

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  295071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2025
NAME OF PROVIDER OR SUPPLIER  Tlc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1500 W Warm Springs Rd Henderson, NV 89014	

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 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> 51395</p> <p>Based on observation, interview, record review and document review the facility failed to ensure an orthopedic consult was obtained as per physician order for 1of 5 sampled residents (Resident 1). The deficient practice had the potential to delay treatment and healing of a fracture.</p> <p>Findings include:</p> <p>Resident 1 (R1)</p> <p>R1 was readmitted on [DATE] with diagnoses including fracture of left wrist and hand, dementia without behavioral disturbance and major depressive disorder.</p> <p>A Change of Condition Note dated 02/22/2025 at 5:32 AM, documented R1 was noted calling for help. Immediately staff responded to R1's room and R1 was noted lying on the floor next to wheelchair holding left wrist. R1 moaned in pain. R1's left wrist had a small skin tear, swollen and painful to touch. R1 was assisted back to wheelchair. Supervisor and family were notified. R1 was sent to the emergency room for further evaluation.</p> <p>A Progress Note dated 02/22/2025, documented R1 returned from hospital via stretcher transport at 2:30 PM with a splint/cast on left arm. Diagnosis from hospital was a left wrist fracture. Left arm elevated above heart level to help decrease swelling. R1 was given Tylenol for pain.</p> <p>A Physician/Nurse Practitioner Progress note dated 02/23/2025, documented Left wrist fracture status post fall. With left upper extremity cast. Requested emergency room notes. Orthopedic follow-up.</p> <p>A Physician Order dated 03/03/2025, documented arrange Orthopedic follow-up status post fall with left wrist fracture.</p> <p>A Physician Order dated 04/01/2025, documented left wrist x-ray two views.</p> <p>Radiology Results dated 04/01/2025, documented findings: fracture of distal ulna (lower end of the forearm) and distal radius (end of forearm that forms the wrist joint).</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/24/2025 at 1:37 PM, R1 was lying on right side in bed with left arm draped across abdomen R1's left arm had a pink and black cast extending from thumb area of hand to just below elbow. R1 explained had fell about a month ago and denied any discomfort or pain. R1 was unable to explain when the cast was applied.</p> <p>On 04/24/2025 at 1:40 PM, a Licensed Practical Nurse (LPN) explained R1 had the cast applied on 04/23/2025 at an orthopedic appointment. The LPN stated R1 had a fall in February 2025 and returned from the emergency room with a splint and ace wrap. The LPN explained being told there were issues with R1's insurance and being able to get an appointment.</p> <p>On 04/24/2025 at 1:55 PM, the Unit Manager (UM) explained R1 had a fall on 02/22/2025 and returned from the emergency room the same day with a soft half cast with a plaster bottom and ace wrap. The UM explained being unsure of why there was a delay in obtaining an orthopedic appointment and stated it could have been due to an insurance issue.</p> <p>On 04/24/2025 at 2:08 PM, the Transportation Coordinator explained the process for arranging appointments was for the provider to give the consultation order, nurses input the order and complete an appointment slip for transportation. The appointment slip was given to the transportation coordinator. If transportation was unable to schedule the appointment due to a resident needing insurance authorization the Case Manager was notified and provided a copy of the appointment slip to obtain authorization. Records would be sent to insurance company for the approval which generally takes about a week. Once authorization was received the appointment would be made. The Transportation Coordinator explained having asked multiple times about R1's insurance approval and was told authorization had not been received.</p> <p>On 04/24/2025 at 2:18 PM, the Case Manager (CM) explained when orders were obtained a transportation slip was completed and the CM would contact the insurance company to obtain authorization. Once the authorization was given the Transportation Coordinator would schedule the appointment. The time frame for approval depended on the insurance company and would fluctuate. The CM reviewed the physician orders for R1 and confirmed R1 had an order dated 03/03/2025 for an orthopedic consult. The CM explained being unaware of R1's consult order and a request was not made. The CM explained leaving for medical leave on 3/14/2025 and not returning until 4/17/2025 and was unaware if anyone else in the facility had the capability to request authorization.</p> <p>On 04/24/2025 at 3:05 PM, the UM confirmed R1 had an order for an orthopedic consult on 03/03/2025 explaining being aware some residents require insurance approval and was informed this caused delay for obtaining R1's appointment. The UM explained having only communicated with transportation regarding the delay and had not spoken to the CM. The UM explained being unaware of who had access to request insurance approval and the time frame for obtaining R1's appointment was unacceptable due to the fracture.</p> <p>The facility provided documentation confirming insurance authorization for Orthopedic consult was not requested until 04/11/2025.</p> <p>An Orthopedic Progress Note dated 04/23/2025 documented R1 was seen for initial evaluation of left wrist injury. Will continue closed management of left wrist fractures using left upper extremity short arm cast versus left upper extremity removable wrist brace.</p> <p>(continued on next page)</p>		

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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>On 04/24/2025 at 4:43 PM, R1's Nurse Practitioner (NP) explained the expectation of staff to carry out an order for consults would be to obtain a visit within 2 weeks. The NP acknowledged the order for an Orthopedic consult was placed on 03/03/2025 and explained waiting until 04/11/2025 to request authorization was not an acceptable time frame.</p> <p>The facility policy titled Resident Rights, undated, documented the Resident has a right to a dignified existence, self-determination, communications with and access to persons and services inside and outside the facility.</p>		