

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295076	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of South Las Vegas		STREET ADDRESS, CITY, STATE, ZIP CODE 2325 E. Harmon Ave. Las Vegas, NV 89119	

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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32370</p> <p>Based on interviews, record review, and document review, the facility failed to ensure a safe discharge was planned and occurred for 2 of 2 unsampled residents (R214 and R219). This deficient practice had the potential for residents to be placed in an improper home setting and not receive the required care.</p> <p>Findings include:</p> <p>Resident 214 (R214)</p> <p>R214 was admitted to the facility on [DATE], with a diagnosis including heart failure, unspecified dementia, mood disturbances, Type 2 diabetes, muscle weakness and difficulty walking.</p> <p>At the bottom of the Face Sheet under Miscellaneous Information, it was documented the resident was discharged to a private home/apt with home health services on 01/09/2024.</p> <p>A discharge Summary dated 01/08/2024, documented the resident was discharged to Home and Other. The Summary detailed the group home address, transportation company, and reason for discharge which noted cleared for discharge. The summary further included the Home Health company name; telephone number listed along with Durable Medical Equipment (DME). Boxes selected for Referral for Physical Therapy, Occupational Therapy, Speech Language and Pathologist outpatient services. The Resident and Nurse signed the document.</p> <p>A nurse Progress Note dated 01/09/2024, documented the resident was discharged to a group home with all medications, education and belongings.</p> <p>A Notice of Medicare Non-Coverage document dated 01/04/2024 documented a family member was informed on 01/04/2024, the resident's last day of coverage would be 01/08/2024. Due to communication by phone call, the form was not signed.</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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>08/08/2024 at 3:00 pm, the Case Manager and Director of Social Services indicated they were not involved in this resident's discharge. The former Social Worker involved was no longer employed at the facility. They indicated the process for Care Planning started at admission, included the resident goals, whether the resident will return to home or another placement and what dollar amount could be afforded, this information gets discussed in a care conference. To ensure financial payment is available, the Case Manager works with the insurance company, communicates with the weekly Interdisciplinary Team (IDT) to determine if the family would take the resident and what their needs will be. Family-if any and resident make the determination if the resident would come back home, go to a private home, or group home.</p> <p>The Case Manager has a group home liaison who helps identify a group home in order to find placement for residents. If a person chooses to go to a group home, they are given a list of names to choose from that can be visited. Once a home has been selected, a representative from the group home comes to the facility to evaluate the resident to determine if the individual is right for their home.</p> <p>The Case Manager ensures the insurance has approved Home Health and DME prior to the resident discharge. A resident will not be discharged without services. Ultimately, it is the resident's choice where to go.</p> <p>There were no records documenting the representative of the group home had evaluated the resident, whether the resident agreed to go to the facility, and if the family was involved in the discharge.</p> <p>Resident 219 (R219)</p> <p>R219 was initially admitted [DATE] and readmitted [DATE], with diagnosis including heart failure, Type 2 diabetes, morbid obesity, ESRD, anemia, muscle weakness, hypotension, anxiety, and repeated falls. The resident's cognition was intact.</p> <p>Case Management notes documented:</p> <ul style="list-style-type: none"> - 09/28/2023, resident to discharge to group home placement on 09/30/2023, per Interdisciplinary Team. Request for Home Health services were faxed to a named home health agency. - 09/29/2023, R219 to be discharged on [DATE], going to a group home level 3. Resident will receive care from nurses and certified nurse assistant. - 09/30/2024, may discharge R219 to group home placement on 09/30/2023. Please provide instructions, prescription list, and leftover medications on hand. Follow-up with primary care physician in 5-7 days after discharge. Home health and durable medical equipment to be provided. <p>08/08/2024 at 3:00 pm, the Case Manager and Director of Social Services indicated were not involved in this resident's discharge. The former Social Worker involved was no longer employed at the facility.</p> <p>There was no documentation in the resident's file the spouse was involved in the discharge process, or documentation the representative came to evaluate R219 for appropriate admission to their group home and if the resident agreed to go to the home. The was no documentation of an address where the resident was taken to or name of the group home.</p> <p>(continued on next page)</p>		

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F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility policy Discharge Plan last revised 08/18/2022. documented the facility resident and or their representative would be involved, the plan would document referrals to entities, the resident's interest regarding returning to the community, inform the resident/representative of the final plan.		

