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 _____	**03/14/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSS SENIOR RESIDENCE	**5935 W SADDLE AVE, LAS VEGAS, NEVADA ,89103**

(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 a complaint investigation initiated in your facility on 01/30/24 and finalized on 03/14/24, in accordance with Nevada Administrative Code, Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, and/or persons with Alzheimer's disease or related dementia, Category II residents. The census at the time of the survey was five. The sample size was two resident records. The facility received a grade of A. Two complaints were investigated: 1. Verified: Complaint #NV00070444 was verified. (See TAG Y820). 2. Unverified: Complaint #NV00070112 was unverified. No regulatory deficiencies could be identified. The investigation into the complaints included: -Observations of residents, who were clean and well groomed, and caregivers providing care to residents. -Interviews were conducted with the Owner/Operator, two Caregivers, a family member of a resident, a Hospice Registered Nurse, and a Wound Care Specialist Provider. -Clinical record review of two residents, including the resident of concern. -Document review included resident rights, emails, and the facility's policy regarding admission and retention criteria. 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		
0820 SS= D	Tracheostomy or Open Wound - NAC 449.2734 Residents having tracheostomy or open wound requiring treatment by medical	0820	Tag 0820 Open Wound The Administrator and Operator/ Owner will be more efficient in admitting a resident	04/16/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: WENDY RAMIREZ Title: ADMINISTRATOR Date: 04/16/2024

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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	professional; residents having pressure or stasis ulcers. (NRS 449.0302) 1. A person who has a tracheostomy or an open wound that requires treatment by a medical professional must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The wound is in the process of healing or the tracheostomy is stable or can be cared for by the resident without assistance; (b) The care is provided by or under the supervision of a medical professional who has been trained to provide that care; or (c) The wound is the result of surgical intervention and care is provided as directed by the surgeon. Inspector Comments: Based on interview, record review, and document review, the facility failed to ensure a resident with non-healing wounds was not retained at the facility and failed to request an exemption waiver to retain a resident with a wound. (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 12/01/23 with diagnoses including chronic obstructive pulmonary disease, acute renal failure, diabetes mellitus II, and peripheral vascular disease. R1 was examined and assessed on 01/25/24 by a Wound Care Specialist. The Physician's Notes documented the stage 2 sacral pressure wound measured 3.6 centimeters (cm) x 4.2 cm x 0.3 cm. There was no documentation the sacral wound was in a healing condition. The Wound Care Specialist's Notes documented R1 was provided with wound care on 01/30/24. The sacral pressure ulcer measured 5 cm x 4.8 cm x 0.3 cm. R1 was transferred to an acute care facility on 02/06/24 with diagnoses including a large sacral decubitus wound with necrotic tissue, altered mental status, and diabetes mellitus. The acute care facility's emergency department records documented R1 was assessed on 02/06/24 with a 6 cm decubitus ulcer on the sacrum and deep tissue injuries on the bilateral		who has an open wound or is bed bound from entering the facility without a wavier. All residents will be assessed by the administrator or owner and have documentation form the physician allowing the facility to take the resident. All residents will have a waiver if need be, and all staff will follow up with the wound care doctor or nurses for any signs of breakdown. The administrator will be the one to apply for the waiver if the need arises.	

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	heels. The sacral pressure ulcer was documented as unstageable, 5.5 cm x 3 cm x 0.5 cm, with necrosis. R1's left heel wound measured 4 cm x 7 cm x 0.5 cm. R1's right heel wound measured 3 cm x 3 cm. On 01/30/24 in the afternoon, the Owner / Operator and a Caregiver verbalized R1's skin was clear and there were no ulcers. On 03/14/24 at 11:30 AM, the Owner / Operator and a Caregiver reported R1 did have the ulcers on 01/30/24 and had undergone two graft treatments for the sacral ulcer and admitted R1 had developed the ulcers at the facility. The Owner / Operator acknowledged there was no wound exemption waiver submitted to the Bureau for R1 and the wounds were not documented as in a healing condition. The Owner / Operator explained it was the facility's policy that a resident with wounds could not be retained at the facility unless an exemption waiver was granted, and a resident with non-healing wounds was not appropriate to remain as a resident without an approved waiver. On 03/14/24 at 12:00 PM, the representative from the Wound Care Specialist Provider verified R1 was assessed for the sacral ulcer on 01/25/24, and had treatments on 01/30/24, 02/02/24, 02/05/24, and 02/06/24. The facility's admission criteria documented a resident would be discharged if the facility was not able to meet the resident's needs. Severity: 2 Scope: 1 Complaint #NV00070444			