

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>295063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BATTLE MOUNTAIN GENERAL HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>535 S. HUMBOLDT STREET BATTLE MOUNTAIN, NV 89820</b>	
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 0552  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure that residents are fully informed and understand their health status, care and treatments.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, interview and document review, the facility failed to obtain an informed consent prior to the use of a bed alarm for 1 of 5 sampled residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Resident #2's Fall Risk Assessment completed on 05/08/19, documented the resident was at high risk for falls. Resident #2's Care Plan dated 05/10/19, documented the resident was at high risk for falls related to weakness, Fall Risk Assessment completed upon admission, and ensure bed alarm was on and working. On 03/04/20 at 9:14 AM, Resident #2 was sleeping in bed. A bed alarm was attached to the resident's bed. On 03/04/20 at 9:34 AM, the Chief Nursing Officer (CNO) verbalized the CNO did not consider bed alarms a restraint. The CNO confirmed Resident #2's bed had a bed alarm due to the resident's high risk for falls. On 03/04/20 at 9:41 AM, the CNO confirmed the facility did not have a policy for the use of bed alarms. The CNO confirmed the facility policy titled, Physical Restraints, lacked language to include the use of bed alarms. The CNO verbalized a consent should have been obtained prior to the use of a bed alarm. The CNO confirmed Resident #2 had not received or signed a consent for the bed alarm on the resident's bed. On 03/04/20 at 11:04 AM, Resident #2 verbalized the resident was aware there was a bed alarm on the resident's bed. Resident #2 verbalized no one from the facility had explained to the resident what the bed alarm was for or had the resident or the resident's representative sign a consent for the bed alarm. The facility policy titled, Fall Reduction Plan, revised 07/20/15, documented when a fall assessment identified a resident at high risk for falls, interventions may include placing an alarm on the resident's bed to alert staff when the resident was attempting to get out of bed without assistance. The facility policy titled, Resident Rights, revised 07/28/17, documented residents had the right to be fully informed of their medical condition and health status and be notified in advance about any changes or treatment decisions. The facility policy titled, Physical Restraints, reviewed 06/20/17, lacked language regarding resident use of bed alarms. FRI# NV 600		
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.