

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  295085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/12/2024
NAME OF PROVIDER OR SUPPLIER  Highland Manor of Fallon Rehabilitation LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  550 North Sherman Street Fallon, NV 89406	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41848</b></p> <p>Based on interview, clinical record review, and document review, the facility failed to ensure a resident with a known history of significant weight loss was monitored for further weight loss upon readmission to the facility for 1 of 7 sampled residents (Resident #4). This deficient practice had the potential to result in a resident experiencing impaired nutrition without interventions to address nutritional need.</p> <p>Findings include:</p> <p>Resident #4</p> <p>Resident #4 was admitted to the facility on [DATE] and readmitted on [DATE] after transferring to the hospital on 09/30/2024, with diagnoses including unspecified severe protein-calorie malnutrition, dysphagia, oropharyngeal phase, and nausea with vomiting, unspecified.</p> <p>A Weight Summary for Resident #4 documented the resident weighed 202.2 pounds (lbs) on 03/03/2024 and weighed 170.1 lbs on 08/04/2024 indicating a severe weight loss of 32.1 lbs or 15.88 percent (%) body weight loss.</p> <p>The Weight Summary documented the resident's weight obtained on 11/12/2024, was 156 lbs. This indicated the resident had a severe weight loss of 14.1 lbs or 8.29% body weight loss from the facility's last documented weight obtained on 08/04/2024.</p> <p>On 11/12/2024 at 11:58 AM, the Registered Dietitian (RD) verbalized the resident was recently readmitted and should have a weight taken on readmission and then weekly weights for a month. The RD verbalized the RD worked closely with nursing and nursing would ensure the weights were monitored appropriately. The RD confirmed the RD had been aware the resident had a severe weight loss prior to the resident's hospitalization in September and it would be important to continue to monitor the resident for further weight loss to identify the cause of the resident's weight loss and implement interventions as needed.</p> <p>On 11/12/2024 at 1:34 PM, the Director of Nursing (DON) confirmed the facility policy was to weigh a resident upon admission and then continue to weigh the resident weekly for four weeks. The DON confirmed the facility did not have documented weights for the resident after the resident was readmitted to the facility on [DATE].</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy titled Weight Assessment and Intervention, revised 09/2018, documented at a minimum, residents would be weighed weekly for four weeks after admission or until a stable weight trend was achieved as evidenced by no significant weight fluctuations for four weeks. The threshold for significant unplanned weight changes included a 7.5% weight change in three months or a 10% weight change in six months.</p> <p>Complaint #NV00072513</p>		

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<p>F 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41848</b></p> <p>Based on interview, clinical record review, and document review, the facility failed to ensure a significant medication error did not occur when a resident was administered a penicillin antibiotic when the resident had a known penicillin allergy for 1 of 7 sampled residents (Resident #1). This deficient practice resulted in the resident being hospitalized after developing symptoms of an allergic reaction.</p> <p>Findings include:</p> <p>Resident #1</p> <p>Resident #1 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including colostomy status, unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, and Alzheimer's disease, unspecified.</p> <p>A hospital Discharge Summary, dated 06/14/2024, documented the resident had anaphylactic reactions to penicillin.</p> <p>The allergies documented in the resident's electronic health record upon the resident's initial admission to the facility on [DATE], were morphine, sulfa antibiotics, and codeine.</p> <p>An Order Summary Report for Resident #1 documented amoxicillin-potassium clavulanate (Augmentin) 875-125 milligram tablets, give one tablet by mouth two times a day for colostomy wound infection for five days. The order start date was 06/26/2024.</p> <p>The June 2024 Medication Administration Record for Resident #1 documented the resident had received the Augmentin on the afternoon of 06/26/2024 and then twice daily from 06/27/2024 through 06/29/2024. The 06/30/2024 morning dose had been held because the resident was hospitalized .</p> <p>A Nurse's Note, dated 06/30/2024, documented the resident had rashes noted on the resident's entire back, upper extremities, and thigh. The resident's blood pressure was 90/50.</p> <p>A hospital Discharge Summary, dated 07/06/2024, documented the resident had presented to the Emergency Department on 06/30/2024, after the resident had been placed on Augmentin and developed a subsequent maculopapular (a mix of flat, discolored areas of skin and small raised bumps), pruritic (itching), diffuse rash with generalized weakness, nausea, and vomiting. The resident received intravenous methylprednisolone (a medication used to treat severe allergic reactions).</p> <p>A Nurse's Note, dated 07/06/2024, documented the resident was readmitted after being hospitalized for a rash related to antibiotic use.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/12/2024 at 1:49 PM, the Director of Nursing (DON) verbalized the hospital discharge summary would be reviewed for allergies when a resident had dementia and was a poor historian, such as Resident #1. The DON verbalized the resident had developed an infection around the resident's colostomy site and received Augmentin (an antibiotic belonging to the penicillin class of antibiotics) in the afternoon on 06/26/2024, and then a morning and afternoon dose on 06/27/2024 through 06/29/2024. The resident was sent to the hospital on the morning of 06/30/2024 after the resident developed a rash. The DON confirmed the hospital discharge summary, dated 06/14/2024, from the resident's hospital stay prior to the resident's initial admission to the facility on [DATE], documented the resident had an allergy to penicillin and the resident's allergies in the facility's electronic health record had not included the resident's allergy to penicillin. The DON confirmed the resident should not have received Augmentin if the resident had a penicillin allergy.</p> <p>The facility policy titled Administering Medications, revised 12/2012, documented allergies to medications would be checked and verified for each resident prior to administering medications.</p> <p>Complaint #NV00072366</p>		