

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/14/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295096	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2023
NAME OF PROVIDER OR SUPPLIER Advanced Health Care of Reno		STREET ADDRESS, CITY, STATE, ZIP CODE 961 Kuenzli Street Reno, NV 89502	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34524</p> <p>Based on interview, clinical record review, and document review, the facility failed to ensure a Comprehensive Care Plan was developed for a resident with depression, and a respiratory care plan for a resident with chronic obstructive pulmonary disease (COPD) and dependence on supplemental oxygen (O2), to include services, goals, preferences, needs, and interventions for 1 of 12 sampled residents (Resident #23).</p> <p>Findings include:</p> <p>Resident #23</p> <p>Resident #23 was admitted to the facility on [DATE], with diagnoses including nausea with vomiting and fracture of unspecified part of neck of left femur.</p> <p>A physician order dated 01/02/23, documented mirtazapine 7.5 milligrams (mg) tablet, take at bedtime for depression and social isolation.</p> <p>Resident #23's Comprehensive Care Plan lacked documented evidence of a care plan for depression, to include the medication mirtazapine.</p> <p>On 01/12/23 at 4:36 PM, the DON verbalized residents with depression should have a care plan for depression to include services, goals, preferences, needs, and interventions. The DON confirmed Resident #23 did not have a care plan for depression to include the medication mirtazapine.</p> <p>A facility policy titled Comprehensive Care Plan, undated, documented the care plan should reflect the individual's goals and choices, identify individual-specific interventions, and include a time frame for goal achievement and parameters for monitoring progress. The care plan would be evaluated for efficacy of current interventions and modified as needed. Outcomes would be monitored and interventions evaluated after care plan implementation.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</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 a Comprehensive Care Plan was updated to include interventions for residents' nutrition status for 2 of 12 residents (Resident #1 and #8).</p> <p>Findings include:</p> <p>Resident #1</p> <p>Resident #1 was admitted to the facility on [DATE], with a diagnosis of periprosthetic fracture around internal prosthetic right knee joint.</p> <p>On 01/12/23 at 10:48 AM, a Registered Nurse (RN) verbalized Resident #1 required one to one (1:1) feeding assistance due to vision deficits. The RN explained the feeding assistance for the resident consisted of the use of a scoop plate and meal set up and supervision, including cuing, prompting, and actually feeding the resident, if necessary. The RN would expect to find 1:1 feeding on the resident's care plan.</p> <p>A physician order for Resident #1 dated 11/29/22, documented 1:1 feeding assistance for all meals, three times a day.</p> <p>A physician order for Resident #1 dated 11/30/22, documented Marinol, 2.5 milligram (mg) capsule, twice a day for decreased appetite.</p> <p>Resident #1's Comprehensive Care Plan included a care plan for nutritional status dated 11/27/22. However, the care plan lacked documented evidence interventions had been updated, to include 1:1 feeding assistance and the use of Marinol.</p> <p>On 01/12/23 at 4:18 PM, the Director of Nursing (DON) verbalized 1:1 feeding assistance and Marinol should be care planned as an intervention for Resident #1's nutritional care plan.</p> <p>43311</p> <p>Resident #8</p> <p>Resident #8 was admitted to the facility on [DATE], with diagnoses including Parkinson's disease, hypertensive heart disease with heart failure, unspecified systolic (congestive) heart failure, type 2 diabetes mellitus with other diabetic ophthalmic complication, and abnormal weight loss.</p> <p>Marinol</p> <p>A physician order dated 01/09/23, documented Marinol (dronabinol) capsule, 5 mg, oral, twice a day for abnormal weight loss.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A MAR dated 01/01/23-01/13/23, documented Resident #8 received Marinol once on 01/09/23, twice on 01/10/23, and once on 01/11/23. The medication was discontinued on 01/11/23.</p> <p>A Comprehensive Care Plan dated 12/09/22-01/22/23, documented Resident #8 was at risk for alteration in nutrition status. The interventions lacked documented evidence for the use of Marinol.</p> <p>On 01/11/23 at 12:17 PM, a Licensed Practical Nurse (LPN) confirmed Resident #8's care plan did not indicate the use of medications for abnormal weight loss and should have been included on the care plan.</p> <p>On 01/12/23 at 5:11 PM, the CNM explained new medications would be updated on the care plan within 24 hours of a new medication order or a change in a medication order.</p> <p>Feeding Assistance</p> <p>On 01/11/23 at 12:13 PM, Resident #8 explained a staff member would set up the meal tray and assist with feeding the resident in the resident's room.</p> <p>A physician order dated 12/21/22, documented 1:1 feeding assistance required, take patient to dining room for meal if possible, three times a day.</p> <p>A Comprehensive Care Plan dated 12/09/22-01/22/23, documented Resident #8 was at risk for alteration in nutrition status. The interventions lacked documented evidence of the 1:1 feeding assistance ordered for three times per day.</p> <p>On 01/11/23 at 12:18 PM, an LPN verbalized Resident #8 usually ate in the dining room and was unsure if the resident required feeding assistance. The LPN confirmed the resident's care plan did not indicate feeding assistance.</p> <p>On 01/11/23 at 12:35 PM, the CNM verbalized Resident #8's care plan lacked a documented intervention of 1:1 feeding and should have been included on the care plan. The CNM explained the feeding requirement should have been care planned to provide the care the resident required for nutritional needs. The CNM explained the care plan would have provided staff the information.</p> <p>On 01/11/23 at 3:10 PM, a CNA verbalized Resident #8 sometimes required feeding assistance. The CNA confirmed the information would be communicated via verbal report and the care plan.</p> <p>A Registered Dietician (RD) Progress Note dated 12/21/22, documented Resident #8 required feeding assistance secondary to poor endurance and fatigue.</p> <p>On 01/13/23 at 12:07 PM, the RD communicated Resident #8 had a tremendous loss of appetite and was on Marinol as a appetite stimulant. The RD confirmed the resident required feeding assistance at meal times.</p> <p>(continued on next page)</p>		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A facility policy titled Comprehensive Care Plan, undated, documented the care plan should address identified causes of impaired nutrition status, reflect the individual's goals and choices, identify individual-specific interventions, and include a time frame for goal achievement and parameters for monitoring progress. The care plan would be evaluated for efficacy of current interventions and modified as needed. Outcomes would be monitored and interventions evaluated after care plan implementation.		