resident's behavior of making threats of sexual violence against staff should have been care planned for the safety of residents, visitors, and staff. The DNS confirmed the Care Plan did not include the behaviors and the behaviors should have been included on the Care Plan.</p> <p>The facility policy titled Comprehensive Person-Centered Care Planning, revised 12/2023, documented a comprehensive person-centered care plan would be developed for each resident and would include measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychosocial needs.</p> <p>Cross reference with tag F740</p> <p>43310</p> <p>Resident #83</p> <p>Resident #83 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease, acute on chronic diastolic (congestive ) heart failure, and chronic kidney disease, stage 2, mild. The resident's list of diagnoses did not include edema.</p> <p>A Provider Visit note dated 02/21/2025, documented Resident #83 complained of significant edema. Edema was noted by the provider and a new order for furosemide 20 milligrams (mg) daily for edema was documented.</p> <p>On 02/24/2025 at 2:37 PM, Resident #83 complained of edema to bilateral lower extremities (BLE). Resident #83 verbalized the resident was not being provided medication for edema. Resident #83 had notable edema to the resident's BLE.</p> <p>Resident #83's clinical record did not include any additional documentation related to edema.</p> <p>Resident #83's physician's orders did not include an order for furosemide 20 mg daily for edema.</p> <p>On 02/26/2025 at 9:35 AM, LPN2 verbalized nurse entered care plans as needed and the care plans were reviewed by the Assistant Director of Nursing and/or the DNS. The LPN was not able to locate a care plan related to edema and/or the use of diuretic medications.</p> <p>One 02/27/2025 at 9:31 AM, the DNS confirmed Resident #83's Comprehensive Care Plan did not include a care plan related to edema or the use of diuretic medications.</p> <p>The facility policy titled Comprehensive Person-Centered Care Planning, revised 12/2023, documented a comprehensive person-centered care plan would be developed for each resident and would include measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychosocial needs.</p> <p>Cross reference with tag F684</p> |                                                                                   |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>295044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>03/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hearthstone                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1950 Baring Blvd<br>Sparks, NV 89434 |                                                 |
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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43310</p> <p>Based on interview, clinical record review, and document review the facility failed to ensure a medication ordered for edema was entered into a resident's order set and Medication Administration Record (MAR) for 1 of 22 sampled residents (Resident #83). This deficient practice resulted in the resident not receiving the medication and continuing to have edema and discomfort and the potential to result in an exacerbation of chronic illnesses.</p> <p>Findings include:</p> <p>Resident #83</p> <p>Resident #83 was admitted to the facility on [DATE], with diagnoses including chronic obstructive pulmonary disease (COPD) and acute on chronic diastolic (congestive) heart failure (CHF), and pain, unspecified. The resident's diagnoses list did not include a diagnosis for edema.</p> <p>On 02/24/2025 at 2:37 PM, Resident #83 complained of edema to bilateral lower extremities (BLE). Resident #83 verbalized the resident was not being provided medication for edema. Resident #83 had notable edema to the resident's BLE.</p> <p>A Provider Visit note dated 02/21/2025, documented Resident #83 complained of significant edema. Edema was noted by the provider and a new order for furosemide 20 milligrams (mg) daily for edema was documented.</p> <p>Resident #83's clinical record did not include any additional documentation related to edema.</p> <p>Resident #83's physician's orders did not include an order for furosemide 20 mg daily for edema.</p> <p>On 2/26/2025 at 3:30 PM, a Licensed Practical Nurse (LPN) explained when providers ordered a new medication, the order was given to the resident's nurse, and the nurse entered the order into the resident's electronic health record (EHR) and faxed it to the pharmacy. The LPN confirmed Resident #83's orders did not include an order for furosemide.</p> <p>02/27/25 at 8:24 AM, Resident #83 complained of edema and discomfort to the resident's BLE and was observed to have swelling consistent with edema to the resident's BLE.</p> <p>On 02/27/25 at 8:32 AM, the Director of Nursing Services (DNS) assessed Resident #83's BLE for edema and confirmed the resident had BLE edema. The DNS verbalized the edema was 1 to 2 plus (+) pitting edema and described the resident's feet and legs as feeling tight.</p> <p>On 02/27/25 at 9:06 AM, the DNS confirmed Resident #83's EHR included a providers note dated 02/21/2025, and the provider's note documented the resident was to have an order for furosemide 20 mg. The DNS was not sure why the order was not entered into the resident's order set and MAR.</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| F 0684<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>On 02/27/25 at 9:08 AM, the provider, an Advanced Practice Registered Nurse (APRN) verbalized when the APRN ordered new medications, the order was given to the resident's nurse verbally and in writing. The APRN confirmed the order for furosemide 20 mg for edema, should have been entered into Resident #83's EHR by the nurse on 02/21/2025 and administered to the resident.</p> <p>On 02/27/25 at 9:21 AM, the DNS confirmed the order for furosemide should have been entered into Resident #83's EHR and implemented on 02/21/2025 as ordered by the resident's provider. The DNS explained not implementing the order could have led to increased edema, an exacerbation of congestive heart failure and/or chronic obstructive pulmonary disease, increased pain and discomfort.</p> <p>The facility policy titled Nursing Policies and Procedures, dated 07/01/2016, documented nurses recorded the actual order received from the provider into the resident's medical record immediately.</p> |                                                                                   |                                                 |

