STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295099	A. BUILDING _____ B. WING _____	**09/03/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HORIZON RIDGE SKILLED NURSING & REHABILITATION CTR	**2855 W. HORIZON RIDGE PARKWAY HENDERSON, NV 89052**

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 0825 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide or get specialized rehabilitative services as required for a resident.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review and documentation review, the facility failed to ensure 1 of 5 residents (Resident #1) received a physical therapy evaluation in accordance with a physician's orders [REDACTED].#1 (R1) R1 was admitted on [DATE], with [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. R1's medical record lacked documented evidence a PT evaluation had been completed. The Physical Therapist acknowledged R1's medical record lacked documented evidence R1 had been evaluated for PT. On 09/01/2020 at 4:00 PM, the Director of Rehabilitative Services indicated when a physician ordered a Physical Therapy (PT) evaluation, nursing staff informed PT of the order and an evaluation was conducted. The Director of Rehabilitative Services indicated the Physical Therapist had access to the physician's orders [REDACTED]. On 09/02/2020 at 2:00 PM, R1 indicated it had been over four weeks since the Nurse Practitioner (NP) had ordered the casts for R1's feet. R1 had not heard anything about the casts from the nursing staff. R1 had been aware of the NP order for the casts because the NP showed R1 the order. R1 indicated the evaluation had not been done or received casts from the Rehabilitation Department. On 09/03/2020 at 8:30 AM, the NP indicated R1 had foot drop. The NP recalled meeting with R1 in June 2020. The NP had written a physician's orders [REDACTED]. The NP confirmed a PT evaluation had not been completed by Rehabilitative Services department per the physician's orders [REDACTED]. Complaint # NV 856

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE