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
	4000	A. BUILDING _____ B. WING _____	10/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMMUNITY	10401 WEST CHARLESTON, LAS VEGAS, NEVADA ,89135

(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 the State Licensure Annual Grading and Infection Control survey conducted at your facility on 10/05/21, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for a total of 76 Residential Facility for Group beds which provides care to elderly and disabled persons, and/or persons with intellectual disability, and/or assisted living services, with 16 beds for persons with Alzheimer's Disease, Category II residents. The census at the time of the survey was 68. Fifteen resident records were reviewed and ten employee records were reviewed. One Facility Reported Incident (FRI's) was investigated: FRI #6352 regarding resident to resident abuse was substantiated. See TAG Y0960. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination 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 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		
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	0859	*This Plan of Correction is the center's credible allegation of compliance.*	11/13/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4000	A. BUILDING _____ B. WING _____	10/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMMUNITY	10401 WEST CHARLESTON, LAS VEGAS, NEVADA ,89135

(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
	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 interview and record review, the facility failed to provide an annual physical examination for 1 of 15 sampled residents (Resident #14). Findings include: Resident #14 (R14) R14 was admitted on 11/14/18 with diagnoses including Alzheimer's disease, neuropathy, osteoarthritis, hypothyroidism. R14's file lacked documented evidence of an annual physical examination. On 10/05/21 in the afternoon, the facility Administrator and the Wellness Coordinator confirmed R14's file lacked documented evidence of an annual physical examination. Severity: 2 Scope: 1		*Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law* Y0859 *a) What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:* Related to Resident #14, the attending physician completed an annual physical examination on 10/28/2021. Licensed Nurses are being re-educated on the regulations regarding annual physical examinations. *b) How will you identify other residents having the potential to be affected by the same practice and what anticipated corrective action will be taken:* All residents residing in Assisted Living have the potential to be affected by the practice. The Wellness Director/designee are completing an audit of all residents charts to ensure that annual physical examinations are being completed and filed in the residents chart per regulations. Any noncompliance will be corrected immediately. This will be completed by 11/13/2021.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4000	A. BUILDING _____ B. WING _____	10/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMMUNITY	**10401 WEST CHARLESTON, LAS VEGAS, NEVADA ,89135**

(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
			c) What measures will be put into place or what systemic changes will you make to ensure the deficient practice does not recur: A method of tracking when annual physical examinations are due has been developed. The Wellness Director will track and ensure physicals are completed and filed in resident charts timely. The education on the regulations regarding annual physicals and the tracking system is being conducted for Licensed Nursing Staff. This will be completed by the Wellness Director/designee by 11/13/2021. *d) How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:* Those charts of residents due for annual physicals each month will be reviewed by the Administrator/Designee to verify that annual physical exams are completed and filed in the chart timely. Any non-compliance will be addressed immediately by the Administrator and Wellness Director. Findings will be reported in our Quality Assurance meeting monthly for at least 3 months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4000	A. BUILDING _____ B. WING _____	10/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMMUNITY	10401 WEST CHARLESTON, LAS VEGAS, NEVADA ,89135

(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
			e) Responsible person, designee: Administrator *f) Completion Date:* *g) 11/13/2020*	
0961 SS= H	Alzheimer's Care - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 2. If a residential facility is authorized to operate as a residential facility which provides care to persons with Alzheimer ' s disease and as another type of facility, the entire facility must comply with the requirements of this section or the residents who suffer from Alzheimer ' s disease or other related dementia must be located in a separate portion of the facility that complies with the provisions of this section. Inspector Comments: Based on observation, interview, record review, and document review, the facility failed to provide documentation 4 of 15 sampled residents were appropriately placed (Resident #2, #3, #7, and #15). Findings include: Resident #2 (R2) R2 was admitted to the facility on 11/05/20 with diagnoses of major depressive disorder, mood disorder, and dementia. The facility's Activities of Daily Living Assessment dated 11/05/21 indicated R2 was alert, confused, had short term memory lapse, had verbal outbursts, and was difficult to redirect. Record Review showed R2 resided in the Assisted Living, non-secured unit. Record review revealed an incident on 01/14/21 in which R2 struck	0961	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law* Y0961 *a) What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:* Regarding Resident # 2, the resident has been assessed and the attending physician ordered the resident to be transferred to an Alzheimer's facility. The resident's family was in agreement and the resident has been discharged from the facility and transferred to a facility which provides care to persons with Alzheimer's disease.	11/13/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4000	A. BUILDING _____ B. WING _____	10/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMMUNITY	10401 WEST CHARLESTON, LAS VEGAS, NEVADA ,89135