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| F 0697<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43310</p> <p>Based on observation, interview, clinical record review, and document review the facility failed to ensure a resident's pain was managed, a physician was notified when pain medication was not effective and/or the resident's pain exceeded the parameters of the medication ordered for 1 of 22 sampled residents (Resident #83). This deficient practice could have the potential for unrelieved pain, discomfort, and inadequate pain management.</p> <p>Resident #83</p> <p>Resident #83 was admitted to the facility on [DATE], with diagnoses including pain, unspecified, pain in left hip, cellulitis of left upper limb, restless leg syndrome, pain in left hip, and pain in right hip.</p> <p>A physician's order dated 04/19/2024, documented acetaminophen tablet 325 milligrams (mg). Give one tablet by mouth every four hours as needed for mild pain/headache not to exceed three grams per day.</p> <p>Resident #83's Medication Administration Record (MAR) for February 2025, documented the resident was administered one tablet of acetaminophen 325 mg for pain levels greater than 0-3 out 10 on a numeric pain scale of 10 as follows:</p> <p>-On 02/14/2025 at 3:57 PM, one 325 mg tablet of acetaminophen was administered for a pain level of 4 out 10.</p> <p>-On 02/15/2025 at 5:57 PM, one 325 mg tablet of acetaminophen was administered for a pain level of 5 out 10.</p> <p>-On 02/18/2025 at 12:15 AM, one 325 mg tablet of acetaminophen was administered for a pain level of 5 out 10.</p> <p>-On 02/20/2025 at 6:35 PM, one 325 mg tablet of acetaminophen was administered for a pain level of 7 out of 10.</p> <p>-On 02/23/2025 at 2:57 PM, one 325 mg tablet of acetaminophen was administered for a pain level of 10 out of 10.</p> <p>-On 02/24/2025 at 12:45 AM, one 325 mg tablet of acetaminophen was administered for a pain level of 5 out of 10.</p> <p>-On 02/24/2025 at 6:34 PM, one 325 mg tablet of acetaminophen was administered for a pain level of 5 out of 10.</p> <p>-On 02/25/2025 at 5:34 AM, one 325 mg tablet of acetaminophen was administered for a pain level of 4 out of 10.</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| <p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>-On 02/26/2025 at 6:06 AM, one 325 mg tablet of acetaminophen was administered for a pain level of 6 out of 10.</p> <p>-On 02/26/2025 at 1:03 AM, one 325 mg tablet of acetaminophen was administered for a pain level of 6 out of 10.</p> <p>The MAR lacked documented evidence the resident's pain was reassessed to ensure efficacy of the medication.</p> <p>On 02/24/2025 at 2:30 PM, Resident #83 verbalized the resident had a history of knee replacement and had frequent knee pain. Resident #83 explained the resident's only ordered pain medication was acetaminophen and the medication did not effectively manage the resident's pain.</p> <p>On 02/26/2025 at 3:20 PM, a Licensed Practical Nurse (LPN) verbalized orders for pain medication instructed to give pain medication for either mild, moderate, and/or severe pain. The LPN explained a numeric scale of 0 - 10 was used to assess the severity of a resident's pain. Mild pain was 1-3/10, moderate pain was 4-6/10, and severe pain was 7-10/10. The LPN verbalized if a resident reported a pain level the resident's pain medication was not prescribed for, the expectation was the nurse would contact the resident's provider for instructions and/or new orders to treat the reported level of pain.</p> <p>On 02/26/2025 at 3:23 PM, the LPN reviewed Resident #83's MAR for February and confirmed pain levels documented above three, were moderate to severe pain and the resident's pain medication (acetaminophen) was prescribed for mild pain (1-3/10).</p> <p>On 02/26/2025 at 3:49 PM, the Director of Nursing Services (DNS) verbalized a pain rated as 0-3 on a numeric scale of 10 was mild pain and confirmed pain rated as 4 -10/10 was moderate to severe pain and was not to be considered mild pain. The expectation was when a resident reported a pain level outside of the parameters of the resident's prescribed pain medication, the nurse would contact the provider for instructions and/or new orders.</p> <p>On 02/27/2025 at 8:24 AM, Resident #83 complained of 10/10 knee pain and 8/10 neck and shoulder pain at rest, increasing to 10/10 with movement. The resident verbalized the pain was keeping the resident awake at night, limiting the resident's range of motion, and limiting the resident's ability to do things the resident enjoyed. The resident verbalized the facility was aware of the resident's pain but had not done anything to help alleviate the pain.</p> <p>The facility policy titled Pain Management, dated 05/05/2023, documented pain was whatever the experiencing person said it was and existed whenever the experiencing person said it did. Ongoing evaluations of a resident's pain was completed each shift and documented on the resident's MAR. Based on the evaluation, interventions were developed, implemented, monitored, and revised as necessary to prevent or manage the resident's pain.</p> |                                                                                   |                                                 |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43311</b></p> <p>Based on clinical record review, interview and document review, the facility failed to: 1) perform nursing pre and post dialysis assessments and 2) access and maintain completed dialysis communication transfer forms in collaboration with the dialysis provider for 6 of 6 sampled residents on dialysis (Resident # 9, #20, #151, #51, #61, and #60). The deficient practice potentially placed the residents at risk for improper coordination of care between the facility and the dialysis provider.</p> <p>Findings include:</p> <p>Resident #9</p> <p>Resident #9 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including end stage renal disease, type two diabetes mellitus without complications, and heart failure.</p> <p>Physician orders for Resident #9 documented the following:</p> <p>-05/31/2024: Hemodialysis: Monday-Wednesday-Friday. Special instructions; Vital signs (VS) after each session. Send/receive communication form with patient. Medical Records scan upon return, every day shift, every Monday, Wednesday, and Friday.</p> <p>-06/03/2024: Hemodialysis: Monday-Wednesday-Friday. Special instructions; VS before each session. Send/receive communication form with patient. Medical Records scan upon return, every day shift, every Monday, Wednesday, and Friday.</p> <p>-05/12/2024: check arteriovenous (AV) fistula every shift for positive thrill and bruit, access site right upper arm.</p> <p>Resident #9's Comprehensive Care Plan documented the following dialysis nursing interventions/tasks:</p> <p>-check arteriovenous fistula every day for bruit and thrill,</p> <p>-monitor/document peripheral edema, and</p> <p>-monitor/document/report to physician as needed any signs or symptoms of infection to access site: redness, swelling, warmth, or drainage.</p> <p>The facility Transportation Log documented Resident #9 was transported to dialysis on the following dates:</p> <p>-12/02/2024</p> <p>-12/27/2024</p> <p>-12/31/2024</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |                                                 |
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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>-01/17/2025</p> <p>-01/27/2025</p> <p>Resident #9's clinical record lacked a Hemodialysis Communication Form and evidence of the resident's clinical assessments before, during, and after dialysis for the documented dialysis transportation dates.</p> <p>Resident #9's clinical record contained the following incomplete Hemodialysis Communication Forms:</p> <p>-11/04/2024: Lacked the pre dialysis access site assessment, pain assessment, medications held/given, signature, title, and time of transfer, the Dialysis Center's temperature measurement, the post dialysis vitals, access site assessment, pain assessment, signature, title, and time of return.</p> <p>-11/22/2024: Lacked the reason medications were not administered, signature, and time of transfer.</p> <p>-12/04/2024: Lacked the pre dialysis medications held/given and pain assessment, the Dialysis Center's pain assessment, and the post dialysis pain assessment.</p> <p>-12/13/2024: Lacked the pre dialysis medications held/given, access site assessment, and pain assessment, and the post dialysis pain assessment.</p> <p>-12/18/2024: Lacked the pre dialysis medications held/given, access site assessment, and pain assessment.</p> <p>-01/06/2025: Lacked the pre assessment time of transfer, and the reason why medications were not administered, and the Dialysis Center's pain assessment.</p> <p>-01/10/2025: Lacked the pre dialysis assessment time of transfer, and the Dialysis Center's pain assessment, access site assessment, VS, pre and post dialysis weights, and dialysis start and end times.</p> <p>-01/24/2025: Lacked the post dialysis vitals, pain assessment, access site assessment, signature, title, and date.</p> <p>On 02/26/25 at 1:47 PM, a Licensed Practical Nurse (LPN) explained the Hemodialysis Communication Form indicated the nursing facility was responsible for completion of the top portion of the form prior to the resident's treatment and should send the form with the resident to the Dialysis Center. Upon the resident's return from the Dialysis Center, the bottom portion was to be completed by the nursing facility. The Dialysis Center should have completed the middle section and returned the form to the nursing facility after the treatment was completed to advise of the resident's post dialysis status.</p> <p>On 02/26/2025 at 1:51 PM, the LPN explained a consequence to an incomplete or missing Hemodialysis Communication Form was the resident could be in trouble metabolically and the form was one way to track what was happening at the time and informing the nurse of what occurred during dialysis.</p> <p>Resident #20</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>295044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>03/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hearthstone                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1950 Baring Blvd<br>Sparks, NV 89434 |                                                 |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                 |
| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Resident #20 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including type two diabetes mellitus with diabetic chronic kidney disease, dependence on renal dialysis, and acute posthemorrhagic anemia.</p> <p>Physician orders for Resident #20 documented the following:</p> <ul style="list-style-type: none"> <li>-10/07/2024: Dialysis every Tuesday, Thursday, and Saturday in the AM, every 48 hours for dialysis.</li> <li>-10/08/2024: Check AV fistula every shift for positive bruit and thrill, access site left upper arm every shift.</li> <li>-10/08/2024: Check the access site dressing to left upper arm every shift.</li> <li>-01/02/2025: Hemodialysis: Tuesday, Thursday, and Saturday. Special instructions; VS before and after each session. Send/receive communication form with patient. Medical Records to scan upon return, every day shift, every Tuesday, Thursday, and Saturday.</li> </ul> <p>Resident #20's Comprehensive Care Plan documented the following dialysis nursing interventions/tasks:</p> <ul style="list-style-type: none"> <li>-check and change dressing daily at access site, document,</li> <li>-check AV fistula every day for bruit and thrill,</li> <li>-monitor/document for peripheral edema, and</li> <li>-monitor/document/report to physician as needed any signs or symptoms of infection to access site: redness, swelling, warmth, or drainage.</li> </ul> <p>The facility Transportation Log documented Resident #20 was transported to dialysis on the following dates:</p> <ul style="list-style-type: none"> <li>-11/09/2024</li> <li>-11/30/2024</li> <li>-12/07/2024</li> <li>-12/21/2024</li> <li>-12/23/2024</li> <li>-12/26/2024</li> <li>-12/28/2024</li> </ul> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>295044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>03/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hearthstone                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1950 Baring Blvd<br>Sparks, NV 89434 |                                                 |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                 |
| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Resident #20's clinical record lacked a Hemodialysis Communication Form and evidence of the resident's clinical assessments before, during, and after dialysis for the documented dialysis transportation dates.</p> <p>Resident #20's clinical record contained the following incomplete Hemodialysis Communication Forms:</p> <p>-11/12/2024: Lacked the Dialysis Center's access site assessment, pain assessment, and observations.</p> <p>-11/14/2024: Lacked the Dialysis Center's access site assessment, pain assessment, and observations.</p> <p>-11/23/2024: Lacked the facility nurse post dialysis access site assessment, pain assessment, date and signature.</p> <p>-11/28/2024: Lacked the Dialysis Center's access site assessment, pain assessment, dialysis start and end times, and post dialysis weight and the facility nurse post dialysis pain assessment.</p> <p>-12/14/2024: Lacked the Dialysis Center's access site assessment and the facility nurse post dialysis assessment, VS, signature, title and date.</p> <p>-12/31/2024: Lacked the Dialysis Center's access site assessment, post dialysis weight, dialysis start and end times, and the facility nurse's pre dialysis transfer time, the post dialysis access site assessment and vitals.</p> <p>-01/04/2025: Lacked the facility nurse post dialysis assessment, signature, title, and date.</p> <p>-01/07/2025: Lacked the facility nurse pre dialysis access site assessment, medication held/given, pain assessment, and the Dialysis Center's post dialysis weight.</p> <p>-01/16/2025: Lacked the facility nurse pre and post dialysis signatures, titles, time of departure, and post dialysis assessment.</p> <p>-01/23/2025: Lacked the facility nurse pre dialysis medications held/given and time of transfer, the Dialysis Center's access site assessment and pain assessment, and the facility nurse post dialysis access site assessment, VS, signature, title, date, and time of return.</p> <p>-01/28/2025: Lacked the Dialysis Center's access site assessment, dialysis start and end times, and pain assessment.</p> <p>-01/30/2025: Lacked the pre dialysis time of transfer, the Dialysis Center's access site assessment, pain assessment, and time of assessment, and the facility nurse post dialysis access site assessment, vitals, pain assessment, signature, title and time of return.</p> <p>-02/06/2025: Lacked the facility nurse pre dialysis access site assessment, pain assessment, medications held/given, signature, title, and time of transfer, the Dialysis Center's post dialysis weight, and facility nurse post dialysis access site assessment, pain assessment, signature, title, and time of return.</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>295044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>03/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hearthstone                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1950 Baring Blvd<br>Sparks, NV 89434 |                                                 |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                 |
| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>-02/08/2025: Lacked the pre dialysis pain assessment and medications held/given, the Dialysis Center's access site assessment, pain assessment, and start and end times for dialysis.</p> <p>-02/13/2025: Lacked the time of transfer to dialysis and the facility nurse post dialysis access site assessment, pain assessment, vitals, signature, title, and date.</p> <p>Resident #151</p> <p>Resident #151 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including acute and chronic respiratory failure with hypercapnia, anemia in chronic kidney disease, dependence on renal dialysis, and chronic atrial fibrillation, unspecified.</p> <p>Physician orders for Resident #151 documented the following:</p> <p>-01/09/2025: Hemodialysis: Monday-Wednesday-Friday. Special instructions; VS before each session. Send/receive communication form with patient. Medical Records scan upon return, every day shift, every Monday, Wednesday, and Friday.</p> <p>-01/09/2025: Hemodialysis: Monday-Wednesday-Friday. Special instructions; VS after each session. Send/receive communication form with patient. Medical Records scan upon return, every day shift, every Monday, Wednesday, and Friday.</p> <p>-02/19/2025: Receives hemodialysis three times per week on Monday, Wednesday, and Friday.</p> <p>-02/19/2025: Check AV fistula every shift for positive thrill and bruit, access site left AV.</p> <p>-02/19/2025: check the access site dressing to left intrajugular perma-cath, report signs and symptoms of infection to physician, every shift.</p> <p>Resident #151's Comprehensive Care Plan documented the following dialysis nursing interventions/tasks:</p> <p>-pain assessment every shift related to dialysis</p> <p>-monitor and report to physician as needed for any sign or symptom of decreased appetite, nausea/vomiting, complaints of stomach pain.</p> <p>Resident #151's clinical record contained the following incomplete Hemodialysis Communication Forms:</p> <p>-01/15/2025: Lacked the pre dialysis access site assessment, the Dialysis Center's access site assessment pain assessment, and time of assessment, and the facility nurse access site assessment post dialysis access site assessment, pain assessment, and time of return.</p> <p>-02/12/2025: Lacked the facility nurse pre dialysis access site assessment and time of transfer, the Dialysis Center's complete VS, dialysis start and end times, access site assessment and pain assessment, and the facility nurse post dialysis access site assessment.</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>295044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>03/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hearthstone                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1950 Baring Blvd<br>Sparks, NV 89434 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                                                 |
