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	04/08/2025

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 46301 Based on observation, interview, clinical record review and document review, the facility failed to ensure resident information was not visible on an unattended computer screen and at a nursing station facing a public area. This deficient practice had the potential for unauthorized access to residents' protected health information. Findings include: On 04/08/2025 at 9:35 AM, a consultation report was sitting on the counter of the 200-hall nursing station with patient information upright and exposed to anyone walking by. On 04/08/2025 at 9:37 AM, a Licensed Practical Nurse (LPN) approached the nursing station and flipped the resident consultation report over to cover patient information. The LPN confirmed the consultation report had resident information on it and needed to be covered or flipped over to ensure anyone walking by would not see the information. On 04/08/2025 at 11:01 AM, a computer screen on a medication cart in the 100-hallway displayed medication information for a resident. On 04/08/2025 at 11:01 AM, an LPN confirmed the computer was left on and displayed resident information. The LPN explained the computer screen needs to be locked and not left open due to exposing resident information. On 04/08/2025 at 3:30 PM, the Staff Development Coordinator explained resident documentation should not be left on the nursing station counter with resident information showing. The SDC verbalized the medication cart computers should not be left open as it would provide access to resident information without proper consent. The expectation was to lock the screen when walking away. The facility policy Confidentiality of Life Care Information Policy, revised 01/16/2025, documented associates were responsible and accountable for the integrity and protection of proprietary business information and protected health information.

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