

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2020
NAME OF PROVIDER OF SUPPLIER COLLEGE PARK REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2856 E. CHEYENNE AVE. COLLEGE PARK, NV 89030	
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)		
F 0660 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Plan the resident's discharge to meet the resident's goals and needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and document review, the facility failed to follow their policy and procedure for the development of a discharge plan for 1 of 9 sampled residents (Resident #4) Findings include: Resident #4 (R4) R4 was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. A Cognition/Mood/Communication Care Plan dated 08/29/2019, documented R4 had an impaired ability to make daily decisions and be understood. The Advanced Directive Care Plan dated 08/29/2019, documented R4 and his/her responsible party would have been informed of any changes in condition, and possible choices of treatment. A physician's orders [REDACTED]. A signed Discharge Summary dated 11/09/2019, documented R4 was clinically stable to be discharged . A Social Services note dated 11/09/2019, documented R4 was discharged and was transported to a Residential Facility for Groups. The medical record lacked documented evidence conversations had taken place between R4's family member and the facility, regarding discharge planning, and education on different facilities before choosing a new living area. On 09/23/2020 at 10:43 AM, a Social Worker indicated discharge planning consisted of assessing a resident to develop a plan for the resident's stay and where a resident would be placed when they were discharged . The Social Worker indicated part of the assessment consisted of assisting the resident and their family member to determine the best placement for a resident when discharged , and educating the family member on different types of facility's the resident could have been placed based on their preferences. The Social Worker indicated conversations between a resident's family member, and the facility regarding discharge planning, and education on different facilities before choosing a new living area, would have been documented in the medical record. On 09/24/2020 at 2:25 PM, the Social Worker verified R4's medical record lacked documented evidence, conversations had taken place between R4's family member and the facility regarding discharge planning, and education on different facilities before choosing a new living area. The facility's policy titled Discharge Planning (revised 05/01/2018) documented meeting with residents, their legal representatives and/or family members so they can make informed choices before choosing a new living area and Social Services Staff will document in Social Services Progress Notes, discharge planning efforts, including but not limited to conversations with the resident/responsible party, home health, and other supportive services in the community. Complaint #NV 080</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.