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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>-02/14/2025: Lacked the pre dialysis medications given/held and time of transfer, and the facility nurse post dialysis access site assessment, pain assessment, signature, title, and return time.</p> <p>-02/21/2025: Lacked the Dialysis Center's post dialysis weight and the facility nurse post dialysis access site assessment, pain assessment, vitals, signature, title and return time.</p> <p>-02/24/2025: Lacked the Dialysis Center's access site assessment, pain assessment, resident's temperature, and time of assessment, and the facility nurse access site assessment and pain assessment.</p> <p>-02/26/2025: Lacked the pre dialysis medications given/held, pain assessment, and time of transfer, the Dialysis Center's access site assessment, and the facility nurse post dialysis access site assessment, pain assessment, signature, title and return time.</p> <p>Resident #61</p> <p>Resident #61 was admitted to the facility on [DATE], with diagnoses including dependence on renal dialysis, type two diabetes mellitus without complications, and atherosclerotic heart disease of native coronary artery, and anemia in other chronic diseases classified elsewhere.</p> <p>Physician orders for Resident #61 documented the following:</p> <p>-12/12/2024: Receives Hemodialysis Tuesday, Thursday, and Saturday.</p> <p>-12/14/2024: Hemodialysis: Tuesday, Thursday, Saturday. Special instructions; VS before session. Send/receive communication form with patient. Medical Records to scan upon return, every shift, every Tuesday, Thursday, and Saturday.</p> <p>-12/14/2024: Hemodialysis: Tuesday, Thursday, Saturday. Special instructions; VS after session. Send/receive communication form with patient. Medical Records to scan upon return, every shift, every Tuesday, Thursday, and Saturday.</p> <p>Resident #61's Comprehensive Care Plan documented the following dialysis nursing interventions/tasks:</p> <p>-Monitor/document for peripheral edema,</p> <p>-Monitor/document/report to physician as needed any signs or symptoms of infection to access site: redness, swelling, warmth, or drainage,</p> <p>-Monitor/document/report to physician as needed for signs and symptoms of renal insufficiency: changes in level of consciousness, changes in skin turgor, oral mucosa, changes in heart and lung sounds,</p> <p>-Report significant changes in pulse, respirations, and blood pressure immediately.</p> <p>Resident #61's clinical record contained the following incomplete Dialysis Communication Forms:</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>295044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>03/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hearthstone                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1950 Baring Blvd<br>Sparks, NV 89434 |                                                 |
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| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                                 |
| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>-12/18/2024: Lacked the pre dialysis access site assessment and time of transfer, the Dialysis Center's access site assessment, and the facility nurse post dialysis access site assessment.</p> <p>-01/04/2025: Lacked the pre dialysis access site assessment, pain assessment, medications given/held, signature, title, and time of transfer, the Dialysis Center's access site assessment and post dialysis weight.</p> <p>-01/08/2025: Lacked the pre dialysis access site assessment, the Dialysis Center's VS and access site assessments, visit documentation, and the facility nurse post dialysis access site assessment.</p> <p>-01/11/2025: Lacked the pre dialysis access site assessment, pain assessment, signature, title and time of transfer, and the Dialysis Center's access site assessment.</p> <p>Resident #51</p> <p>Resident #51 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including end stage renal disease, type two diabetes mellitus without complications, chronic obstructive pulmonary disease, and anemia in chronic kidney disease.</p> <p>Physician orders for Resident #51 documented the following:</p> <p>-02/17/2025: Hemodialysis: Monday-Wednesday-Friday. Special instructions; VS before each session. Send/receive communication form with patient. Medical Records to scan upon return, every day shift, every Monday, Wednesday, and Friday.</p> <p>-02/17/2025: Hemodialysis: Monday-Wednesday-Friday. Special instructions; VS after each session. Send/receive communication form with patient. Medical Records to scan upon return, every day shift, every Monday, Wednesday, and Friday.</p> <p>-02/17/2025: Check the access site dressing right upper arm every shift.</p> <p>-02/24/2025: Check AV fistula every shift for positive thrill and bruit, access site right upper arm, every shift.</p> <p>Resident #51's Comprehensive Care Plan documented the following nursing interventions/tasks:</p> <p>-Administer medications as ordered, monitor/document for side effects and effectiveness,</p> <p>-Monitor VS as ordered and record, notify physician of significant abnormalities.</p> <p>The facility Transportation Log documented Resident #51 was transported to dialysis on the following dates:</p> <p>-02/03/2025</p> <p>-02/05/2025</p> <p>-02/07/2025</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>295044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>03/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hearthstone                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1950 Baring Blvd<br>Sparks, NV 89434 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                 |
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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Resident #51's clinical record lacked a Hemodialysis Communication Form and evidence of the resident's clinical assessments before, during, and after dialysis for the documented dialysis transportation dates.</p> <p>Resident #51's clinical record contained the following incomplete Hemodialysis Communication Forms:</p> <p>-02/10/2025: Lacked the pre dialysis medications given/held, the Dialysis Center's access site assessment, pain assessment, pre and post dialysis weight, dialysis start and end times, signature and title.</p> <p>-02/19/2025: Lacked the Dialysis Center's access site assessment, pain assessment, pre and post dialysis weight, dialysis start and end times, signature, title, and time of assessment. A notation on the Dialysis Center portion of the form wrote Dialysis Center did not fill out.</p> <p>-02/21/2025: Lacked the Dialysis Center's post dialysis weight and dialysis start and end times.</p> <p>-02/24/2025: Lacked the pre dialysis VS, medications held/given, and time of transfer, and the Dialysis Center's access site assessment, pain assessment, VS, pre and post dialysis weight, dialysis start and end times, signature, and title.</p> <p>On 02/27/25 at 10:24 AM, the Director of Nursing Services (DNS) explained if a Hemodialysis Communication Record was not present in the clinical chart, it would mean the form was not implemented for the Dialysis visit. The DNS confirmed the missing forms were not present and confirmed the incomplete dialysis visit records for the reviewed residents. The expectation was the form would be filled out for every resident dialysis visit as a tool of communication between the facility and the Dialysis Center. The DNS confirmed if the visit was refused or canceled it should have been documented in a nursing progress note.</p> <p>The DNS explained if the Hemodialysis Communication Record had missing information from the Dialysis Center staff, the charge nurse on duty would call the Dialysis Center and get the information or have the information faxed to the facility. The DNS confirmed it was the responsibility of the charge nurse on duty to verify the Hemodialysis Communication Record was complete and accurately documented the resident's post dialysis status.</p> <p>On 03/03/25 at 12:30 PM, the DNS verbalized the DNS was the Dialysis Coordinator and had the overall responsibility for coordination of dialysis for facility residents.</p> <p>40377</p> <p>Resident #60</p> <p>Resident #60 was admitted to the facility on [DATE], with diagnoses including end stage renal disease, type 2 diabetes mellitus without complication, renovascular hypertension, and dependence on renal dialysis.</p> <p>A physician's order dated 01/28/2025, documented Hemodialysis: Monday, Wednesday and Friday at 6:15 AM, Special Instructions: VS before each session. Send/receive communication form with patient. Medical Records to scan document upon return every day shift every Monday, Wednesday, and Friday.</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>A physician's order dated 01/28/2025, documented Hemodialysis: Monday, Wednesday and Friday at 6:15 AM, Special Instructions: VS after each session. Send/receive communication form with patient. Medical Records to scan document upon return every day shift every Monday, Wednesday, and Friday.</p> <p>A physician's order dated 01/28/2025, documented check the access site dressing right chest every shift.</p> <p>Resident #60's Comprehensive Care Plan dated 02/04/2025, documented Resident #60 required hemodialysis resulting from renal failure with interventions including:</p> <ul style="list-style-type: none"> <li>- monitor and document for peripheral edema.</li> <li>- monitor/document and report to physician as needed any signs and symptoms of infection to access site: redness, swelling, warmth or drainage.</li> <li>- obtain VS and weight. Report significant changes in pulse, respirations and BP immediately.</li> </ul> <p>The facility Transportation Log documented Resident #60 was transported to dialysis on the following dates:</p> <ul style="list-style-type: none"> <li>- 01/29/2025 at 5:45 AM</li> <li>- 01/31/2025 at 5:45 AM</li> <li>- 02/03/2025 at 5:45 AM</li> <li>- 02/05/2025 at 5:45 AM</li> <li>- 02/07/2025 at 5:45 AM</li> <li>- 02/10/2025 at 5:45 AM</li> <li>- 02/12/2025 at 5:45 AM</li> <li>- 02/14/2025 at 5:45 AM</li> <li>- 02/17/2025 at 5:45 AM</li> <li>- 02/19/2025 at 5:45 AM</li> <li>- 02/21/2025 at 5:45 AM</li> </ul> <p>Resident #60's clinical record documented the following Hemodialysis Communication Records lacked completion:</p> <ul style="list-style-type: none"> <li>-On 01/29/2025, lacked assessment of the access site prior to dialysis, time of transfer to dialysis, and assessment of the access after dialysis and time of return.</li> </ul> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>-On 02/03/2025, lacked medications given/held before dialysis, assessment of the access site before dialysis, time of transfer to dialysis, all of the dialysis center's clinical information, assessment of the access site after dialysis, nurses signature, title, and time of return.</p> <p>-On 02/05/2025, lacked reason medication held before dialysis, resident's VS after dialysis, assessment of access site, nurse's signature, title and time of return.</p> <p>-On 02/07/2025, lacked resident's VS prior to leaving, title of person signing form and time of transfer to dialysis, assessment of access on return from dialysis, nurse's signature, title and time of return.</p> <p>-On 02/10/2025, lacked medications given/held, assessment of access site, title of person signing form and time of transfer to dialysis, and all of the dialysis center's clinical information.</p> <p>-On 02/12/2025, lacked medications given/held before dialysis, the resident's VS upon return, and assessment of the access site.</p> <p>-On 02/17/2025, lacked reason medication held before dialysis, and title of person signing form after dialysis.</p> <p>-On 02/19/2025, lacked assessment of access site before dialysis, assessment of the access site after dialysis, the nurse's signature, title and time of return.</p> <p>-On 02/21/2025, lacked the resident's post dialysis weight, and the nurse's signature, title and time of return.</p> <p>-On 02/24/2025, lacked medications given/held, assessment of the access site before dialysis, the nurse's signature and time of transfer to dialysis, the resident's weight post dialysis, and the completion of the return section after dialysis, including resident vitals, access assessment, nurse's signature, title and time of return.</p> <p>On 02/26/2025 at 9:32 AM, the DNS verified the Hemodialysis Communication Records were missing the aforementioned VS and/or resident assessments and/or hemodialysis center's clinical assessment information associated with the aforementioned dates.</p> <p>On 02/26/25 at 9:36 AM, the DNS verbalized all residents receiving dialysis were sent with a Dialysis Communication Record. The facility nurse should complete the section prior to sending the resident to dialysis including any medications given or held, resident's VS (blood pressure, pulse, respirations, temperature), assessment of the access site, date and time of transfer and the nurse's signature and title. The dialysis center would complete the second section including resident's VS, the resident's weight pre and post dialysis, any new orders, dialysis start and ending time, assessment of the access site, any lab work, any recommendations, the dialysis center's address and phone number and the nurse's signature, title and time. Upon return to the facility, the facility nurse would complete the last section including resident's VS, access assessment, the nurse's signature, title and time of return.</p> <p>Resident #60's clinical record lacked documented evidence of a Hemodialysis Communication Record for the following dates Resident #60 was transported to dialysis:</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>- 01/29/2025</p> <p>- 02/14/2025</p> <p>On 02/27/25 at 10:28 AM, the Assistant Director of Nursing verbalized the ADON expected staff to complete the Hemodialysis Communication Record before and after the resident's dialysis and to ensure the dialysis center completed their portion and if not, to call and have the information sent via facsimile or take a verbal report and document the information in a progress note. The ADON confirmed the facility did not have the Hemodialysis Communication Records for the aforementioned dates and no other documentation was available in the facility to record the required information.</p> <p>The American Heart Association (AHA) journal titled Risk Assessment for Sudden Cardiac Death in Dialysis Patients, Volume 3; Number 5, viewed 02/26/2025, documented patients with end-stage renal disease (ESRD) on long-term dialysis therapy had a very high mortality due to predominantly cardiovascular causes. The single most common form of death in dialysis patients was sudden cardiac death. Dialysis could cause significant sudden shifts in electrolytes and fluid volume and could act as a trigger to initiating life-threatening arrhythmias. Precipitating factors included hyper-hypokalemia, anemia, hypertension, diabetic autonomic neuropathy, rapid fluctuations in volume status and blood pressure around dialysis treatments, atrial dilation from fluid overload, fluctuations in electrolytes including potassium, around or during dialysis treatments, and acute changes in autonomic regulations during dialysis.</p> <p>A Dialysis Transfer Agreement, effective 03/14/2024, documented the Dialysis Center would provide to Facility information on aspects of the management of a Designated Resident's care related to the provision of dialysis services. The Facility would ensure that all appropriate medical, social, administrative, and other information accompany all Designated Residents to include the following: treatment provided to the Designated Resident, appropriate medical records, medications and any changes in a patient's condition (physical or mental), change of medication, and diet or fluid intake.</p> <p>A facility policy titled Hemodialysis Policy, undated, documented the facility would participate in ongoing communication with the dialysis center by using the Dialysis Communication Form filed in the resident's medical record.</p> |                                                                                   |                                                 |

