

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2024
NAME OF PROVIDER OR SUPPLIER Carson Tahoe Transitional Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Mountain Street 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)
<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34524</p> <p>Based on observation, interview, clinical record review, and document review the facility failed to ensure physical therapy (PT) frequency of treatment was provided per the physician's order for 1 of 3 sampled residents (Resident #1).</p> <p>Findings include:</p> <p>Resident #1</p> <p>Resident #1 was admitted to the facility on [DATE], with a diagnosis of fracture of superior rim of left pubis, subsequent encounter for fracture with routine healing.</p> <p>Resident #1's Physician Order dated 02/13/24, documented PT to evaluate and treat as indicated.</p> <p>Resident #1's Therapy Dashboard documented PT, start date 02/14/24, five times a week, signed by the facility Physician.</p> <p>Resident #1's PT Evaluation and Plan of Treatment dated 02/14/24, documented PT five times a week for eight weeks.</p> <p>Resident #1's Comprehensive Care Plan lacked evidence of the frequency of treatments per the physician order.</p> <p>On 03/08/24 at 11:00 AM, Resident #1 verbalized the resident admitted to the facility for therapy to learn to walk again. The resident explained the resident was concerned about their upcoming discharge because they did not receive physical therapy (PT) for a few days due to a lack of PT staff.</p> <p>On 03/08/24 at 11:54 AM, a Registered Nurse (RN) verbalized Resident #1 was admitted to the facility for PT rehabilitation. The RN explained the facility recently began using a new company to provide PT services and the resident did not receive PT services for a few days due to lack of physical therapy personnel.</p> <p>On 03/08/24 at 1:38 PM, a Physical Therapist verbalized Resident #1 was to receive PT five times a week. The Physical Therapist confirmed Resident #1 did not receive PT five times a week due to staffing issues with the physical therapy company.</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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #1's PT Treatment Encounter Notes documented the resident received physical therapy services on 02/26/24, 02/28/24, 02/29/24, and 03/01/24 or a total of four PT sessions (treatment) for the week of 02/25/24 to 03/02/24.</p> <p>Resident #1's PT Treatment Encounter Notes documented the resident received physical therapy on 03/06/24 or a total of one PT session for the week of 03/03/24 to 03/09/24.</p> <p>On 03/08/24 at 1:46 PM, the Director of Nursing (DON) verbalized PT Director took a leave of absence. The DON explained the PT Director was a treating therapist and the facility was having a hard time finding coverage for therapy with the PT company. The DON confirmed Resident #1 did not receive PT five times a week during that time frame. The DON confirmed the discrepancy was due to staffing issues.</p>		