STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295050	A. Building B. Wing	03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Reno	445 W. Holcomb Lane Reno, NV 89511

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31739 Based on clinical record review, interview and document review, the facility failed to prevent a resident's roommate (Resident #2) from urinating on the floor regularly and to ensure the resident had a right to a clean, comfortable environment for 1 of 5 sampled residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on [DATE], with diagnoses including spontaneous bacterial peritonitis, sepsis, unspecified organism, other ascites, and unspecified severe protein-calorie malnutrition. An Event Note dated 12/12/23, documented Resident #1 was transferred to another room, per the resident's request. Resident #1's clinical record lacked documented evidence when Resident #1 had initially made the room change request. Resident #1's clinical record documented the resident as having been in room [ROOM NUMBER] with Resident #2, upon admission until Resident #1's room change request on 12/12/23. Resident #2 Resident #2 was admitted to the facility on [DATE], with diagnoses including unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. A Behavior Note dated 08/30/23, documented Resident #2 was urinating in the garbage can. This resident had not done that before. Would monitor and redirect. A Behavior Note dated 09/03/23, documented Resident #2 had been using the trash can for urination and defecating in bed. Was educated to go to the bathroom. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Health Status Note dated 10/19/23, documented Resident #2 had periods of urinating in the garbage pail next to the bed. A Health Status Note dated 10/26/23, documented Resident #2 was urinating in the trash can and on the floor. A Health Status Note dated 11/15/23, documented Resident #2 had periods of having behavior problems such as urinating in the garbage pail and spitting on the floor. A Health Status Note dated 11/17/23, documented Resident #2 had periods of having behavioral problems as exhibited by urinating in the garbage pail. A Health Status Note dated 11/25/23, documented Resident #2 had periods of having behavioral problems as exhibited by urinating in the garbage pail. A Behavior Note dated 12/16/23, documented Resident #2 continued to defecate and urinate to the floor even after being toileted and being educated by the staff. A Behavior Note dated 12/9/23, documented Resident #2 continued to defecate and urinate to the floor even after the staff educated and toileted him. Resident #2's Care Plan dated 09/26/23, documented the resident had a behavior problem as exhibited by defecating and urinating on the floor. On 03/13/23 at 1:47 PM, the Certified Nursing Assistant verbalized Resident #2 had behaviors and would urinate wherever the resident was. On 03/13/23 at 1:59 PM, the Director of Nursing (DON) verbalized having witnessed Resident #2 urinating on the floor. This was one of the resident's behaviors and the resident would be monitored and redirected. The DON confirmed having spoke to Resident #1 about a room change but was unable to remember when the request was made. On 03/13/24 at 2:01 PM, the Executive Director verbalized Resident #1 wanted to move to another room due to Resident #2 urinating on the floor regularly. The facility policy titled, Resident Rights, reviewed 09/25/23, documented a resident had the right to a clean, comfortable environment. Complaint NV00070271

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31739 Based on clinical record review, interview and document review, the facility failed to coordinate a resident's care with the hospice provider for 1 of 5 sampled residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on [DATE], with diagnoses including spontaneous bacterial peritonitis, sepsis, unspecified organism, other ascites, and unspecified severe protein-calorie malnutrition. Resident #1's Care Plan dated 08/26/23, documented the resident had a terminal prognosis. An Admission/Readmission Note dated 08/25/23, documented Resident #1 was admitted under Infinity hospice care, the physician was notified, and the order was verified. On 03/13/24 at 12:25 PM, the Executive Director (ED) verbalized the facility had no hospice records on-site for Resident #1 and would contact the hospice agency. On 03/13/24 at 1:01 PM, the Licensed Social Worker (LSW) confirmed having been the hospice coordinator. The LSW verbalized there was usually a binder for hospice documentation at the nurse's station but after a resident was discharged , the hospice documents were moved to medical records. The LSW verbalized not reviewing hospice documentation and not having known if there was an assigned person to review hospice documentation on a regular basis or who was responsible to do so. On 03/13/24 at 1:05 PM, the ED verbalized it might not have been a bad idea to have better communication between the hospice agency and the facility. On 03/13/24 at 1:11 PM, the Medical Records Director verbalized not having any of Resident #1's hospice documentation as all hospice documentation was kept at the hospice agency and not at the facility. On 03/13/24 at 1:20 PM, a Licensed Practical Nurse confirmed the facility did not have a plan of care, hospice orders, or any documentation from the hospice agency for Resident #1. On 03/13/23 at 1:45 PM, a Registered Nurse verbalized there was no log for the hospice nurse or any visit logs for hospice staff. There was usually no documentation kept at the nurse's station. On 03/13/24 at 1:54 PM, the ED confirmed the facility did not know what hospice was doing when they would come in to provide care to Resident #1. The ED confirmed the facility did not keep hospice documentation on-site but should have to ensure coordination between agencies. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/13/24 at 2:20 PM, the ED confirmed the requirement for communication with the hospice agency was in the hospice agency contract and in the facility policy. The ED verbalized having just received four documents from the hospice agency for Resident #1. The four documents were Aide Care Plans dated 08/25/23, 11/14/23, 11/17/23, and 11/21/23. The ED verbalized not receiving anything else from the hospice agency for Resident #1. On 03/13/24 at 3:01 PM, the ED verbalized the LSW was responsible for the coordination of care with hospice agencies. The Infinity Hospice Care Agreement with Skilled Nursing Facility signed by the hospice agency on 10/24/22 and by the facility on 12/02/22, documented the nursing facility and hospice agency shall communicate to ensure the needs of the patient were addressed and met, and all communications should be documented in the hospice agency and nursing facility's patient charts. The facility policy titled, Hospice Coordination of Care, reviewed 08/23/23, documented the facility was to have a communication process, including how the communication would be documented between the facility and the hospice provider, to ensure the needs of the resident were addressed and met.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 31739 Based on observation, interview and document review, the facility failed to ensure a hand washing sink in the Kitchen was stocked with disposable hand towels. Findings include: On 03/13/24 at 9:30 AM, the hand washing sink near the walk-in refrigerator in the kitchen did not have disposable hand towels in the wall dispenser. On 03/13/23 at 9:35 AM, the [NAME] confirmed the hand towels at the hand washing sink near walk-in refrigerator had not been stocked in a couple of days. On 03/13/23 at 9:41 AM, the Executive Director confirmed the disposable hand towel dispenser had been empty and should have been stocked to ensure proper hand hygiene. The facility policy titled, Housekeeping Service, reviewed, 06/04/23, documented all sinks were to be well stocked with paper towels for hand washing.