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| F 0730<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>Observe each nurse aide's job performance and give regular training.</p> <p>46301</p> <p>Based on interview and personnel record review, the facility failed to ensure a Certified Nursing Assistant (CNA) had an annual performance evaluation completed timely for 2 of 2 CNAs employed greater than one year, sampled for personnel record review (Employee #7, and #8).</p> <p>Findings include:</p> <p>Employee #7</p> <p>Employee #7 was hired on 01/01/2024, as a CNA.</p> <p>Employee #7's personnel record lacked documented evidence an annual performance review had been conducted by the employee's anniversary date of 01/01/2025.</p> <p>Employee #8</p> <p>Employee #8 was hired on 01/01/2024, as a CNA.</p> <p>Employee #8's personnel record documented an annual performance review had been conducted on 02/25/2025, 55 days after the employee's anniversary date of 01/01/2025.</p> <p>On 02/25/2025 at 12:56 PM, the Human Resources Manager confirmed Employee's #7 did not have an annual performance evaluation for 2025 and Employee #8's annual performance evaluation for 2025 was completed late. The Human Resources Manager verbalized all CNAs were required to have an evaluation every year by the hire anniversary date and they were to be completed by the Director of Nursing.</p> <p>The Facility policy titled Performance Evaluations, revised 07/2010, documented performance evaluations would occur on but not limited to the employee's annual date of hire anniversary.</p> |                                                                                   |                                                 |

