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 _____	**11/20/2024**

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

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed at your facility on 11/16/24, in accordance with Nevada Administrative Code, Chapter 449, Requirements for Residential Facilities for Groups. The census at the time of the survey was 110. The sample size was five. The facility received a grade of A. Two complaints were investigated: Substantiated: 1. Complaint #NV00072404 was substantiated (See TAG Y0850). 2. Complaint #NV00072534 was substantiated (See TAG Y0871). The investigation into the complaint included: Observations of residents receiving medications, staff attending to and providing care to residents, and a tour of the facility. Interviews conducted with residents, Caregivers, Medication Technicians, Health Services Director, and the Administrator. Record review of resident records, including the residents of concern. Document review including facility policies and procedures and medication received log. 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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000		
0850 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 1. If a resident of a residential facility becomes ill or is injured, the resident ' s physician and a member of the resident ' s family must be notified at the onset of illness or at the time of the injury. The facility shall: (a) Make all necessary arrangements to secure the services of a	0850	TAG 0850 Resident 2 was not admitted to our community on 6.19.2022 with a primary diagnosis of Dementia. Her primary diagnosis was Hypertension. Please see attached physicals and standard placements. A Mandatory Med Tech meeting/ re-training was held on December 17th by the Health Care Coordinator and Executive Director.	12/20/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: ELIZABETH HERNANDEZ | Title: Sr. Executive Director | Date: 12/20/2024

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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	licensed physician to treat the resident if the resident ' s physician is not available; and (b) Request emergency services when such services are necessary. Inspector Comments: Based on interview and record review the facility failed to notify a resident's responsible party after a fall for 1 of 5 sampled residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted to the facility on 06/19/22 and discharged on 02/20/24, with a primary diagnosis of dementia. Charting note dated 02/03/24, documented R2 fell in the living room of their apartment and sustained a laceration to the head. R2's file lacked documented evidence of an incident report being completed after the fall. Incident report dated 09/05/23, documented R2 pressed their pendent and was found on the floor in their living room. There was no documented evidence the family or physician were notified after the fall and alert charting was not completed. Incident report dated 08/03/23, documented R2 was found on the floor during med pass next to their bed. There was no documented evidence the family or physician were notified after the fall and the alert charting was not completed. Charting notes dated 05/17/23, documented resident fell on 05/16/23 with no signs of injury. There was no incident report completed, no documented evidence the family or physician were notified after the fall, and the alert charting was not completed. A physician fax report dated 11/28/22, documented R2 was in the shower and slipped down to the floor getting out of the shower. There was no incident report completed, no documented evidence the family or physician were notified after the fall, and the alert charting was not completed. The report documented 911 was called later in the day after R2 complained of pain. There was no documented evidence the family or physician were notified of the transfer to the hospital. The		Going over the following; Fall Management, Incident Reporting, and Alert Charting Policy and Procedures. Please see sign in sheet and handouts, Health Services Director and Executive Director will ensure that all Med-Techs are following Oakmont's policies and procedures at all times.	

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	policy Fall Management Protocol dated April 2017, documented a fall required completion of an Unusual Occurrence Report (incident report). Any resident who sustained a fall would have been placed on alert charting status. The healthcare practitioner would be notified by fax. On 11/20/24 at 1:30 PM, the Medication Technician (Med Tech) reported when a resident sustained a fall an incident report was completed the same day. The incident report should document if the family and physician were notified. After the fall, the Med Tech documented in alert charting to follow-up on the resident every two hours or what was needed and their condition. On 11/20/24 at 3:15 PM, the Health Services Director (HSD) indicated the Med Techs were not completing alert charting prior to the HSD returning to the facility in September 2024. Med Techs should complete alert charting and document the resident's condition after a fall. The HSD confirmed alert charting was not completed for the falls R2 sustained on 09/05/24, 08/03/23, 05/17/23, and 11/28/22. On 11/20/24 at 3:30 PM, the Administrator explained an incident report should have been completed anytime a resident fell. The Administrator was unable to provide an incident report for the falls R2 sustained on 02/03/24, 05/17/23, and 11/28/24 and acknowledged one should have been completed. Severity: 2 Scope: 1 Complaint #NV00072404			
0871 SS= D	Medication Administration - Plan - NAC 449.2742 and R043-22 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation: (1) Preventing the use of outdated, damaged or contaminated medications; (2) Managing the medications	0871	0871 On 12.17.2024 We held a Mandatory Med Tech meeting in which we also went over our Medication Release Record Form. This form must be fully completed, signed by all parties and a copy must be kept in the residents chart. Health Services Director and Executive Director will ensure that this form is being completed and a copy is in the charts at all times and never thinned out.	12/20/2024

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	for each resident in a manner which ensures that any prescription medications, over-the-counter medications and nutritional supplements are ordered, filled and refilled in a timely manner to avoid missed dosages; (3) Verifying that orders for medications have been accurately transcribed in the record of the medication administered to each resident in accordance with NAC 449.2744; (4) Monitoring the administration of medications and the effective use of the records of the medication administered to each resident; (5) Ensuring that each caregiver who administers a medication is in compliance with the requirements of subsection 6 of NRS 449.037 and NAC 449.196; (6) Ensuring that each caregiver who administers a medication is adequately supervised; (7) Communicating routinely with the prescribing physician, physician assistant or advanced practice registered nurse or other physician, physician assistant or advanced practice registered nurseof the resident concerning issues or observations relating to the administration of the medication; and (8) Maintaining reference materials relating to medications at the residential facility, including, without limitation, a current drug guide or medication handbook, which must not be more than 2 years old or providing access to websites on the Internet which provide reliable information concerning medications. (e) Develop and maintain a training program for caregivers of the residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers. Inspector Comments: Based on document review and interviews, the facility failed to			

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	provide evidence of a medication release form given per the policy to the family for 1 of 5 sampled residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 09/12/22 and discharged on 09/20/24, with a diagnosis of Alzheimer's disease. R1's file lacked documented evidence existed of a medication release form that listed the amount of medication the family received upon discharge. On 11/20/24 at 11:15 AM, the Health Services Director (HSD) reported when residents moved out, staff were required to provide to the resident or responsible party a medication release form listing the medications the resident was taking and the amout of medication in each bottle. The HSD further clarified a copy of the release form went to the resident or responsible party, and a copy stayed in the resident ' s discharge file. On 11/20/24 at 11:50 AM, the Administrator indicated staff should have kept a copy of the medication release form and did not. The Administrator acknowledged R1's chart did not contain a copy and reported if it was not in the discharge file, then it was not available. The policy Medication Prepared for Resident Leave dated March 2014, documented if a resident was moving out of the community and they were taking their medications with them, the resident/family may sign the release to take the medications. The disposition of the medication would also be noted on the Centrally Stored Log. Severity: 2 Scope: 1			