

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 01/16/2025
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43310</p> <p>Based on observation, clinical record review, interview, and document review the facility failed to ensure 1 of 17 sampled residents (Resident #2) and the Resident's Representative received written notification of transfer or discharge. This deficient practice had the potential to cause confusion and prevent the Resident Representative from being informed of the reason for transfer.</p> <p>Findings include:</p> <p>Resident #2</p> <p>Resident #2 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including hypertensive heart disease with heart failure, acute and chronic respiratory failure with hypoxia, and acute on chronic systolic (congestive) heart failure.</p> <p>Resident #2's Minimum Data Set 3.0 (MDS) assessments, Section A, documented Resident #2 was admitted to the facility on [DATE], and discharged on [DATE] to a short term general hospital.</p> <p>A Health Status Note dated 11/29/2024, documented Resident #2 was sent to the emergency room (ER) at an acute care hospital due to difficulty breathing and acute hypoxia.</p> <p>A Health Status Note dated 11/29/2024, documented Resident #2 was admitted to the hospital.</p> <p>Resident #2's clinical record lacked documented evidence written notification of the reason for transfer/discharge was provided to Resident #2 and/or the Resident's Representative when the resident was transferred to an acute care ER and admitted to the hospital on 11/29/2024.</p> <p>On 01/16/2025 at 3:17 PM , the Director of Nursing (DON) verbalized notification of transfer to a hospital was no longer required and had been removed from the facility's transfer check list used to guide the transfer process.</p> <p>On 01/16/2025 at 4:10 PM, the DON confirmed when Resident #2 was transferred and subsequently admitted to an acute care hospital on 11/29/2024, the facility did not provide written notification of the reason for transfer to the resident or the Resident Representative.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/16/2025, at 4:12 PM, the facility did not to provide a policy related to facility transfers, as requested by the surveyor.</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43310</p> <p>Based on observation, interview, clinical record review, and document review, the facility failed to provide a bed hold policy notification to 1 of 17 residents (Resident #2) and/or the Resident's Representative upon transfer to an acute care hospital. This deficient practice had the potential to cause confusion and prevent the Resident Representative from being informed of the right to exercise the bed hold provisions and any associated fees.</p> <p>Findings include:</p> <p>Resident #2</p> <p>Resident #2 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including hypertensive heart disease with heart failure, acute and chronic respiratory failure with hypoxia, and acute on chronic systolic (congestive) heart failure.</p> <p>Resident #2's Minimum Data Set 3.0 (MDS) assessments, Section A, documented Resident #2 was admitted to the facility on [DATE], and discharged on [DATE] to a short term general hospital.</p> <p>A Health Status Note dated 11/29/2024, documented Resident #2 was sent to the emergency room (ER) at an acute care hospital due to difficulty breathing and acute hypoxia.</p> <p>A Health Status Note dated 11/29/2024, documented Resident #2 was admitted to the hospital.</p> <p>Resident #2's clinical record lacked documented evidence written notification of the right to exercise a bed hold provision was provided to Resident #2 and/or the Resident's Representative, when the resident was discharged to an acute care hospital on 11/29/2024.</p> <p>On 01/16/2025 at 3:17 PM, the Director of Nursing (DON) verbalized notification of the bed hold policy was no longer required and had been removed from the facility's transfer check list used to guide the transfer process.</p> <p>On 01/16/2025 at 4:10 PM, the DON confirmed when Resident #2 was transferred and subsequently admitted to an acute care hospital, the facility did not provide written notification of the facility's bed hold policy to the resident and/or the Resident Representative.</p> <p>A facility policy titled Bed-Holds and Returns revised on 10/2022, documented the facility informed residents and/or the resident's representative in writing of the right to exercise a bed hold provision upon admission. A second notice was provided before transfer to a general acute care (short term general) hospital. In the event of an emergency transfer, the second notice was provided within 24 hours.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>34524</p> <p>Based on observation, interview, and document review, the facility failed to ensure a fire alarm sounded in the front of the facility, including the therapy gym and resident dining hall, during a fire drill. This deficient practice had the potential to affect resident, visitor, and staff safety in the event of an actual fire.</p> <p>Findings include:</p> <p>On 01/14/2025 at 1:28 PM the fire alarm was pulled at a nurse's station in the facility. Emergency strobe lights activated throughout the facility, however the alarm did not sound in the front part of the facility, to include the front lobby, staff administrative offices, resident therapy gym, private dining room, and the resident dining room.</p> <p>On 01/15/2025 at 9:20 AM, the Maintenance Director verbalized the expectation was when the fire alarm was pulled, the alarm would sound throughout the building. The Maintenance Director was unaware the alarm did not sound in the front part of the building.</p> <p>On 01/15/2025 at 9:24 AM, a Certified Occupational Therapist Assistant (COTA) verbalized at approximately 1:30 on 01/14/2025, the COTA did not hear the fire alarm sound. The COTA explained the COTA was in the therapy gym restroom with a resident when the emergency strobe lights began flashing. The COTA confirmed the fire alarm did not sound in the therapy gym area.</p> <p>On 01/15/2025 at 9:29 AM, the Dietary Director verbalized the Dietary Director did not hear the fire alarm during the fire drill on 01/14/2025. The Dietary Director explained they knew there was a fire alarm because the emergency strobe lights began flashing. The Dietary Director confirmed the fire alarm did not sound in the resident dining room, where residents frequented.</p> <p>On 01/15/2025 at 3:51 PM, the Director of Rehabilitation verbalized during the fire alarm drill on 01/14/2025 at approximately 1:30 PM, there were five residents in the therapy gym receiving services.</p> <p>The facility policy titled Fire Indicated by Alarm Panel, revised 07/19/2021, documented the center attempted to extinguish fires and keep residents/staff/visitors safe as they occur.</p>