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| F 0732<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Many                                       | Post nurse staffing information every day.<br><br>40377<br><br>Based on observation and interview, the facility failed to ensure current nursing hours was posted for the facility. This deficient practice had the potential to result in a lack of awareness for residents and visitors regarding the number of nursing and direct care staff on duty.<br><br>Findings include:<br><br>On 02/26/2025 at 11:11 AM, the nursing staff posting for the facility was dated 02/25/2025. The posting of licensed & unlicensed direct care staff for the facility on 02/26/2025 was not posted.<br><br>On 02/26/25 at 11:14 AM, the Assistant Director of Nursing (ADON) verbalized the Staffing Coordinator was responsible to post the direct care staff posting daily at shift change.<br><br>On 02/26/2025 at 11:16 AM, the ADON confirmed the nursing staff information was not posted for 02/26/2025. |                                                                                   |                                                 |

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| <p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41848</b></p> <p>Based on observation, interview, clinical record review, and document review, the facility failed to ensure a resident's behaviors of threatening staff members with physical and sexual violence were monitored per facility policy for 1 of 22 sampled residents (Resident #78). This deficient practice had the potential to result in a resident's behaviors worsening or escalating with no monitoring in place.</p> <p>Findings include:</p> <p>Resident #78</p> <p>Resident # 78 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including alcohol dependence with alcohol-induced persisting dementia, schizoaffective disorder, unspecified, and hallucinations, unspecified.</p> <p>A Nursing Progress Note, dated 01/06/2025, documented the resident used profane language toward the Licensed Practical Nurse (LPN) and called the LPN derogatory names. The resident told the LPN to get on the LPN's knees and perform a sexual act for the resident and apologize to the resident until the resident was tired of the LPN. The resident yelled and blocked the LPN from leaving the area. The resident threatened to break the LPN's face and was using numerous expletives. The resident then threatened to catch the LPN off-guard and rape the LPN.</p> <p>The task for Behavior Monitoring, documented the resident had no behaviors observed on 01/06/2025.</p> <p>A Nursing Progress Note, dated 01/09/2025, documented the resident approached the LPN and started laughing while calling the LPN a derogatory name.</p> <p>The task for Behavior Monitoring, documented the resident had no behaviors observed on 01/09/2025.</p> <p>A Nursing Progress Note, dated 01/15/2025, documented the LPN walked by Resident #78 and the resident called the LPN a derogatory name. The LPN walked away from the resident to avoid any further comments from the resident as the resident's use of derogatory language towards the LPN and other staff was an ongoing concern. The resident then threatened to rape the LPN and told the LPN the resident would wait for the LPN outside and would torture the LPN. The resident then referred to the LPN as a derogatory name in Spanish.</p> <p>The task for Behavior Monitoring, documented the resident had no behaviors observed on 01/15/2025.</p> <p>The Care Plan for Resident #78 did not include the behaviors of threatening staff.</p> <p>On 02/26/2025 at 12:42 PM, the LPN verbalized the resident had snapped and the resident began making violent threats toward the LPN when the LPN had taken the resident's alcohol away.</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| F 0740<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>On 02/26/2025 at 4:08 PM, the Director of Nursing Services (DNS) verbalized the resident's behavior of making threats of sexual violence against staff should have been care planned with interventions for the safety of residents, visitors, and staff. The DNS confirmed the Care Plan did not include the behaviors and the behaviors should have been included on the Care Plan. The DNS verbalized behavior monitoring should have included documentation of the behaviors for each day a behavior occurred.</p> <p>The facility policy titled Documentation - Licensed Nursing, revised 01/01/2016, documented behaviors would be documented and tracked as they occurred using the appropriate behavior tracking forms.</p> <p>Cross reference with tag F656</p> |                                                                                   |                                                 |

