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
	2678	A. BUILDING _____ B. WING _____	09/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA SEVILLE	**2000 N RAMPART, LAS VEGAS, NEVADA ,89128**

(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 infection control survey conducted at your facility on 09/30/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 144 Residential Facility for Group beds for elderly and disabled persons, with endorsements for chronic illness and mental illness, 103 Category I residents and 41 Category II residents. The census at the time of the survey was 103. Twenty-five resident files and 18 employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of non-discrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MICHAEL MASICH Title: Executive Director Date: 10/19/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2678	A. BUILDING _____ B. WING _____	09/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA SEVILLE	2000 N RAMPART, LAS VEGAS, NEVADA ,89128

(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
0106 SS= F	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review, document review and interview the facility failed to maintain current Cardiopulmonary Resuscitation (CPR) certification for 11 out of 18 sampled employees(Employee #1, #4, #6, #7, #8, #9, #10, #11, #12, #13 and #17). Findings include: A review of personnel employee files revealed Employees #1, #4, #6, #7, #8, #9, #10, #11, #12, #13 and #17 had expired CPR certifications on file. Employee #1 had a CPR certification that expired on 08/10/21. Employee #4 had a CPR certification that expired on 07/19/20. Employee #6 had a CPR certification that expired on 05/22/21. Employee #7 had a CPR certification that expired on 04/24/21. Employee #8 did not have a current CPR certification on file. Employee #8's date of hire was 06/03/20. Employee #9 had a CPR certification that expired on 04/11/20. Employee #10 had a CPR certification that expired on 06/19/21. Employee #11 had a CPR certification that expired on 06/19/21. Employee #12 had a CPR certification that expired on 06/19/21. Employee #13 had a CPR certification that expired on 08/15/20. Employee #17 had a CPR certification that expired on 03/31/21. The employee files lacked documented evidence of current CPR certifications. On 09/30/21 in the afternoon, the Community Business Director confirmed Employee #1, #4, #6, #7, #8, #9, #10, #11, #12, #13 and #17 did not have documented evidence of current CPR certification. Severity: 2 Scope: 3	0106	Each employee will have completed First Aid and CPR training as required by10/31/2021. And prior to expiration going forward	10/19/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2678	A. BUILDING _____ B. WING _____	09/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA SEVILLE	2000 N RAMPART, LAS VEGAS, NEVADA ,89128

(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
0859 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) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 25 residents had an annual physical examination signed by a physician (Residents #3, #4, and #5). Resident #3's last annual physical examination was dated 05/29/19. Resident #4's last annual physical examination was dated 08/08/18. Resident #5's last annual physical examination was dated 01/14/20. On 09/30/21, in the afternoon, the Executive Director acknowledged there was no documented evidence of a signed physician annual physical examination for Residents #3, #4 and #5. Severity: 2 Scope: 1	0859	Each resident who has lived at the community for the pastyear will have an updated physician assessment and annually thereafter or withchange of condition. The three outstanding physician reports will be completedby 10/31/2021 and annually thereafter or with change of condition.	10/19/2021
0936 SS= F	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 16 of 25 residents met the requirements concerning tuberculosis (TB)	0936	All resident TB tests will be completed by 10/25/2021 and annually thereafter.	10/19/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2678	A. BUILDING _____ B. WING _____	09/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA SEVILLE	**2000 N RAMPART, LAS VEGAS, NEVADA ,89128**

(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
	testing in accordance with Nevada Administrative Code (NAC) 441A. (Resident #1, #3, #4, #5, #6, #7, #10, #11, #13, #15, #16, #17, #18, #19, #20 and #24) Findings include: Resident #1 Resident #1 was admitted on 03/26/14 with diagnoses including chronic kidney disease and hypothyroidism. Resident #1's file lacked documented evidence an annual TB test was completed in 2020 or 2021. Resident #3 Resident #3 was admitted on 05/31/19 with diagnoses including high blood pressure and memory impairment. Resident #3's file lacked documented evidence an annual TB test was completed in 2020 or 2021. Resident #4 Resident #4 was admitted on 09/09/14 with diagnoses including chronic kidney disease and high blood pressure. Resident #4's file lacked documented evidence an annual TB test was completed in 2020 or 2021. Resident #5 Resident #5 was admitted on 11/20/19 with diagnoses including hypertension and atrial fibrillation. Resident #5's file documented a Quantiferon Gold test on 01/06/20, however, the file lacked documented evidence a TB test was completed annually. Resident #6 Resident #6 was admitted on 08/31/16 with diagnoses including bi-polar disorder and hypoxia. Resident #6's file lacked documented evidence an annual TB test was completed in 2020 or 2021. Resident #7 Resident #7 was admitted on 08/31/18 with diagnoses including congestive heart failure and high blood pressure. Resident #7's file lacked documented evidence an annual TB test was completed in 2020 or 2021. Resident #10 Resident #10 was admitted on 08/10/17 with diagnoses including anemia and osteoporosis. Resident #10's file lacked documented evidence an annual TB test was completed in 2020 or 2021. Resident #11 Resident #11 was admitted on 04/23/19 with diagnoses including bi-polar disorder and high blood pressure. Resident #11's file lacked documented evidence an annual TB test was completed in 2020 or 2021. Resident #13 Resident #13 was admitted on 06/30/18 with diagnoses including high blood pressure and muscle weakness. Resident #13's file lacked documented evidence an			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2678	A. BUILDING _____ B. WING _____	09/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA SEVILLE	**2000 N RAMPART, LAS VEGAS, NEVADA ,89128**

(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
	annual TB test was completed in 2020 or 2021. Resident #15 Resident #15 was admitted on 09/30/16 with diagnoses including gastroesophageal reflux disease and hyperthyroidism. Resident #15's file lacked documented evidence an annual TB test was completed in 2020 or 2021. Resident #16 Resident #16 was admitted on 10/30/19 with diagnoses including hypertension and hyperlipidemia. Resident #16's file lacked documented evidence an annual TB test was completed in 2020 or 2021. Resident #17 Resident #17 was admitted on 07/31/19 with a diagnosis of high blood pressure. Resident #17's file lacked documented evidence an annual TB test was completed in 2020 or 2021. Resident #18 Resident #18 was admitted on 04/30/19 with diagnoses including atrial fibrillation and frequent falls. Resident #18's file lacked documented evidence an annual TB test was completed in 2020 or 2021. Resident #19 Resident #19 was admitted on 09/15/18 with diagnoses including arthritis and glaucoma. Resident #19's file lacked documented evidence an annual TB test was completed in 2020 or 2021. Resident #20 Resident #20 was admitted on 09/30/14 with diagnoses including high blood pressure and hyper bladder. Resident #20's file lacked documented evidence an annual TB test was completed in 2020 or 2021. Resident #24 Resident #24 was admitted on 08/31/18 with diagnoses including high blood pressure and type 2 diabetes. Resident #24's file lacked documented evidence an annual TB test was completed in 2020 or 2021. On 09/30/21, in the afternoon, the Executive Director acknowledged Residents #1, #3, #4, #5, #6, #7, #10, #11, #13, #15, #16, #17, #18, #19, #20, #24 did not have the required documented evidence of completion of annual TB testing. Severity: 2 Scope: 3			