DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**10/02/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKMONT OF THE LAKES	**3250 S. FORT APACHE ROAD, LAS VEGAS, NEVADA ,89117**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and complaint investigation surveys completed at your facility on 10/02/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 140 total Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, with assisted living services with 30 beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 115. Twenty five resident files and eight employee files were reviewed. The facility received a grade of A. There were two complaints investigated. Substantiated without deficient practice: 1. Complaint #NV00072213 was substantiated with no deficient practice. Unsubstantiated: 2. Complaint #NV00072006 could not be substantiated. No regulatory deficiencies could be identified. The investigation of complaints included: Observation of resident to resident interactions, medication administration, front doorbell alerting system check, resident rooms, and a tour of facility Interviews were conducted with residents, a caregiver, a housekeeper, Medication Technicians, the Resident Care Coordinator, the Health Services Director, and the Administrator. Record Review of 25 records, which included the residents of concern and electronic medication administration record. Document Review included Medication Technician training checklist, medication administration policies, resident laundry schedule, resident leasing agreement, and incident reports. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: ELIZABETH HERNANDEZ | Title: Sr. Executive Director | Date: 10/21/2024

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.

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	federal, state, or local laws. The following regulatory deficiencies were identified:			
0830 SS= D	Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. (NRS 449.0302) 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure a wound care and bedfast waiver was submitted to retain 1 of 25 sampled residents. (Resident #6). Findings include: Resident #6 (R6) R6 was admitted on 10/24/20 with diagnosis including diabetes and hypertension. On 10/02/24 in the morning, R6 was lying in bed and revealed they were not able to turn side to side on their own without assistance. Resident did not mention any information regarding a wound. R6's records documented R6 has a Stage IV coccyx wound and was under the care of hospice. Hospice records documented R6 was receiving wound care weekly since 08/24. R6's file lacked documented evidence of an application for submission and/or an approved medical exemption for a Stage IV coccyx wound and a bedfast waiver. On 10/2/24 in the afternoon, the Administrator confirmed R6 has a Stage IV coccyx wound and had not applied for a bedfast waiver or medical exemption for wounds. The Administrator verbalized R6 was bedfast and the file was missing the exemptions. Severity: 2 Scope: 1	0830	0830 SS=D R6 Medical Exemption for wound and bed fast waiver was submitted by ED via email on 10.7.2024.Received approval by Claire Walton on 10.9.2024. Please see approved Medical Exemption for wound and Bedfast Waiver. ED and HSD will ensure that Medical Exemptions and Bedfast Waivers are completed timely on an annual basis.	10/09/2024

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0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview the facility failed to ensure sharp objects were secured inside of the memory care unit. Findings include: On 10/02/2024 at 9:26 AM, a steak knife was observed in an unlocked cabinet located in the dining area of the memory care unit. On 10/02/2024 at 9:29 AM, the Assistant Maintance Director acknowledged the steak knife was not secured and could have been a potential hazard to the residents. On 10/02/2024 at 2:45 PM, the Executive Director acknowledged the steak knife was not secured and verbalized any sharp objects should have been secured at all time inside if the memory care unit. Severity: 2 Scope: 3	0994	0994 SS=F The Memory Care Director and the Executive Director held an in-service with all Memory Care team members on 10.10.2024 to remind everyone that all knives are to be kept in a locked secured location at all times. The Memory Care Director and ED will continue to train staff and continue to check the neighborhood daily to ensure that all sharp objects/knives are locked away at all times. Please see attached in-service.	10/10/2024