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| F 0835<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>43310</p> <p>Based on observation, document review, and interview the facility failed to demonstrate effective administration by not ensuring pre and post dialysis assessments, documentation of the assessments, and communication with the dialysis center were completed and correctly documented. This deficient practice resulted in a substandard quality of care.</p> <p>On 03/03/2025 at 1:13 PM, the Executive Director confirmed the facility lacked a process to ensure pre and post dialysis assessments, documentation of the assessments, and communication with the dialysis center was completed and correctly documented on the facility's Dialysis Communication Record. The Executive Director explained it was important the process was followed to ensure continuity of care between the facility and the dialysis center.</p> <p>On 02/27/2025 at 3:02 PM, the Executive Director verbalized not understanding why the deficient practice was a substandard quality of care. It was explained to the Executive Director the scope and severity of the deficient practice included all of the facility's dialysis patients and was a systemic failure of the facility's dialysis process.</p> <p>The facility policy titled Dialysis-Hemodialysis, revised 07/01/2016, documented the facility staff participated in ongoing communication with the dialysis center by using the Dialysis Communication Form which was filed in the resident's medical record.</p> <p>Cross reference with F698</p> |                                                                                   |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43311</p> <p>Based on interview, clinical record review, and document review, the facility failed to ensure a resident's medical record was complete for 6 of 6 sampled residents (Resident #9, #20, #151, #61, #51, and #60), and to accurately document monitoring of a resident with significant weight loss for 1 of 22 sampled residents (Resident #1). The deficient practice had the potential for the resident to experience health risks associated with additional unknown weight loss.</p> <p>Findings include:</p> <p>Resident #9</p> <p>Resident #9 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including end stage renal disease, type two diabetes mellitus without complications, and heart failure.</p> <p>A physician's order dated 05/31/2024, documented Hemodialysis: Monday-Wednesday-Friday. Special instructions; Vital signs (VS) after each session. Send/receive communication form with patient. Medical Records scan upon return, every day shift, every Monday, Wednesday, and Friday.</p> <p>A physician's order dated 06/04/2024, documented Hemodialysis: Monday-Wednesday-Friday. Special instructions; VS before each session. Send/receive communication form with patient. Medical Records scan upon return, every day shift, every Monday, Wednesday, and Friday</p> <p>The facility Transportation Log documented Resident #9 was transported to dialysis on the following dates:</p> <p>-12/02/2024</p> <p>-12/27/2024</p> <p>-12/31/2024</p> <p>-01/17/2025</p> <p>-01/27/2025</p> <p>Resident #9's clinical record lacked a Hemodialysis Communication Form and evidence of the resident's clinical assessments before, during, and after dialysis for the documented dialysis transportation dates.</p> <p>Resident #9's clinical record contained the following incomplete Hemodialysis Communication Forms:</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>-11/04/2024: Lacked the facility nurse pre dialysis access site assessment, pain assessment, medications held/given, signature, title, and time of transfer, the Dialysis Center's temperature measurement, the post dialysis vitals, access site assessment, pain assessment, signature, title, and time of return.</p> <p>-11/22/2024: Lacked the reason medications were not administered, signature, and time of transfer.</p> <p>-12/04/2024: Lacked the facility nurse pre dialysis medications held/given and pain assessment, the Dialysis Center's pain assessment, and the post dialysis pain assessment.</p> <p>-12/13/2024: Lacked the facility nurse pre dialysis medications held/given, access site assessment, and pain assessment, and the post dialysis pain assessment.</p> <p>-12/18/2024: Lacked the facility nurse pre dialysis medications held/given, access site assessment, and pain assessment.</p> <p>-01/06/2025: Lacked the facility nurse pre assessment time of transfer, and the reason why medications were not administered, and the Dialysis Center's pain assessment.</p> <p>-01/10/2025: Lacked the facility nurse pre dialysis assessment time of transfer, and the Dialysis Center's pain assessment, access site assessment, vital signs, pre and post dialysis weights, and dialysis start and end times.</p> <p>-01/24/2025: Lacked the facility nurse post dialysis vitals, pain assessment, access site assessment, signature, title, and date.</p> <p>On 02/26/25 at 1:47 PM, a Licensed Practical Nurse (LPN)/Charge Nurse explained the Hemodialysis Communication Form indicated the nursing facility was responsible for completion of the top portion of the form prior to the resident's treatment and should send the form with the resident to the Dialysis Center. Upon the resident's return from the Dialysis Center, the bottom portion was to be completed by the nursing facility. The Dialysis Center should have completed the middle section and returned the form to the nursing facility after the treatment was completed to advise of the resident's post dialysis status.</p> <p>On 02/26/2025 at 1:51 PM, the LPN/Charge Nurse explained a consequence to an incomplete or missing Hemodialysis Communication Form was the resident could be in trouble metabolically and the form was one way to track what was happening at the time and informing the nurse of what occurred during dialysis.</p> <p>Resident #20</p> <p>Resident #20 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including type two diabetes mellitus with diabetic chronic kidney disease, dependence on renal dialysis, and acute posthemorrhagic anemia.</p> <p>A physician's order dated 10/07/2024, documented Dialysis every Tuesday, Thursday, and Saturday in the AM, every 48 hours for dialysis.</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>A physician's order dated 10/08/2024, documented Check AV fistula every shift for positive bruit and thrill, access site left upper arm every shift.</p> <p>The facility Transportation Log documented Resident #20 was transported to dialysis on the following dates:</p> <p>-11/09/2024</p> <p>-11/30/2024</p> <p>-12/07/2024</p> <p>-12/21/2024</p> <p>-12/23/2024</p> <p>-12/26/2024</p> <p>-12/28/2024</p> <p>Resident #20's clinical record lacked a Hemodialysis Communication Form and evidence of the resident's clinical assessments before, during, and after dialysis for the documented dialysis transportation dates.</p> <p>Resident #20's clinical record contained the following incomplete Hemodialysis Communication Forms:</p> <p>-11/12/2024: Lacked the Dialysis Center's access site assessment and pain assessment.</p> <p>-11/14/2024: Lacked the Dialysis Center's access site assessment and pain assessment.</p> <p>-11/23/2024: Lacked the facility nurse post dialysis access site assessment, pain assessment, date and signature.</p> <p>-11/28/2024: Lacked the Dialysis Center's access site assessment, pain assessment, dialysis start and end times, and post dialysis weight and the facility nurse post dialysis pain assessment.</p> <p>-12/14/2024: Lacked the Dialysis Center's access site assessment and the facility nurse post dialysis assessment, vital signs, signature, title and date.</p> <p>-12/31/2024: Lacked the Dialysis Center's access site assessment, post dialysis weight, dialysis start and end times, and the facility nurse's pre dialysis transfer time, the post dialysis access site assessment and vitals.</p> <p>-01/04/2025: Lacked the facility nurse post dialysis assessment, signature, title, and date.</p> <p>-01/07/2025: Lacked the facility nurse pre dialysis access site assessment, medication held/given, pain assessment, and the Dialysis Center's post dialysis weight.</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>295044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>03/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hearthstone                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1950 Baring Blvd<br>Sparks, NV 89434 |                                                 |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |                                                 |
| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>-01/16/2025: Lacked the facility nurse pre and post dialysis signatures, titles, time of departure, and post dialysis assessment.</p> <p>-01/23/2025: Lacked the facility nurse pre dialysis medications held/given and time of transfer, the Dialysis Center's access site assessment and pain assessment, and the facility nurse post dialysis access site assessment, vital signs, signature, title, date, and time of return.</p> <p>-01/28/2025: Lacked the Dialysis Center's access site assessment, dialysis start and end times, and pain assessment.</p> <p>-01/30/2025: Lacked the facility nurse pre dialysis time of transfer, the Dialysis Center's access site assessment, pain assessment, and time of assessment, and the facility nurse post dialysis access site assessment, vitals, pain assessment, signature, title and time of return.</p> <p>-02/06/2025: Lacked the facility nurse pre dialysis access site assessment, pain assessment, medications held/given, signature, title, and time of transfer, the Dialysis Center's post dialysis weight, and facility nurse post dialysis access site assessment, pain assessment, signature, title, and time of return.</p> <p>-02/08/2025: Lacked the facility nurse pre dialysis pain assessment and medications held/given, the Dialysis Center's access site assessment, pain assessment, and start and end times for dialysis.</p> <p>-02/13/2025: Lacked the time of transfer to dialysis and the facility nurse post dialysis access site assessment, pain assessment, vitals, signature, title, and date.</p> <p>Resident #151</p> <p>Resident #151 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including acute and chronic respiratory failure with hypercapnia, anemia in chronic kidney disease, dependence on renal dialysis, and chronic atrial fibrillation, unspecified.</p> <p>A physician's order dated 01/09/2025, documented Hemodialysis: Monday-Wednesday-Friday. Special instructions: VS before each session. Send/receive communication form with patient. Medical Records scanned upon return, every day shift, every Monday, Wednesday, and Friday.</p> <p>A physician's order dated 01/09/2025, documented Hemodialysis: Monday-Wednesday-Friday. Special instructions: VS after each session. Send/receive communication form with patient. Medical Records scanned upon return, every day shift, every Monday, Wednesday, and Friday.</p> <p>Resident #151's clinical record contained the following incomplete Hemodialysis Communication Forms:</p> <p>-01/15/2025: Lacked the facility nurse pre dialysis access site assessment, the Dialysis Center's access site assessment pain assessment, and time of assessment, and the facility nurse access site assessment post dialysis access site assessment, pain assessment, and time of return.</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>295044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>03/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hearthstone                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1950 Baring Blvd<br>Sparks, NV 89434 |                                                 |
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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>-02/12/2025: Lacked the facility nurse pre dialysis access site assessment and time of transfer, the Dialysis Center's complete vital signs, dialysis start and end times, access site assessment and pain assessment, and the facility nurse post dialysis access site assessment.</p> <p>-02/14/2025: Lacked the facility nurse pre dialysis assessment of medications given/held and time of transfer, and the facility nurse post dialysis access site assessment, pain assessment, signature, title, and return time.</p> <p>-02/21/2025: Lacked the Dialysis Center's post dialysis weight and the facility nurse post dialysis access site assessment, pain assessment, vitals, signature, title and return time.</p> <p>-02/24/2025: Lacked the Dialysis Center's access site assessment, pain assessment, resident's temperature, and time of assessment, and the facility nurse access site assessment and pain assessment.</p> <p>-02/26/2025: Lacked the facility nurse pre dialysis assessment of medications given/held, pain assessment, and time of transfer, the Dialysis Center's access site assessment, and the facility nurse post dialysis access site assessment, pain assessment, signature, title and return time.</p> <p>Resident #61</p> <p>Resident #61 was admitted to the facility on [DATE], with diagnoses including dependence on renal dialysis, type two diabetes mellitus without complications, and atherosclerotic heart disease of native coronary artery, and anemia in other chronic diseases classified elsewhere.</p> <p>A physician's order dated 12/14/2024, documented Hemodialysis: Tuesday, Thursday, Saturday. Special instructions: VS before session. Send/receive communication form with patient. Medical Records to scan upon return, every shift, every Tuesday, Thursday, and Saturday.</p> <p>A physician's order dated 12/14/2024, documented Hemodialysis: Tuesday, Thursday, Saturday. Special instructions: VS after session. Send/receive communication form with patient. Medical Records to scan upon return, every shift, every Tuesday, Thursday, and Saturday.</p> <p>Resident #61's clinical record contained the following incomplete Dialysis Communication Forms:</p> <p>-12/18/2024: Lacked the facility nurse pre dialysis access site assessment and time of transfer, the Dialysis Center's access site assessment, and the facility nurse post dialysis access site assessment.</p> <p>-01/04/2025: Lacked the facility nurse pre dialysis access site assessment, pain assessment, medications given/held, signature, title, and time of transfer, the Dialysis Center's access site assessment and post dialysis weight.</p> <p>-01/08/2025: Lacked the facility nurse pre dialysis access site assessment, the Dialysis Center's vital sign and access site assessments, visit documentation, and the facility nurse post dialysis access site assessment.</p> <p>-01/11/2025: Lacked the facility nurse pre dialysis access site assessment, pain assessment, signature, title and time of transfer, and the Dialysis Center's access site assessment.</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>295044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>03/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hearthstone                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1950 Baring Blvd<br>Sparks, NV 89434 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                                                 |
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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Resident #51</p> <p>Resident #51 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including end stage renal disease, type two diabetes mellitus without complications, chronic obstructive pulmonary disease, and anemia in chronic kidney disease.</p> <p>A physician's order dated 02/17/2025, documented Hemodialysis: Monday-Wednesday-Friday. Special instructions: VS before each session. Send/receive communication form with patient. Medical Records to scan upon return, every day shift, every Monday, Wednesday, and Friday.</p> <p>A physician's order dated 02/17/2025, documented Hemodialysis: Monday-Wednesday-Friday. Special instructions: VS after each session. Send/receive communication form with patient. Medical Records to scan upon return, every day shift, every Monday, Wednesday, and Friday.</p> <p>A physician's order dated 02/24/2025, documented Check AV fistula every shift for positive thrill and bruit, access site right upper arm, every shift.</p> <p>The facility Transportation Log documented Resident #51 was transported to dialysis on the following dates:</p> <p>-02/03/2025</p> <p>-02/05/2025</p> <p>-02/07/2025</p> <p>Resident #51's clinical record lacked a Hemodialysis Communication Form and evidence of the resident's clinical assessments before, during, and after dialysis for the documented dialysis transportation dates.</p> <p>Resident #51's clinical record contained the following incomplete Hemodialysis Communication Forms:</p> <p>-02/10/2025: Lacked the pre dialysis medications given/held, the Dialysis Center's access site assessment, pain assessment, pre and post dialysis weight, dialysis start and end times, signature and title.</p> <p>-02/19/2025: Lacked the Dialysis Center's access site assessment, pain assessment, pre and post dialysis weight, dialysis start and end times, signature, title, and time of assessment. A notation on the Dialysis Center portion of the form wrote Dialysis Center did not fill out.</p> <p>-02/21/2025: Lacked the Dialysis Center's post dialysis weight and dialysis start and end times.</p> <p>-02/24/2025: Lacked the facility nurse pre dialysis vital signs, medications held/given, and time of transfer, and the Dialysis Center's access site assessment, pain assessment, vital signs, pre and post dialysis weight, dialysis start and end times, signature, and title.</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Hearthstone                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1950 Baring Blvd<br>Sparks, NV 89434 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |                                                 |
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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>On 02/27/25 at 10:24 AM, the Director of Nursing Services (DNS) explained if a Hemodialysis Communication Record was not present in the clinical chart, it would mean the form was not implemented for the Dialysis visit. The DNS confirmed the missing forms were not present and confirmed the incomplete dialysis visit records for the reviewed residents. The expectation was the form would be filled out for every resident dialysis visit as a tool of communication between the facility and the Dialysis Center. The DNS confirmed if the visit was refused or canceled it should have been documented in a nursing progress note.</p> <p>The DNS explained if the Hemodialysis Communication Record had missing information from the Dialysis Center staff, the charge nurse on duty would call the Dialysis Center and get the information or have the information faxed to the facility. The DNS confirmed it was the responsibility of the charge nurse on duty to verify the Hemodialysis Communication Record was complete and accurately documented the resident's post dialysis status.</p> <p>On 03/03/25 at 12:30 PM, the DNS verbalized the DNS was the Dialysis Coordinator and had the overall responsibility for coordination of dialysis for facility residents.</p> <p>40377</p> <p>Resident #60</p> <p>Resident #60 was admitted to the facility on [DATE], with diagnoses including end stage renal disease, type 2 diabetes mellitus without complication, renovascular hypertension, and dependence on renal dialysis.</p> <p>A physician's order dated 01/28/2025, documented Hemodialysis: Monday, Wednesday and Friday at 6:15 AM, Special Instructions: vital signs before each session. Send/receive communication form with patient. Medical Records to scan document upon return every day shift every Monday, Wednesday, and Friday.</p> <p>A physician's order dated 01/28/2025, documented Hemodialysis: Monday, Wednesday and Friday at 6:15 AM, Special Instructions: vital signs after each session. Send/receive communication form with patient. Medical Records to scan document upon return every day shift every Monday, Wednesday, and Friday.</p> <p>A physician's order dated 01/28/2025, documented check the access site dressing right chest every shift.</p> <p>The facility Transportation Log documented Resident #60 was transported to dialysis on the following dates:</p> <ul style="list-style-type: none"> <li>- 01/29/2025 at 5:45 AM</li> <li>- 01/31/2025 at 5:45 AM</li> <li>- 02/03/2025 at 5:45 AM</li> <li>- 02/05/2025 at 5:45 AM</li> </ul> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Hearthstone                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1950 Baring Blvd<br>Sparks, NV 89434 |                                                 |
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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>- 02/07/2025 at 5:45 AM</p> <p>- 02/10/2025 at 5:45 AM</p> <p>- 02/12/2025 at 5:45 AM</p> <p>- 02/14/2025 at 5:45 AM</p> <p>- 02/17/2025 at 5:45 AM</p> <p>- 02/19/2025 at 5:45 AM</p> <p>- 02/21/2025 at 5:45 AM</p> <p>Resident #60's clinical record documented the following Hemodialysis Communication Records lacked completion:</p> <p>-On 01/29/2025, lacked assessment of the access site prior to dialysis, time of transfer to dialysis, and assessment of the access after dialysis and time of return.</p> <p>-On 02/03/2025, lacked medications given/held before dialysis, assessment of the access site before dialysis, time of transfer to dialysis, all of the dialysis center's clinical information, assessment of the access site after dialysis, nurses signature, title, and time of return.</p> <p>-On 02/05/2025, lacked reason medication held before dialysis, resident's vital signs after dialysis, assessment of access site, nurse's signature, title and time of return.</p> <p>-On 02/07/2025, lacked resident's vital signs prior to leaving, title of person signing form and time of transfer to dialysis, assessment of access on return from dialysis, nurse's signature, title and time of return.</p> <p>-On 02/10/2025, lacked medications given/held, assessment of access site, title of person signing form and time of transfer to dialysis, and all of the dialysis center's clinical information.</p> <p>-On 02/12/2025, lacked medications given/held before dialysis, the resident's vital signs upon return, and assessment of the access site.</p> <p>-On 02/17/2025, lacked reason medication held before dialysis, and title of person signing form after dialysis.</p> <p>-On 02/19/2025, lacked assessment of access site before dialysis, assessment of the access site after dialysis, the nurse's signature, title and time of return.</p> <p>-On 02/21/2025, lacked the resident's post dialysis weight, and the nurse's signature, title and time of return.</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>295044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>03/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hearthstone                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1950 Baring Blvd<br>Sparks, NV 89434 |                                                 |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |                                                 |
| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>-On 02/24/2025, lacked medications given/held, assessment of the access site before dialysis, the nurse's signature and time of transfer to dialysis, the resident's weight post dialysis, and the completion of the return section after dialysis, including resident vitals, access assessment, nurse's signature, title and time of return.</p> <p>On 02/26/2025 at 9:32 AM, the DNS verified the Hemodialysis Communication Records were missing the aforementioned vitals signs and/or resident assessments and/or hemodialysis center's clinical assessment information associated with the aforementioned dates.</p> <p>On 02/26/25 at 9:36 AM, the DNS verbalized all residents receiving dialysis were sent with a Dialysis Communication Record. The facility nurse should complete the section prior to sending the resident to dialysis including any medications given or held, resident's vital signs (blood pressure, pulse, respirations, temperature), assessment of the access site, date and time of transfer and the nurse's signature and title. The dialysis center would complete the second section including resident's vital signs, the resident's weight pre and post dialysis, any new orders, dialysis start and ending time, assessment of the access site, any lab work, any recommendations, the dialysis center's address and phone number and the nurse's signature, title and time. Upon return to the facility, the facility nurse would complete the last section including resident's vital signs, access assessment, the nurse's signature, title and time of return.</p> <p>Resident #60's clinical record lacked documented evidence of a Hemodialysis Communication Record for the following dates Resident #60 was transported to dialysis:</p> <p>- 01/29/2025</p> <p>- 02/14/2025</p> <p>On 02/27/25 at 10:28 AM, the Assistant Director of Nursing verbalized the ADON expected staff to complete the Hemodialysis Communication Record before and after the resident's dialysis and to ensure the dialysis center completed their portion and if not, to call and have the information sent via facsimile or take a verbal report and document the information in a progress note. The ADON confirmed the facility did not have the Hemodialysis Communication Records for the aforementioned dates and no other documentation was available in the facility to record the required information.</p> <p>The American Heart Association (AHA) journal titled Risk Assessment for Sudden Cardiac Death in Dialysis Patients, Volume 3; Number 5, viewed 2/26/2025, documented patients with end-stage renal disease (ESRD) on long-term dialysis therapy had a very high mortality due to predominantly cardiovascular causes. The single most common form of death in dialysis patients was sudden cardiac death. Dialysis could cause significant sudden shifts in electrolytes and fluid volume and could act as a trigger to initiating life-threatening arrhythmias. Precipitating factors included hyper-hypokalemia, anemia, hypertension, diabetic autonomic neuropathy, rapid fluctuations in volume status and blood pressure around dialysis treatments, atrial dilation from fluid overload, fluctuations in electrolytes including potassium, around or during dialysis treatments, and acute changes in autonomic regulations during dialysis.</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Hearthstone                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1950 Baring Blvd<br>Sparks, NV 89434 |                                                 |
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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>A Dialysis Transfer Agreement, effective 03/14/2024, documented the Dialysis Center would provide to Facility information on aspects of the management of a Designated Resident's care related to the provision of dialysis services. The Facility would ensure that all appropriate medical, social, administrative, and other information accompany all Designated Residents to include the following: treatment provided to the Designated Resident, appropriate medical records, medications and any changes in a patient's condition (physical or mental), change of medication, and diet or fluid intake.</p> <p>A facility policy titled Hemodialysis Policy, undated, documented the facility would participate in ongoing communication with the dialysis center by using the Dialysis Communication Form filed in the resident's medical record.</p> <p>30748</p> <p>Resident #1</p> <p>Resident #1 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including type two diabetes mellitus with diabetic neuropathy, unspecified, unspecified protein-calorie malnutrition, and type two diabetes mellitus with unspecified complications.</p> <p>A Nutrition Interdisciplinary Team note dated 09/10/2024, documented the resident had a 24 pound weight gain in one month and the Registered Dietician was requesting the physician to order labs to check for chronic conditions.</p> <p>A physician's order dated 12/24/2024, documented Ozempic (2 mg/dose) Subcutaneous Solution Pen-Injector 8 mg/3 ml (Semaglutide). Inject 2mg subcutaneously one time a day every Tuesday related to Type two diabetes mellitus with diabetic neuropathy, unspecified.</p> <p>A Nutrition Interdisciplinary Team Update note dated 01/14/2025, documented the resident was on a prescribed weight loss program, the resident was on Ozempic, and the resident was now refusing meals at least once weekly.</p> <p>Resident #1's weight log documented the resident was weighed on 12/07/2024, using a hoyer scale at 247 pounds. On 01/08/2025, using a hoyer scale, the resident weighed 222.4 pounds. This was a 10.12 percent weight loss for one month.</p> <p>The resident was weighed again on 01/28/2025, using a hoyer scale at 211.2 pounds. This was a 5.05 percent weight loss in 20 days.</p> <p>The meal consumption logs for the last 30 days documented the following percentages of food consumed by the resident:</p> <p>-1/28/2025</p> <p>Breakfast (B)-76-100 percent consumed</p> <p>Lunch (L)-76-100 percent consumed</p> <p>Dinner (D)-resident refused meal</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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

