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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295094 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/15/2024 |
| NAME OF PROVIDER OR SUPPLIER Spanish Hills Wellness Suites | | STREET ADDRESS, CITY, STATE, ZIP CODE 5351 Montessouri Street Las Vegas, NV 89113 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50289</p> <p>Based on interviews, record review, and document review, the facility failed to establish and implement a baseline care plan for the care and management of an Aspen collar (neck support device to manage spinal fractures while healing) for 1 of 6 residents (Resident 3). The deficient practice had the potential to result in skin impairments for resident.</p> <p>Findings include:</p> <p>Resident 3 (R3)</p> <p>R3 was admitted on [DATE] with diagnoses including multiple fracture of ribs, left side; unspecified displaced fracture of second cervical vertebra; person injured in unspecified motor vehicle accident, nontraffic.</p> <p>The last treatment encounter for physical therapy dated 12/13/2023, documented a precaution/contraindications of cervical vertebra 2 fracture Aspen collar at all times for R3.</p> <p>An admission progress note dated 12/07/2023 documented R3 had a neck collar in place.</p> <p>There was no physician order documented for R3 to be wearing the neck (Aspen) collar.</p> <p>The picture of the resident (R3) on the facility face sheet showed the resident wearing the cervical (Aspen) collar.</p> <p>The medical record of R3 lacked documented evidence of any care orders or wound orders for care of neck collar site, or appliance removal for hygiene, as well as frequency or duration of wearing.</p> <p>The medical record of R3 lacked documented evidence of a baseline care plan regarding the neck (Aspen) collar.</p> <p>On 08/15/24 at 2:07 PM, a Registered nurse indicated the admitting nurse initiated the baseline care plan and should have included immediate care needs and it should have been completed within 48 hours. Care and management orders were expected to be included in the resident's baseline care plan which should include but not be limited to how skin assessments were going to be done, wearing schedule and duration, and assessing patient comfort.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 08/15/2024 at 1:05 PM, the Director of Nursing (DON) acknowledged the baseline care plan did not contain any information regarding the cervical (Aspen) collar for R3 and should have. The DON explained any resident with special devices identified through nursing assessment/observation should be care planned as well. The DON indicated when the resident was admitted , the admission assessment would identify areas for baseline care plan and the hospital notes would be reviewed to help determine areas of concern to include in the baseline care plan.</p> <p>A facility policy titled, Nursing Policy and Procedures: Care Plan Process, Person-Centered Care; with a revision date of May 5, 2023, documented the facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the immediate resident needs to meet the professional standards of quality care.</p> | | |

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| <p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50289</p> <p>Based on interview, record review and document review, the facility failed to ensure a cervical (Aspen) collar was ordered as recommended for 1 of 6 sampled residents (Resident 3). The deficient practice had a potential for resident to heal incorrectly after a cervical fracture.</p> <p>Findings include:</p> <p>Resident 3 (R3)</p> <p>R3 had an admitted [DATE], with diagnoses including multiple fractures of ribs, left side; unspecified displaced fracture of second cervical vertebra; person injured in unspecified motor-vehicle accident.</p> <p>On 08/15/2024 at 9:30 AM, the facility face sheet picture for R3 showed the resident wearing a cervical (Aspen) collar in the picture. The neck (Aspen) collar is a neck motion limiting device used to manage spinal fractures by maintaining the neck in a proper position while healing.</p> <p>R3's Discharge Summary from the acute care facility, documented spine surgery was consulted who recommended non-operative management with Aspen collar on at all times for 8-10 weeks.</p> <p>There was no physician order documented for R3 to be wearing the neck (Aspen) collar.</p> <p>The medical record lacked documented evidence of a care plan for the neck (Aspen) collar.</p> <p>R3's Physical Therapy Evaluation dated 12/07/2023, documented resident precautions/contraindications of a cervical #2 vertebral fracture with an Aspen collar on at all times.</p> <p>On 08/15/2024 at 2:03 PM, an RN explained the RN performs the admission assessments. When a resident was admitted with an Aspen collar but there were no care orders in the hospital discharge summary, the RN indicated would contact the attending physician or extender to obtain clarification orders regarding the device which may include duration of wear, wearing schedule, recommendations on how to perform skin assessment and post-operative follow up.</p> <p>On 03/15/2024 at 1:05 PM, the DON confirmed R3's medical record lacks documented evidence the cervical (Aspen) collar was ordered by the physician or care planned by the staff. The DON verified nursing documentation does show the resident was wearing the cervical (Aspen) collar while at the facility. The DON indicated the special instructions should have at least been placed in care plan for nurses to know how skin assessments were going to be done, wearing schedule and duration, and assessing patient comfort.</p> <p>The facility policy titled Joint Mobility/Range of Motion Program and Splinting revised 02/29/2024, documented residents will be assessed for joint mobility limitation upon admission through the nursing assessment. Devices will be provided if indicated. These problems and approaches are to be documented in the care plan.</p> <p>(continued on next page)</p> | | |

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