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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>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** 40131</p> <p>Based on observation, interview, record review, and document review, the facility failed to ensure scheduled showers were provided to dependent residents for 1 of 24 sampled residents (Resident 246) and 2 unsampled residents (Residents 215 and 213). This deficient practice could potentially compromise resident hygiene and comfort, and increase the risk of skin breakdown and infections.</p> <p>Findings include:</p> <p>A facility policy titled Activities of Daily Living dated 02/12/2024, indicated residents would receive assistance as needed to complete activities of daily living (ADLs), including bathing. Any change in the ability to perform ADLs would be reported to the nurse.</p> <p>Resident 246 (R246)</p> <p>R246 was admitted on [DATE], with diagnoses including dementia, difficulty in walking, and muscle weakness.</p> <p>A Care Plan dated 07/24/2024, documented a self-care performance deficit for R246 related to dementia and disease process. Interventions included substantial assistance from one person.</p> <p>A Care Plan dated 07/25/2024, documented the need for assistance with activities of daily living (ADLs) to maintain or attain the highest level of function for R246. Interventions included providing assistance with ADLs as needed.</p> <p>On 08/06/2024 at 10:47 AM, R246 was in bed and verbally responsive. R246's hair was disheveled and resident was unshaven. A family was present at the bedside and verbalized only one shower had been provided since admission, with no sponge or bed baths during the missed showers. The family also verbalized R246 was dependent on staff for ADLs, including showers. Both the family and R246 expressed a desire to have the showers scheduled as planned.</p> <p>R246's medical record lacked documented evidence of a completed scheduled shower or any refusal by R246 on 08/02/2024 (the previous Friday).</p> <p>On 08/09/2024 at 7:55 AM, the Director of Staff Development (DSD) indicated R246's shower schedule was on Tuesdays and Fridays. The DSD confirmed there was no documented evidence of R246 receiving a shower or sponge bath on 08/02/2024, nor any record of refusal.</p> <p>On 08/09/2024 at 12:36 PM, the Director of Rehabilitation Services (DORS) indicated R246 was evaluated on 07/24/2024, and the assessment showed substantial assistance was required for bathing. The DORS confirmed R246 could not shower independently and was dependent on staff for assistance.</p> <p>(continued on next page)</p>		

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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 08/09/2024 at 12:49 PM, a Certified Nursing Assistant (CNA) explained the shower should have been provided twice a week. The shower schedule appeared in the plan of care (POC) each day, and the actual shower tab displayed the residents own schedule. The CNA explained if a resident refused, the nurse would be informed, a reoffer made, and documentation completed. The CNA demonstrated on the tablet how to access the schedule and the POC. The CNA indicated the residents' shower schedules could be accessed either on the tablet or on the computer at the nurse station.</p> <p>Resident 215 (R215)</p> <p>R215 was admitted on [DATE], with diagnoses including dementia, fracture of upper end of the humerus (long bone in the arm) and lumbar vertebra, difficulty in walking and generalized muscle weakness.</p> <p>R215's ADL flowsheet for November 2023, lacked documented evidence that a shower or bed bath was provided on the following dates:</p> <p>-11/09/2023 (Thursday)</p> <p>-11/14/2023 (Tuesday)</p> <p>-11/16/2023 (Thursday)</p> <p>-11/21/2023 (Tuesday)</p> <p>-11/23/2023 (Thursday)</p> <p>R215's medical records lacked documented evidence of any refusal of a shower by R215.</p> <p>On 08/09/2024 at 7:58 AM, the DSD indicated R215 was admitted on [DATE], with the shower schedule on Tuesdays and Thursdays. The DSD confirmed there was no documentation showers were provided on 11/09/2023, 11/14/2023, 11/16/2023, 11/21/2023 and 11/23/2023. The DSD verified and confirmed there was no documentation of R246's refusal with showers, sponge or bed bath.</p> <p>On 08/09/2024 at 12:36 PM, the DORS revealed R215 was evaluated and the assessment indicated substantial assistance was required for bathing. The DORS indicated R215 could not shower independently and was dependent on staff for assistance.</p> <p>On 08/09/2024 at 2:08 PM, the Unit Manager (UM) explained the shower schedule was based on the resident's preference and should have been offered and provided at least twice a week. The UM confirmed the CNA was aware of how to access the POC. The UM verbalized showers were expected to be provided as scheduled and documented. The UM also mentioned if a resident refused, a bed bath or sponge bath should have been reoffered.</p> <p>33980</p> <p>Resident 213 (R213)</p> <p>(continued on next page)</p>		