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| NAME OF PROVIDER OR SUPPLIER<br><br>Hearthstone                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1950 Baring Blvd<br>Sparks, NV 89434 |                                                 |
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| F 0842<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | -01/29/2025<br><br>B-0-25 percent consumed<br><br>L-resident refused meal<br><br>D-0-25 percent consumed<br><br>-01/30/2025<br><br>B-no documentation found<br><br>L-no documentation found<br><br>D-51-75 percent consumed<br><br>-01/31/2025<br><br>B-resident refused meal<br><br>L-resident not available<br><br>D-in the hospital<br><br>-02/01/2025<br><br>B-in the hospital<br><br>L-in the hospital<br><br>D-in the hospital<br><br>-02/02/2025<br><br>B-in the hospital<br><br>L-in the hospital<br><br>D-in the hospital<br><br>-02/03/2025<br><br>B-in the hospital<br><br>L-in the hospital<br><br>D-in the hospital<br><br>(continued on next page) |                                                                                   |                                                 |

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| F 0842<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | -02/04/2025<br><br>B-in the hospital<br><br>L-in the hospital<br><br>D-51-75 percent consumed<br><br>-02/05/2025<br><br>B-0-25 percent consumed<br><br>L-no documentation found<br><br>D-76-100 percent consumed<br><br>-02/06/2025<br><br>B-51-75 percent consumed<br><br>L-0-25 percent consumed<br><br>D-26-50 percent consumed<br><br>-02/07/2025<br><br>B-51-75 percent consumed<br><br>L-51-75 percent consumed<br><br>D-no documentation found<br><br>-02/08/2025<br><br>B-51-75 percent consumed<br><br>L-76-100 percent consumed<br><br>D-no documentation found<br><br>-02/09/2025<br><br>B-76-100 percent consumed<br><br>L-76-100 percent consumed<br><br>D-26-50 percent consumed<br><br>(continued on next page) |                                                                                   |                                                 |

Department of Health & Human Services  
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| F 0842<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | -02/10/2025<br><br>B-76-100 percent consumed<br>L-76-100 percent consumed<br>D-76-100 percent consumed<br><br>-02/11/2025<br><br>B-26-50 percent consumed<br>L-no documentation found<br>D-51-75 percent consumed<br><br>-02/12/2025<br><br>B-no documentation found<br>L-no documentation found<br>D-76-100 percent consumed<br><br>-02/13/2025<br><br>B-no documentation found<br>L-no documentation found<br>D-no documentation found<br><br>-02/14/2025<br><br>B-76-100 percent consumed<br>L-76-100 percent consumed<br>D-no documentation found<br><br>-02/15/2025<br><br>B-76-100 percent consumed<br>L-51-75 percent consumed<br>D-76-100 percent consumed<br><br>(continued on next page) |                                                                                   |                                                 |

