

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER Trellis Centennial		STREET ADDRESS, CITY, STATE, ZIP CODE 8565 W Rome Blvd Las Vegas, NV 89149	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 50513</p> <p>Based on interview, record review and document review, the facility failed to provide documented evidence the residents were provided assistance with activities of daily living (ADLs) for 2 of 4 sampled residents (R1 and R2). The deficient practice had the potential for the residents' skin integrity to be compromised.</p> <p>Findings include:</p> <p>Resident 1 (R1)</p> <p>R1 was admitted on [DATE] and discharged on [DATE], with diagnoses including muscle weakness and displaced intertrochanteric fracture of left femur.</p> <p>R1's Care Plan documented the resident had self-care deficit as evidenced by needing assistance with ADLs related to pain. The following activities/tasks were identified in the resident's care plan:</p> <ul style="list-style-type: none"> - Oral hygiene - partial/moderate assistance - Toileting hygiene - dependent - Personal hygiene - substantial/maximal assistance <p>On 11/20/2024 at 12:57 PM, a Certified Nursing Assistant (CNA) indicated the residents were assisted with ADLs such as toileting and hygiene. The assistance provided should have been documented in the electronic ADL charting at least every shift.</p> <p>On 11/20/2024 at 02:14 PM, another CNA indicated the residents were assisted with ADLs of personal hygiene which included oral hygiene and toileting hygiene. The assistance provided should have been documented in the electronic ADL charting system, at minimum, once per shift.</p> <p>On 11/20/2024 at 2:25 PM, the Minimum Data Set (MDS) Director explained the CNAs would document in the electronic charting system (point of care/POC) the assistance with ADLs provided to each resident at least every shift. The MDS Director revealed oral, toileting, and personal hygiene tasks could be documented in the ADL Documentation Survey Report.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The MDS Director indicated R1 required physical assistance with oral, toileting, and personal hygiene.</p> <p>R1's ADL Documentation Survey Report for July 2024 was reviewed with the MDS Director. There was no documented evidence the resident was provided with oral, toileting, or personal hygiene during the night shift on 07/24/2024 and 07/27/2024. The MDS Director confirmed the findings and indicated there was no documentation R1 had refused or R1 was unavailable during the shift. The MDS Director explained when a resident refused assistance or was unavailable for care, the CNA would document the refusal in the ADL Documentation Survey Report.</p> <p>R1's ADL Documentation Survey Report for August 2024 was reviewed with the MDS Director. There was no documented evidence the resident was provided with oral, toileting, or personal hygiene during the day shift on 08/03/2024, 08/04/2024, 08/21/2024, 08/25/2024 and during the night shift on 08/01/2024, 08/03/2024, 08/06/2024, 08/08/2024, 08/15/2024, 08/21/2024, 08/22/2024, 08/28/2024, and 08/30/2024. The MDS Director confirmed the findings and indicated there was no documentation R1 had refused or R1 was unavailable during the shift.</p> <p>R1's ADL Documentation Survey Report for September 2024 was reviewed with the MDS Director. There was no documented evidence the resident was provided with oral, toileting, or personal hygiene during the day shift on 09/01/2024. The MDS Coordinator confirmed the findings and indicated there was no documentation R1 had refused or R1 was unavailable during the shift.</p> <p>On 11/20/2024 at 2:41 PM, the Director of Nursing (DON) explained the CNAs were expected to provide personal care and hygiene to the residents as documented in the residents' care plan. The CNAs should document in the electronic chart the care or ADL assistance provided to the residents at a minimum of once per shift.</p> <p>The DON stated if there was no documented evidence, then there was no proof the tasks were performed. The DON reviewed R1's ADL Documentation Survey Report for July 2024, August 2024, and September 2024 and confirmed there was no documented evidence R1 was provided with oral, toileting, or personal hygiene on numerous shifts.</p> <p>Resident 2 (R2)</p> <p>R2 was admitted on [DATE] with diagnoses including muscle weakness, hemiplegia of the right dominant side, and respiratory failure.</p> <p>R2's Care Plan documented the resident had self-care deficit as evidenced by needing assistance with ADLs. The following activities/tasks were identified in the resident's care plan:</p> <ul style="list-style-type: none"> - Oral hygiene - partial/moderate assistance - Toileting hygiene - dependent <p>On 11/20/2024 at 8:18 AM, R2 stated being left lying in a soiled brief for hours quite often, particularly during the hours between 4:00 AM to 10:00 AM. R2 verbalized being left soiled and sitting in a wheelchair in the hall while waiting for physical therapy on most days.</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 - Some</p>	<p>On 11/20/2024 at 02:25 PM, R2's ADL Documentation Survey Report for October 2024 and November 2024 were reviewed with the MDS Director. There was no documented evidence the resident was provided with toileting hygiene during the day shift on 10/25/2024 and during the night shift on 10/25/2024, 10/31/2024, 11/07/2024, 11/13/2024, 11/14/2024, and 11/15/2024. The MDS Director confirmed the findings and indicated there was no documentation R2 had refused or R2 was unavailable during the shift.</p> <p>On 11/20/2024 at 2:41 PM, the DON reviewed R2's ADL Documentation Survey Report for October 2024 and November 2024. The DON confirmed there was no documented evidence R2 was provided with oral, toileting, or personal hygiene on numerous shifts.</p> <p>The facility's policy titled Activities of Daily Living (ADLs) Supporting, revised in March 2018, documented care and services would be provided for the following ADLs:</p> <ul style="list-style-type: none"> - Hygiene (bathing, dressing, grooming, and oral care) - Mobility (transfer and ambulation, including walking) - Elimination (toileting) - Dining (meals and snacks); and - Communication (speech, language, and any or functional communication systems). <p>A resident who was unable to carry out activities of daily living independently would receive the appropriate support and assistance to maintain good oral, toileting, personal hygiene.</p> <p>Complaint #NV00072411</p>		

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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>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51342</p> <p>Based on interview, record review, and document review, the facility failed to ensure a resident's weight was taken and recorded upon admission for 1 of 4 sampled residents (Resident 4). This failure could have compromised the nutritional and medical well-being of the resident.</p> <p>Findings include:</p> <p>Resident (R4)</p> <p>R4 was admitted on [DATE], with diagnoses including dysphasia, chronic kidney disease stage I-IV, and diabetes mellitus.</p> <p>R4's Nutritional Risk Assessment, and vital signs and weight report dated 9/16/2024, documented R4's most recent weight was 156.2 pounds. R4's weight was obtained six days after admission.</p> <p>The medical record lacked documented evidence R4's weight was obtained upon admission.</p> <p>On 11/20/2024 at 3:30 PM, a Certified Nursing Assistant (CNA) explained all new admissions were weighed by a CNA initially, then by Occupational Therapy the next day before providing services.</p> <p>On 11/20/2024 at 3:40 PM, a Charge Nurse (CN) expressed the initial weights must be completed upon arrival to complete the admission. The CN explained the facility had 48 hours to enter necessary information after admission.</p> <p>On 11/20/2024 at 4:03 PM, the Director of Nursing (DON) clarified upon admission all residents were weighed unless the resident refused. If the resident refused the facility would retry the next day. The DON expectation was that the weights be completed upon admission. The DON voiced if the weights were not entered it would create difficulties with proper care pertaining to the resident's medication administration, dietary orders, and weight management.</p> <p>A facility policy titled Weight Assessment and Intervention policy, revised March 2022, specified residents were weighed upon admission and on a weekly basis as established by the interdisciplinary team.</p>		