

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Torrey Pines Post Acute and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 S. Torrey Pines Drive Las Vegas, NV 89146	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40142</p> <p>Based on interview, record review, and document review, the facility failed to ensure showers were provided as scheduled for 1 of 8 sampled residents (Resident 1). The deficient practice had the potential to negatively impact the resident's overall well-being.</p> <p>Findings include:</p> <p>Resident 1 (R1)</p> <p>R1 was admitted on [DATE], with diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting right dominant side.</p> <p>The Admission Minimum Data Set (MDS) dated [DATE], documented R1 had moderately impaired cognition and required partial to moderate assistance with supervision touch assist for bathing. Partial to moderate assistance was defined as helper lifts or supports trunk and limbs but helper provided less than half the effort.</p> <p>The shower schedule revealed R1 was scheduled to receive two showers a week on Tuesdays and Fridays by day shift staff.</p> <p>The medical record lacked documented evidence R1 was provided showers on 07/02/2024, 07/09/2024, 07/16/2024 and 07/19/2024.</p> <p>On 08/29/2024 in the morning, the Director of Staff Development (DSD) indicated not being able to find shower sheets for some dates but would check the resident's electronic health record (EHR) to check whether some Certified Nurse Assistants (CNAs) recorded the showers electronically versus on paper.</p> <p>On 08/29/2024 at 12:11 PM, a CNA who had been assigned to R1 indicated completing a shower sheet every time the CNA was assigned to the resident during a scheduled shower day. The CNA indicated the facility process was to document showers on shower sheets where new skin impairments and reason for refusal, if refused, would be reflected. The CNA could not speak to why other CNAs did not complete shower sheets on R1's scheduled shower days.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/29/2024 at 12:45 PM, the corporate EHR specialist provided the activities of daily living (ADL) report for bathing. The EHR indicated documentation of R1s showers for days where no shower sheets could be found were in the ADL report in the electronic health record except for 07/02/2024, 07/09/2024, 07/16/2024 and 07/19/2024. The corporate EHR specialist confirmed based on shower sheets and the ADL report, there was no documented evidence scheduled showers were provided to R1 on 07/02/2024, 07/09/2024, 07/16/2024 and 07/19/2024.</p> <p>On 08/29/2024 at 12:30 PM, the Director of Nursing (DON) indicated CNAs were trained to document showers on shower sheets and electronic health record. Based on medical record review, the DON indicated R1's showers were considered missed or not provided on 07/02/2024, 07/09/2024, 07/16/2024 and 07/19/2024. The DON indicated showers must be provided to each resident as scheduled and changes based on resident's request may be accommodated but documented which would include refusals.</p> <p>The Supporting ADL policy (revised March 2018), documented residents who were unable to carry out ADLs independently would receive services necessary to maintain good nutrition, grooming and personal hygiene.</p>		