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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>R213 was admitted on [DATE] and discharged on [DATE], with diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left-dominant side, difficulty in walking, and muscle weakness.</p> <p>The Medicare 5-Day Minimum Data Set (MDS) assessment dated [DATE], documented the following:</p> <ul style="list-style-type: none"> - R213 had impairment on one side of upper and lower extremity. - R213 required substantial/maximal assistance with shower/bath. <p>The Activities of Daily Living (ADL) flowsheet documented the type of bath and the corresponding code such as SW - Shower, BB - Bed Bath, SB - Sponge Bath, and TB - Tub Bath. The appropriate code was documented on the day ADL - Bathing was provided to a resident. RR was the code when resident refused.</p> <p>R213's ADL flowsheet for November 2023 and December 2023 lacked documented evidence the resident received either a shower or bath on the following dates:</p> <ul style="list-style-type: none"> - 11/29/2023 (Wednesday) - 12/04/2023 (Monday) - 12/06/2023 (Wednesday) - 12/25/2023 (Monday) <p>R213's medical record lacked documented evidence the resident refused shower or bath during the above-mentioned dates, and shower or bath were provided on other days to compensate for the missed shower or bath as scheduled.</p> <p>On 08/08/2024 at 12:41 PM, a Certified Nursing Assistant (CNA) explained the residents were scheduled to receive either a shower, bed bath, or sponge bath twice weekly. The CNA would have documented the type of bath provided in the ADL - Bathing flowsheet including resident's refusal. The CNA would have reported to the nurse if a resident refused bathing. The CNA indicated ADL documentation including bathing/shower were entered electronically.</p> <p>On 08/09/2024 at 7:35 AM the Director of Staff Development (DSD) revealed R213's shower schedule was every Monday and Wednesday. The resident would have received either a shower, bed bath, or sponge during those scheduled days and would have been documented in the ADL flowsheet under Bathing. The DSD confirmed R213 should have received shower or bath on the following days as scheduled:</p> <ul style="list-style-type: none"> - 11/29/2023 (Wednesday) - 12/04/2023 (Monday) - 12/06/2023 (Wednesday) - 12/25/2023 (Monday) <p>(continued on next page)</p>		

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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>The DSD confirmed there was no documentation R213 received shower or bath during the above-mentioned dates, and no documentation in the nurse's progress notes of resident's refusal.</p> <p>The DSD explained the CNAs were expected to give shower or bath to the residents as scheduled and should have documented in the ADL - Bathing including refusal. The CNAs should have reported to the nurse if a resident refused. The nurse would have talked to the resident and explained the importance or taking a shower or bath. The nurse would have documented in the progress notes if the resident still refused despite the education provided.</p> <p>On 08/09/2024 at 9:10 AM, the Assistant Director of Nursing (ADON) confirmed there was no ADL flowsheet for bathing in November 2023 for R213.</p> <p>On 08/09/2024 at 11:53 AM, the Director of Nursing (DON) indicated the CNAs were expected to give a bath to the residents as scheduled. If a resident refused, the CNAs would have reported the refusal to the nurse. The nurse would have talked to the resident to provide education. If the resident still refused, the nurse should have documented the refusal in the nurse's progress notes.</p> <p>The facility's policy titled Activities of Daily Living (ADLs) dated 02/12/2024, documented the resident would receive assistance as needed to complete ADLs. A resident who was unable to carry out activities of daily living would receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Complaint #NV00070454</p> <p>Complaint #NV00070146</p>		