

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2025
NAME OF PROVIDER OR SUPPLIER Saint Joseph Transitional Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2035 W. Charleston Blvd. Las Vegas, NV 89102	

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 - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</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 - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review and document review, the facility failed to ensure a resident was assisted with meals in accordance with the assessment and care plan for 1 of 32 residents (R111). The deficient practice had the potential for residents not to maintain good nutrition. Findings include: Resident 111 (R111) was admitted on [DATE] and discharged on 09/27/2024, with diagnoses including dysphagia, cerebrovascular disease, and muscle weakness. R111's admission Minimum Data Set (MDS) assessment dated [DATE], documented the resident required supervision or touching assistance with eating (the ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal was placed before the resident). The coding for supervision or touching assistance was 04, where the staff would provide verbal cues and/or touching/steadying and/or contact guard assistance as resident completed the activity (eating). R111's care plan documented the interventions/assistance for activities of daily living (ADL) which included providing the resident with supervision assist of one person for eating. The Documentation Survey Report (ADL charting) for September 2024, lacked documented evidence that R111 was provided with meal assistance on the following dates: - 09/05/2024 for breakfast and lunch- 09/08/2024 for breakfast and lunch- 09/11/2024 for breakfast and lunch- 09/12/2024 for breakfast and lunch- 09/13/2024 for lunch- 09/15/2024 for breakfast and lunch- 09/16/2024 for breakfast- 09/18/2024 for breakfast and lunch- 09/21/2024 for breakfast and lunch. The Documentation Survey Report for August 2024 and September 2024, documented the coding for R111's meal (eating) was mostly 5 (Set up or clean-up assistance. The staff would set up or clean up; the resident completed the activity. The staff assisted only prior to or following the activity.) On 09/12/2025 at 11:13 AM, the MDS Director indicated R111's admission MDS dated [DATE], documented the resident required supervision or touching assistance with eating, and the code was 04. The MDS Director explained that the certified nursing assistants (CNA), or licensed nurses should have been in the room with the resident to supervise the resident while eating. The CNAs should have been coding the level of assistance provided to the resident during meals. The MDS Director revealed the CNAs were expected to document in the ADL charting every meal. The MDS Director explained R111's care plan documented to provide the resident with supervision assistance of one person for eating. The MDS Director acknowledged the coding for R111's meal or eating in the ADL charting should have been 04. The MDS Director confirmed the CNAs had documented the code 5 in R111's ADL charting with meal which meant set up or clean-up assistance was provided and not supervision (04) per the resident's care plan. The MDS Director acknowledged the care plan was not followed. The MDS Director confirmed there was no documentation of the meal assistance provided to R111 during the above-mentioned dates for the month of September 2024. The MDS Director explained the boxes corresponding to those dates were left blank, and the other dates had a coding of 5 most of the time. The MDS Director indicated there was no documentation the resident had refused meals which could have been coded as 07. On 09/12/2025 at 11:44 AM, a CNA indicated being informed of the required level of assistance with meals for each resident through the hand off report from the previous shift. The required meal assistance was documented in the point-of-care (POC) charting in the kiosk (electronic charting) where the CNAs documented the ADL charting for each resident. The CNA explained verifying in the POC charting the level of meal assistance required for each resident such as supervision, set up help only, or 1:1 meal assistance. The CNA indicated the level of meal assistance provided to each resident should have been documented every meal. The CNA confirmed R111's ADL charting for eating was incomplete because some dates were left blank. On 09/12/2025 at 1:58 PM, the Director of Nursing (DON) explained the CNAs were expected to follow the ADL level of assistance including eating indicated in the POC such as moderate assistance, supervision, set-up help only, or dependent and document in the ADL charting every meal. The DON confirmed R111's ADL documentation for eating, including meal percentage, was incomplete. The facility's policy titled Activities of Daily Living (ADLs), Supporting revised in March 2018, documented the residents who were unable to carry out activities of daily living independently would receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Appropriate care and services would be provided for residents who were unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with dining (meals and snacks). Complaint 2282565</p>		