(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
	another resident (Resident #3 - R3) on the head. The incident report documented R2 was observed hitting R3 in the head with a closed fist. R2 was transferred to an acute care facility. Upon return to the facility on 01/16/21, R2 was placed back in the Assisted Living, non-secured unit. R2 was transferred to an acute care facility on 03/24/21 with bilateral leg pain and was diagnosed by the acute care facility with advanced dementia with combative behaviors. Upon return to the facility, R2 was placed back in the Assisted Living, non-secured unit. The Facility Notes dated 06/26/21 documented R2 was found covered with feces, was agitated, and refused assistance and cares. R2 was transferred to an acute care facility on 06/29/21. The acute care facility's Emergency Department (ED) report documented R2 was found on the floor at the facility covered in feces. R2 displayed aggressive and combative behavior towards staff when they attempted to assist R2 with getting off of the floor and getting cleaned. Upon return to the facility, R2 was placed back in the Assisted Living, non-secured unit. The Physician's Consult dated 07/08/21 documented R2 had dementia and mood disorder, alert to person only, with short term memory loss. The Facility Notes dated 07/12/21 documented R2 was found on the floor at 10:30 PM. R2 slapped the staff's arm while getting R2 up from the floor. R2 was transferred to an acute care facility on 07/24/21 with increased confusion. The ED report documented R2 was not oriented to time, place, or person, had altered mental status with mood disorder, was agitated, was hitting Caregivers, and was combative. Upon return to the facility, R2 was placed back in the Assisted Living, non-secured unit. On 10/05/21 at 11:35 AM, R2 was in the room, sitting on the bed and was not wearing pants or undergarments. The Medication Technician indicated R2 was confused. The Medication Technician and another Caregiver assisted R2 with getting dressed. R2 appeared confused and was not oriented to place, time, and situation. R2 did not recall hitting any residents or employees. There was no documented		Regarding Resident # 7, the resident has been assessed and the physician signed a new Standard Placement Determination form on 10/10/2021 stating the care required continues to be in a residential facility that provides care to persons who are elderly or disabled and not in one which provides care to persons with Alzheimer's disease or related dementia. Regarding Resident # 3, the resident was assessed for an Alzheimer's facility and an order received by the physician. The residents' family was in agreement and the resident was transferred to our Alzheimer's unit. Regarding Resident #15, the resident has had no instances of leaving the facility unattended since 9/30/21 and continues to reflect being alert and oriented. The physician signed a new Standard Placement Determination form on 10/19/2021 stating the care required continues to be in a residential facility that provides care to persons who are elderly or disabled and not in one which provides care to persons with Alzheimer's disease or related dementia. *b) How will you identify other residents having the potential to be affected by the same practice and what anticipated corrective action will be taken:* All residents residing in Assisted Living have the potential to be affected by the practice.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4000	A. BUILDING _____ B. WING _____	10/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMMUNITY	10401 WEST CHARLESTON, LAS VEGAS, NEVADA ,89135

(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
	evidence of a current Physician's Standard Placement Determination form. On 10/5/21 at 1:30 PM, R2 was ambulating with a front wheel walker in the hallways and in the Activity Room. R2 appeared to be wandering and did not verbally respond to staff when they attempted to redirect the resident. On 10/05/21 at 11:00 AM, a Medication Technician reported R2 was very confused with Sundowner's and wandered around the facility, especially toward the end of the day. The Medication Technician stated R2, who was ambulatory with a front wheel walker, had a history of falling and sometimes tried to leave the facility. R2's file lacked documented evidence of a Physician's Standard Placement Determination form. On 10/05/21 at 12:00 PM, the Wellness Director verified R2 was very confused. The Wellness Director acknowledged there was no documentation of a plan for protective supervision or a current Physician's Standard Placement Determination form completed after the resident abuse incident on 01/15/21 and the subsequent falls and behavioral incidents. The Wellness Director acknowledged R2 required increased protective supervision and was at risk for repeated falls, wandering, and aggression towards staff and residents. The Wellness Director indicated the reason R2 remained in the Assisted Living, non-secured unit and was not assessed for placement in the Alzheimer's Unit was because there were no open beds in the Alzheimer's Unit. Resident #7 (R7) R7 was admitted on 12/03/18 with diagnoses including Parkinson's disease and hypothyroidism. Record review showed R7 resided in the Assisted Living, non-secured unit. Record review showed R7 had a chief complaint of delusions at a doctor's office visit on 08/21/20. R7 was diagnosed with dementia. Upon return to the facility, R7 was placed back in the Assisted Living, non-secured unit. There was no updated Physician's Standard Placement Determination form after the 08/21/20 doctor's office visit to reflect the additional diagnosis of dementia, determining R7 was appropriate to be placed within the Assisted Living, non-secured unit, and not required to be placed		An audit is being completed of all residents by the Wellness Director/Designee to ensure that all residents have been assessed for appropriate placement and have a current Standard Placement Determination per regulation. Any non-compliance will be corrected immediately. c) *What measures will be put into place or what systemic changes will you make to ensure the deficient practice does not recur:* Education of Licensed Nursing Staff on the regulations regarding appropriate assessment and placement of residents in the facility including the need for Standard Placement Determination forms is being completed by the Wellness Director/Designee by 11/13 /2021. d) *How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:* An ongoing audit of those residents with diagnosis of Dementia and any changes of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4000	A. BUILDING _____ B. WING _____	10/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMMUNITY	10401 WEST CHARLESTON, LAS VEGAS, NEVADA ,89135

