STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10625	A. BUILDING _____ B. WING _____	12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKMONT OF LAS VEGAS	3185 E. FLAMINGO ROAD, LAS VEGAS, NEVADA ,89121

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RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed in your facility on 12/31/25 and finalized on 01/27/26. The census at the time of the survey was 110. The sample size was one. There was one complaint investigated. <u>Substantiated:</u> Complaint #12641 was substantiated. (See Tag 590) The investigation of Complaints included: Interviews were conducted with the Med Tech and Executive Director Clinical Record Review of one record, which included the resident of concern. Document Review included a review of facility policy and procedures.			

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Y 0590	**NAC 449.268** **Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response.** 1. The administrator of a residential facility shall ensure that: (a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility; (b) A resident is not prohibited from speaking to any person who advocates for the rights of the residents of the facility; (c) The residents are treated with respect and dignity; (d) The facility is a safe and comfortable environment; (e) Residents are not prohibited from interacting socially; (f) Residents are allowed to make their own decisions whenever possible; (g) Residents are aware that they may file a complaint or grievance with the administrator and that a resident who files such a complaint receives a response in a timely manner; (h) A resident is informed as soon as practicable that he is being moved to a new room or that he is receiving a new roommate; and (i) Residents are afforded the opportunity to initiate an advance directive or power of attorney for health care and that the employees of the facility comply with the wishes contained in such a document.	Y 0590	1. Staff members have been in-serviced/trained/re-trained on sudden unexpected death (no pulse or breathing) and to check the POLST for the Resident's directives. 2. Staff will receive ongoing training and will know where to access the POLST and how to determine within the POLST the Resident's directives. 3. Health Services Director (HSD) will ensure staff members are trained on where to access the POLST and how to determine within the POLST the Resident's directives. HSD will ensure that all POLSTS are current and located in the Emergency Binder in the Medication Room. 4. Executive Director & Health Services Director will monitor for compliance. 5. 02.06.2026	02/06/2026

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	2. The administrator of a residential facility shall provide a procedure to respond immediately to grievance, incidents and complaints. The procedure must include a method for ensuring that the administrator or a person designated by the administrator is notified of the grievance, incident or complaint. The administrator or a person designated by the administrator shall personally investigate the matter. A resident who files a grievance or complaint or reports an incident pursuant to this subsection must be notified of the action taken in response to the grievance, complaint or report or be given a reason why no action needs to be taken. 3. The employees of the facility shall comply with the procedures adopted pursuant to subsection 2. Inspector Comments: Based on interview, record review, and document review, the facility failed to follow a Provider Order for Life-Sustaining Treatment (POLST) for a resident (Resident#1). Findings include: Resident#1 (R1) R1 was admitted to the facility on 03/31/25 with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD). The facility's policy titled Medical Emergencies revised October 2014 documented in the event of an unexpected death (no pulse			

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	or breathing) staff were to call 911 immediately, summon the licensed nurse if available and describe the resident's condition and indicate whether there was a Do Not Resuscitate (DNR) directive. If the advanced directive indicated that the resident did not want CPR, the licensed nurse on duty, or the person in charge at the time of the emergency, would honor that wish and no CPR would be initiated. A POLST documented Do Not Attempt Resuscitation (DNR) Noncardiopulmonary Resuscitation (CPR), signed by R1 and the attending Physician on 03/26/2025. A Facility Reported Incident (FRI) documented on 11/28/25, R1 started to look pale and was drooling and became unresponsive. Emergency services were notified and a Medication Technician (Med Tech) started chest compressions until the Paramedics arrived on the scene. On 12/31/25 in the morning, the Executive Director verbalized R1 had pushed their call pendant and requested as needed (PRN)medication for anxiety per			

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	physicians orders. The medication was administered by the Med Tech per physician orders and shortly after R1 started to look pale and became unresponsive. The Med Tech called emergency services and started CPR. The Executive Director indicated in the event a resident became unresponsive, a staff member who was CPR certified should have performed CPR until emergency services arrived even if the resident had a DNR. On 01/05/2025 in the afternoon, the Executive Director confirmed the facility's policy regarding medical emergencies was not followed and CPR should not have been performed on R1. On 01/27/2026 at 2:31pm a telephone interview with Employee#2 (E2) revealed R1 had paged E2 because R1 was having anxiety and requested anti-anxiety medication. E2 indicated after administering the anti- anxiety medication per physician orders to R1 a few minutes later R1 became unresponsive, E2 notified emergency services who instructed E2 to start CPR on R1. E2 verbalized not being aware if R1 had a POLST and did not know if R1 was full code or had a			

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	DNR. E2 explained they administered CPR on R1 because emergency services had informed them too. The facility lacked a process to ensure staff knew if residents had a DNR or wanted CPR in case they became unresponsive. Severity:2 Scope:1			