STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295067	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ormsby Post Acute Rehabilitation	3050 N Ormsby Road Carson City, NV 89703

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 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop, implement, and/or maintain an effective training program for all new and existing staff members. 43311 Based on observation, interview, and document review, the facility failed to document facility training and competencies required for a Registered Nurse (RN) to provide resident care (Employee #22). The deficient practice had the potential to negatively affect resident quality of life and/or jeopardize resident safety when training competencies and orientation were not met prior to providing resident care. Findings include: Employee #22 Employee #22 was employed as an agency Registered Nurse by the facility starting 03/08/2025. A facility document dated 03/08/2025, documented Employee #22 worked an overnight shift at the facility from 5:55 PM on 03/08/2025, until 6:15 AM on 03/09/2025. On 03/27/2025 at 7:39 AM, the Staff Development Coordinator (SDC) confirmed all new nurses were required to complete an orientation packet, which included training competencies, prior to working on the nursing unit. The SDC explained the SDC was the weekend manager when Employee #22 worked on 03/08/2025, and had taken report of Employee #22 being overwhelmed and had not administered medication to a resident. The SDC confirmed on 03/09/2025, the agency for Employee #22 was told the employee was not allowed to return to the facility. On 03/27/2025 at 7:57 AM, the Executive Director (ED) explained Employee #22 was scheduled to come into the facility at 4:00 PM to review and complete the orientation packet prior to starting the overnight shift on 03/08/2025. Employee #22 did not arrive at 4:00 PM and started the shift at 5:55 PM on 03/08/2025, working until 6:15 AM on 03/09/2025. The ED confirmed the lack of any documented orientation, competency/skills check, or training for Employee #22. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295067	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ormsby Post Acute Rehabilitation	3050 N Ormsby Road Carson City, NV 89703

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 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/27/2025 at 10:41 AM, a Licensed Practical Nurse (LPN) explained nurses new to the facility were given the orientation packet prior to the first shift worked and would review the packet with either the unit manager or a staff mentor. The LPN explained several residents had reported Employee #22 did not administer as needed medications on the evening of 03/08/2025. The LPN notified management and received permission to administer the medications to the residents. The LPN confirmed the assignment to train Employee #22 on 03/08/2025, however Employee #22 had refused to look at or fill out the orientation packet. On 03/27/2025 at 11:34 AM, the Director of Nursing (DON) confirmed Employee #22 had not completed documented orientation or training prior to providing direct resident care. The contract between the facility and the staffing agency, effective 01/02/2025, documented the facility would be responsible to provide all necessary and appropriate training and orientation materials, including facility policy and procedures regarding injury, illness prevention, fire safety, administering medications, charting, recordkeeping, and patient rights. The facility document titled Nursing Unit Orientation Checklist-Section: Medication Administration, dated 07/2017, documented licensed nurses must have direct supervision and validation of competence by a unit manager/supervisor with medication pass prior to independent assignment. The facility policy titled Employee Training on Infection Control, last revised 01/31/2023, documented contracted and agency personnel were required to participate in Center-specific infection control orientation and training before having direct contact with residents.