Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11041	A. BUILDING _____ B. WING _____	05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPENCER LUXURY CARE LLC	1951 PAPAGO LN, LAS VEGAS, NEVADA ,89169

(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 inspection conducted at your facility on 05/30/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was seven. Seven resident files and five employee files were reviewed. The facility received a grade of A. 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 federal, state, or local laws. The following regulatory deficiencies were identified:	0000		
1700 SS= D	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the	1700	a) Resident #1 Admitted 5-7-24 Pass away 6-1-24 also enclosed 6 pages of Physician Placement Determination for R2, R3, R4, R5, R6 b) Whenever there is an Admission The owner and administrator will ensure that The Physician Placement Determination are filled up by the Physician upon admission. c c) The Administrator will monitor for compliance. d)6-10-24	06/10/2024

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	family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on record review and interview, the facility failed to ensure an initial and/or annual physician's placement assessment was obtained for 6 of 7 residents (Residents #1, #2, #3, #4, #5 and #6). Findings include: Resident #1 (R1) R1 was admitted to the facility on 05/07/2024 with diagnoses including high blood pressure, heart disease and anxiety. R1's file lacked documented evidence of an initial physician's placement assessment by R1's physician. Resident #2 (R2) R2 was admitted to the facility on 07/01/2021 with diagnoses including dementia, stroke and atrial fibrillation. R2's file lacked documented evidence of an initial and annual physician's placement assessment by R2's physician. Resident #3 (R3) R3 was admitted to the facility on 02/23/2024 with diagnoses including high blood pressure, type 2 diabetes and Hodgkin's lymphoma. R3's file lacked documented evidence of an initial physician's placement assessment by R3's physician. Resident #4 (R4) R4 was admitted to the facility on 02/25/2022 with			

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	diagnoses including high blood pressure, stroke with left-sided hemiplegia and hemiparesis and dementia. R4's file lacked documented evidence of an initial and annual physician's placement assessment by R4's physician. Resident #5 (R5) R5 was admitted to the facility on 09/20/2023 with diagnoses including drug-induced polyneuropathy, lumbar region intervertebral disc degeneration and irritable bowel syndrome. R5's file lacked documented evidence of an initial physician's placement assessment by R5's physician. Resident #6 (R6) R6 was admitted to the facility on 11/25/2020 with diagnoses including dementia, depression and chronic kidney disease. R6's file lacked documented evidence of an initial and annual physician's placement assessment by R6's physician. On 05/30/2024 in the afternoon, the Administrator confirmed R1, R2, R3, R4, R5 and R6's files lacked documented evidence of an initial and/or annual physician's placement assessment. Severity: 2 Scope: 1			