(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
	in the Alzheimer's Unit. On 10/05/21 in the afternoon, the facility Administrator and Wellness Director indicated there should have been an updated Physician's Standard Placement Determination form in R7's records to reflect the findings of the 08/21/20 doctor's office visit, and to determine whether R7 was appropriate for placement in the Assisted Living, non-secured unit. Resident #3 (R3) R3 was admitted to the facility on 01/31/19, with diagnoses including Alzheimer's disease. Record review indicated R3 resided in the Assisted Living, non-secured unit. On 10/05/21 at 10:30 AM, R3 was observed lying in bed with another resident and was unable to be interviewed. The following documents were found in R3's file: -Nursing home visit dated 06/21/21 documented R3 had started disrobing and walking out into public areas. -Nursing home visit dated 08/27/21, documented staff reported changes in R3's mental status and behavior. R3 had experienced confusion and wandering including sleeping during the daytime and entering other residents' rooms. -Nursing home visit dated 10/04/21, documented R3 had multiple elopement attempts and had attempted to leave the facility without supervision. R3 was entering other residents' rooms and had slept in bed with them. R3's file lacked a current Physician's Standard Placement Determination form. On 10/05/21 at 10:30 AM, the Wellness Director acknowledged R3 had diagnoses of confusion and dementia. The Wellness Director acknowledged the resident had wandered into residents' room at night and during the day. The Wellness Coordinator acknowledged a Physician's Standard Placement Determination form was not current and completed. The Wellness Director and Administrator acknowledged the resident was inappropriately placed in the Assisted Living, non-secured unit and should have been relocated to the Alzheimer's unit. Resident #15 (R15) R15 was admitted to the facility on 07/29/21 with diagnoses of hypertension, osteoarthritis, and amnesia. The Physician's Standard Placement Determination form dated 08/05/21, documented R15 was appropriate		condition will occur by the Administrator/Designee to verify that appropriate assessment and new Standard Placement Determination forms are being done as required by regulation. Any non-compliance will be addressed immediately by the Administrator and Wellness Director. Findings will be reported in our Quality Assurance meeting monthly for at least 3 months. *e) Responsible person, designee:* Administrator *f) Completion Date:* *g) 11/13/2021*	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4000	A. BUILDING _____ B. WING _____	10/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMMUNITY	10401 WEST CHARLESTON, LAS VEGAS, NEVADA ,89135

(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
	for placement in a residential facility for groups, non-Alzheimer's unit placement. R15 resided in the Assisted Living, non-secured unit. A Facility Incident Report dated 09/30/21 documented on 09/23/21, R15 left the facility unsupervised to go to a grocery store. R15 was brought back by ambulance due to emergency medical services being alerted by concerned citizens. R15 was confused and did not know how R15 arrived to the store. The facility scheduled R15 with a neurologist for an assessment. R15 was placed on 24-hour supervision to monitor behavior. Upon return to the facility, R15 was placed back in the Assisted Living, non-secured unit. R15's file lacked evidence a of a Physician's Standard Placement Determination form documenting the resident was safe to reside in the non-Alzheimer's section of the facility after the 09/23/21 incident. On 10/05/21, the Wellness Director acknowledged R15 did not have a current Physician's Standard Placement Determination form in the record and was not assessed for placement in the Alzheimer's unit after the 09/23/21 incident. The facility's Admission Criteria policy documented when a resident no longer qualifies for any of the levels of service available, the Administrator, along with other members of the management team, will discuss with the resident and/or family the need to change living arrangements. Severity: 3 Scope: 2 FRI #6352			