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 _____	**01/30/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE VISTA	**2000 E PRATER WAY, SPARKS, NEVADA ,89434**

(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 (CPT) investigation initiated in your facility on 01/30/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 74 Residential Facility for Group beds for elderly and disabled persons and provides assisted living services, Category II residents. The census at the time of the survey was 52. The sample size was 7. The facility received a grade A. There were four complaints investigated. CPT #NV00067621 with three allegations could not be substantiated due to lack of evidence. Allegation #1: The resident room did not have proper safety equipment functioning. Allegation #2: The resident call lights were not working. Allegation #3: The resident was not receiving as needed pain medication in a timely manner. CPT #NV00067747 with the allegation the facility staff was not properly trained to administer medications could not be substantiated due to lack of evidence. The investigation into the allegations included: Observations of residents, staff interactions with residents, and resident rooms. Interviews with three residents, two Medication Technicians, the Health and Wellness Director and the Executive Director. Review of three resident records, including the resident of concern, including Medication Administration Record, call light log, and work order logs. Policy review including resident rights, smoke detectors and fire alarms, resident call system and door alarm response, and medication administration and assistance. Complaint #NV00067619 with three allegations could not be substantiated due to lack of evidence. Allegation #1: The resident was charged for in-room meals. Allegation #2: The resident had significant weight loss. Allegation #3: The facility did not have a COVID protocol. Complaint #NV00067661	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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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	with five allegations could not be substantiated due to lack of evidence. Allegation #1: Incontinent residents were not changed timely. Allegation #2: Resident call lights were not working. Allegation #3: Resident call lights were not answered timely. Allegation #4: Residents were left wet or soiled for extended period of time. Allegation #5: Facility lacked sufficient staffing. The investigation into the allegations included: Observations of residents, staff interactions with residents, and residents in dining room and dining in resident room. Interviews with five residents, a Caregiver, the Health and Wellness Director and the Executive Director. Review of five resident records, including the resident of concern, including activities of daily living assessments, physician physical exams, resident weight assessments, incontinence service assessments, Policy review including meal service, COVID-19 screening policy, resident call system and door alarm response, COVID-19 clinical guidance and urinary incontinence clinical guidelines. 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. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records.			