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>40377</p> <p>Based on interview, personnel record review and document review, the facility failed to ensure staff were trained on the prevention of elder abuse prior to engaging with residents for 8 of 20 sampled personnel records reviewed (Employee #1, #10, #13, #14, #15, #16, #19, and #20).</p> <p>Findings include:</p> <p>On 01/15/2025 at 11:40 AM, the Business Office Coordinator (BOC) and the Administrator participated in an interview to confirm the accuracy of the Personnel Records Checklist completed by the facility for 20 employees.</p> <p>On 01/15/2025 at 11:40 AM, the BOC and the Administrator verbalized elder abuse training was required upon hire, annually, and as needed (PRN).</p> <p>Employee #1</p> <p>Employee #1 was hired as the Administrator with a start date of 05/28/2024. The Administrator's elder abuse training was completed on 06/26/2024.</p> <p>Employee #10</p> <p>Employee #10 was hired as the Director of Rehabilitation (PT) with a start date of 08/01/2024. The PT's elder abuse training was completed on 12/18/2024.</p> <p>Employee #13</p> <p>Employee #13 was hired as a Registered Nurse (RN) with a start date of 11/11/2024. The RN's elder abuse training was completed on 12/18/2024.</p> <p>Employee #14</p> <p>Employee #14 was hired as a License Practical Nurse (LPN) with a start date of 09/16/2024. The LPN's elder abuse training was completed on 12/18/2024.</p> <p>Employee #15</p> <p>Employee #15 was hired as an LPN with a start date of 11/26/2024. The LPN's elder abuse training was completed on 12/18/2024.</p> <p>Employee #16</p> <p>Employee #16 was hired as a Certified Nursing Assistant (CNA) with a start date of 09/27/2024. The CNA's elder abuse training was completed on 12/18/2024.</p> <p>(continued on next page)</p>		

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employee #19</p> <p>Employee #19 was hired as a Dietary Aide with a start date of 12/12/2024. The Dietary Aide's elder abuse training was completed on 12/18/2024.</p> <p>Employee #20</p> <p>Employee #20 was hired as a Housekeeper with a start date of 08/01/2024. The Housekeeper's elder abuse training was completed on 12/18/2024.</p> <p>On 01/15/2025 at 3:03 PM, the Administrator confirmed the aforementioned elder abuse training dates for Employee #1, #10, #13, #14, #15, #16, #19, and #20, and confirmed the employee's initial elder abuse training was not completed prior to working with residents.</p> <p>The facility policy titled Abuse Neglect, Exploitation and Misappropriation Prevention Program, revised April 2021, documented the facility would provide staff orientation and training/orientation programs to include topics such as abuse prevention, identification and reporting of abuse.</p>