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| F 0842<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | -02/16/2025<br><br>B-76-100 percent consumed<br><br>L-no documentation<br><br>D-76-100 percent consumed<br><br>-02/17/2025<br><br>B-0-25 percent consumed<br><br>L-26-50 percent consumed<br><br>D-76-100 percent consumed<br><br>-02/18/2025<br><br>B-no documentation found<br><br>L-no documentation found<br><br>D-76-100 percent consumed<br><br>-02/19/2025<br><br>B-76-100 percent consumed<br><br>L-76-100 percent consumed<br><br>D-76-100 percent consumed<br><br>-02/20/2025<br><br>B-no documentation found<br><br>L-no documentation found<br><br>D-51-75 percent consumed<br><br>-02/21/2025<br><br>B-26-50 percent consumed<br><br>L-26-50 percent consumed<br><br>D-no documentation found<br><br>(continued on next page) |                                                                                   |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>-02/22/2025</p> <p>B-76-100 percent consumed</p> <p>L-no documentation found</p> <p>D-no documentation found</p> <p>-02/23/2025</p> <p>B-51-75 percent consumed</p> <p>L-76-100 percent consumed</p> <p>D-26-50 percent consumed</p> <p>-02/24/2025</p> <p>B-76-100 percent consumed</p> <p>L-76-100 percent consumed</p> <p>D-76-100 percent consumed</p> <p>-02/25/2025</p> <p>B-26-50 percent consumed</p> <p>L-26-50 percent consumed</p> <p>D-76-100 percent consumed</p> <p>On 02/27/2025 at 8:22 AM, the Registered Dietician explained when a resident experienced significant weight loss, the RD will have the percentages consumed documented, contact the resident's physician, add food preferences to the resident's diet, and add supplements if needed. The Registered Dietician verbalized Resident #1 was experiencing significant weight loss related to a medication the resident was taking. As a result, the Registered Dietician asked the percentage of meals be documented for the resident. The Registered Dietician confirmed the meal consumption logs were not completed for each day and meal time and verbalized the documentation was important so the Registered Dietician could figure out what the reasoning was for the weight loss and address the concern so the resident would not experience any health problems related to the weight loss.</p> <p>On 02/27/2025 at 10:02 AM, the Director of Nursing Services (DNS) explained when a resident was identified as experiencing significant weight loss, the Certified Nursing Assistants (CNA) were to document the percentage amount of every meal the resident consumed. It was important for the CNAs to document to be able to determine what issues the resident could be experiencing with the resident's health. The DNS confirmed the meal consumption logs for Resident #1 were not complete and were missing important documentation related to the resident's health.</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| F 0842<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | The facility policy titled Nutrition Status Management, last revised 12/2023, documented a resident experiencing weight loss would require a dietary evaluation. The evaluation would include ideal body weight range, usual body weight, current diet order, percentage of food eaten, possible dental problems, current illness, resident likes and dislikes, psychosocial needs, and any other changes in medical conditions that may have an impact on weight loss. |                                                                                   |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>295044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>03/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hearthstone                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1950 Baring Blvd<br>Sparks, NV 89434 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                                 |
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| <p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>43310</p> <p>Based on interview and document review, the facility's Quality Assurance and Performance Improvement (QAPI) committee failed to identify the facility lacked a process to ensure 1) pre and post dialysis assessments, documentation of the assessments, and communication with the dialysis center were completed and correctly documented, and 2) medical records were completed and filed in a manner allowing the facility to easily locate the records and ensure the records were not misfiled and/or lost. This deficient practice resulted in a substandard quality of care related to the facility's dialysis process and keeping of medical records.</p> <p>Findings include:</p> <p>Dialysis</p> <p>On 03/03/2025 at 1:13 PM, the Executive Director confirmed the QAPI committee had not identified the lack of a process to ensure pre and post dialysis assessments, documentation of the assessments, and communication with the dialysis center was completed and correctly documented on the facility's Dialysis Communication Record. The Executive Director explained it was important the process was followed to ensure continuity of care between the facility and the dialysis center.</p> <p>Medical Records</p> <p>On 03/03/2025 at 1:19 PM, the Executive Director confirmed the QAPI committee had not identified a concern related to the keeping of medical records resulting in the facility filing incomplete records, having difficulty locating records and/or not being able to locate records. The Executive Director verbalized it was important to keep accurate records in order to be able to provide appropriate care to residents.</p> <p>The facility policy titles Quality Assurance and Performance Improvement, revised 12/2023, documented the QAPI committee continually assessed the facility's performance using a systematic, interdisciplinary, comprehensive, and stat driven approach to maintain and improve safety and quality in the facility. Quality assurance was both anticipatory and retrospective in it's efforts to identify how the facility was performing, including where and why the facility performance was at risk or had failed to meet standards.</p> <p>Cross Reference with F698 and F842</p> |                                                                                   |                                                 |

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| F 0942<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.</p> <p>40377</p> <p>Based on personnel record review, interview and document review, the facility failed to ensure resident rights training was completed by staff upon hire for 2 of 16 sampled employees (Employee #13 and #15).</p> <p>Findings include:</p> <p>Employee #13</p> <p>Employee #13 was hired as a Licensed Practical Nurse with a start date on 05/07/2024.</p> <p>Employee #13's personnel record lacked documented evidence of resident rights training.</p> <p>Employee #15</p> <p>Employee #15 was hired as a Certified Nursing Assistant with a start date on 01/08/2025.</p> <p>Employee #15's personnel record lacked documented evidence of resident rights training.</p> <p>On 03/03/2025 at 12:22 PM, the Executive Director verbalized all staff were required to take resident rights training upon hire and confirmed Employee #13 and #15 did not receive resident rights training upon hire.</p> <p>The facility policy titled In Service Training Program, last revised April 2024, documented all personnel must participate in regularly scheduled in-service training classes including patient rights and civil rights.</p> |                                                                                   |                                                 |

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| F 0944<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>40377</p> <p>Based on interview and document review, the facility failed to ensure facility staff received training on the facility's quality assurance and performance improvement (QAPI) program for 8 of 16 sampled employees (Employee #1, #3, #4, #7, #8, #9, #13, and #16).</p> <p>Findings include:</p> <p>Employee #1</p> <p>Employee #1 was hired as the Executive Director with a start date on 01/01/2024.</p> <p>Employee #1's personnel record documented QAPI training dated 01/14/2024 and lacked documented evidence of annual QAPI training for 2025.</p> <p>Employee #3</p> <p>Employee #3 was hired as the Activity Director with a start date on 01/01/2024.</p> <p>Employee #3's personnel record documented QAPI training dated 01/14/2024 and lacked documented evidence of annual QAPI training for 2025.</p> <p>Employee #4</p> <p>Employee #4 was hired as the Registered Dietitian with a start date on 01/01/2024.</p> <p>Employee #4's personnel record documented QAPI training dated 01/15/2024 and lacked documented evidence of annual QAPI training for 2025.</p> <p>Employee #7</p> <p>Employee #7 was hired as a Certified Nursing Assistant (CNA) with a start date on 01/01/2024.</p> <p>Employee #7's personnel record documented QAPI training dated 01/29/2024 and lacked documented evidence of annual QAPI training for 2025.</p> <p>Employee #8</p> <p>Employee #8 was hired as a CNA with a start date on 01/01/2024.</p> <p>Employee #8's personnel record documented QAPI training dated 01/14/2024 and lacked documented evidence of annual QAPI training for 2025.</p> <p>Employee #9</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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| F 0944<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>Employee #9 was hired as a Licensed Practical Nurse (LPN) with a start date on 01/01/2024.</p> <p>Employee #9's personnel record documented QAPI training dated 01/21/2024 and lacked documented evidence of annual QAPI training for 2025.</p> <p>Employee #13</p> <p>Employee #13 was hired as an LPN with a start date on 05/07/2024.</p> <p>Employee #13's personnel record lacked documented evidence of annual QAPI training for 2024.</p> <p>Employee #16</p> <p>Employee #16 was hired as a [NAME] with a start date on 01/01/2024.</p> <p>Employee #16's personnel record documented QAPI training dated 01/31/2024 and lacked documented evidence of annual QAPI training for 2025.</p> <p>On 03/03/2025 at 12:22 PM, the Executive Director (ED) verbalized all staff were required to take QAPI training upon hire and annually. The ED confirmed Employee #1, #3, #4, #7, #8, #9, and #16 did not receive annual QAPI training and Employee #13 did not receive QAPI training upon hire.</p> <p>The facility policy titled Quality Assurance and Performance Improvement, last revised 12/2023, documented staff will be educated on QAPI (committee, plan, and performance improvement projects) at the time of hire, as needed, and annually thereafter.</p> |                                                                                   |                                                 |

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| F 0946<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>Provide training in compliance and ethics.</p> <p>40377</p> <p>Based on personnel record review, interview and document review, the facility failed to ensure facility staff received compliance and ethics training for 6 of 16 sampled employees (Employee #1, #3, #4, #6, #7, and #8).</p> <p>Findings include:</p> <p>Employee #1</p> <p>Employee #1 was hired as the Executive Director with a start date on 01/01/2024.</p> <p>Employee #1's personnel record documented compliance and ethics training dated 01/10/2024 and lacked documented evidence of annual training for 2025.</p> <p>Employee #3</p> <p>Employee #3 was hired as the Activity Director with a start date on 01/01/2024.</p> <p>Employee #3's personnel record documented compliance and ethics training dated 01/10/2024 and lacked documented evidence of annual training for 2025.</p> <p>Employee #4</p> <p>Employee #4 was hired as the Registered Dietitian with a start date on 01/01/2024.</p> <p>Employee #4's personnel record documented compliance and ethics training dated 01/14/2024 and lacked documented evidence of annual training for 2025.</p> <p>Employee #6</p> <p>Employee #6 was hired as the Dietary Supervisor with a start date on 01/01/2024.</p> <p>Employee #6's personnel record documented compliance and ethics training dated 01/17/2024 and lacked documented evidence of annual training for 2025.</p> <p>Employee #7</p> <p>Employee #7 was hired as a Certified Nursing Assistant (CNA) with a start date on 01/01/2024.</p> <p>Employee #7's personnel record documented compliance and ethics training dated 01/28/2024 and lacked documented evidence of annual training for 2025.</p> <p>Employee #8</p> <p>Employee #8 was hired as a CNA with a start date on 01/01/2024.</p> <p>(continued on next page)</p> |                                                                                   |                                                 |

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

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Form Approved OMB  
No. 0938-0391

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| F 0946<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>Employee #1's personnel record documented compliance and ethics training dated 01/12/2024 and lacked documented evidence of annual training for 2025.</p> <p>On 03/03/2025 at 12:22 PM, the Executive Director (ED) verbalized all staff were required to take compliance and ethics training upon hire and annually. The ED confirmed Employee #1, #3, #4, #6, #7, and #8 did not receive annual compliance and ethics training in 2025.</p> <p>The facility policy titled Compliance Training, last revised May 2019, documented the policy outlines the process and scope of new hire and annual compliance related training for all employees. All employees, new hire and annual refresher training includes the requirements of the Code of Conduct, the Compliance Program, the concepts of fraud, waste and abuse, and reporting of compliance and ethical concerns.</p> |                                                                                   |                                                 |