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 _____	**07/18/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRUCE OAK RESIDENTIAL CARE FACILITY	**4618 SPRUCE OAK DR, NORTH LAS VEGAS, NEVADA ,89031**

(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 completed in your facility on 07/18/23, in accordance with Nevada Administrative Code, Chapter 449, Requirements for Residential Facilities for Groups. The census at the time of the survey was five. The sample size was six residents. The facility received a grade of A. There was one complaint investigated: 1. Complaint #NV00068725 was verified. See TAG Y830 and TAG Y850. The investigation into the complaint included: Tour of the facility and inspection of doors, and observations of residents receiving care and assistance. Interviews with the Administrator, the facility Owner / Manager, two Hospice nurses, two residents, two Caregivers, and a resident's Case Manager. Clinical record review of six residents, including the resident of concern, Hospice assessment records, facility photographs, and clinical records of acute care facility admission. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: JESSICA COBB Title: Administrator Date: 08/21/2023

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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0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on interview and record review, the facilty failed to ensure a resident who was bedfast was not admitted and retained (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 04/01/23 with diagnoses including protein calorie malnutrition and dementia. The Hospice Registered Nurse (RN) Assessment dated 04/01/23 documented R1 was bedfast and had a Stage 2 pressure ulcer on the sacrum. On 07/18/23 at 12:15 PM, the Administrator, a Caregiver, and the Owner / Manager confirmed R1 was unable to reposition by self in bed and needed total assistance. The Administrator and the Owner / Manager acknowledged the facility's admission policy prohibited residents who were bedfast to be admitted to the facility. On 07/18/23 at 1:30 PM, a Hospice Nurse verified R1 was unable to self reposition in bed. Severity: 2 Scope: 1 Complaint #NV00068725	0620	1. Residents will be not admitted to Spruce Oak Bedfast. 2. A new admission Policy was created and staff have been educated on the Policy. 3. The administrator will ensure the Admission Policy is being followed and proper residents are being admitted. 4. Group Home Manager and Administrator will be responsible to ensure the Policy is followed. 5. Policy was created and implemented 7/19/2023.	07/19/2023
0830 SS= D	Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. (NRS 449.0302) 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. Inspector Comments: Based on interview	0830	1. Residents will be not admitted to Spruce Oak Bedfast or with any wounds. 2. A new admission and bedfast Policy was created and staff have been educated on the Policy. 3. The administrator will ensure the Admission Policy is being followed and proper residents are being admitted and retained. 4. Group Home Manager and Administrator will be responsible to ensure the Policy is followed.	07/19/2023

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	and record review, the facility failed to request an exemption waiver prior to admission of a bedfast resident with an open wound for 1 of 6 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 04/01/23 with diagnoses including protein calorie malnutrition and dementia. The Physician's Order sheet dated 04/01/23 documented to admit R1 to hospice with routine level of care with primary diagnosis of protein calorie malnutrition. R1 had a Coccyx Stage II pressure ulcer with orders to cleanse with normal saline and to apply Mepilex border and replace weekly or as needed. The Hospice Registered Nursing (RN) Assessment dated 04/01/23 documented R1 was bedfast and required weekly wound care to a stage 2 pressure ulcer on the sacrum. The Assessment documented the wound was one inch (2.54 centimeters (cm)). The Physician's Orders dated 04/02/23 documented to apply triple antibiotic ointment one inch topically to wound bed three times daily as needed. The Hospice RN Assessments documented R1 was treated on 04/04/23, 04/11/23, 04/18/23, 04/26/23, and 05/02/23, with wound measurements of 3 cm width x 5 cm length. Review of hospice notes documented wound care was being provided weekly according to physician orders. The Hospice RN Assessment dated 05/09/23 documented the wound was stage 4, and measured 6 cm width, 8 cm length, and 0.5 cm depth, with slough and eschar. The Hospice RN Assessment dated 05/20/23 documented worsening of the wound. The Hospice RN Assessment dated 05/22/23 documented R1 was noted grimacing on turning, the wound was progressing quickly to a stage 4 with slough, wound measurements were 10 cm width, 8 cm length, 6 cm depth and wound bed was black and necrotic. On 05/25/23, the Hospice Nurse documented the following wounds: 1) Stage 4 pressure ulcer to the sacrum 10 centimeters (cm) in width, eight		5. Policy was created and implemented 7/19/2023.	

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	cm in length, six cm in depth, black wound bed, large serosanguineous drainage, with 50% necrosis (infection). 2) Black closed wound on the right inner heel three cm in width and three cm in length. 3) Black open wound on the left foot three cm in width and three cm in length. On 05/25/23, family members called 911 and R1 was transferred to an acute care facility with a chief complaint of infected sacral ulcer. On 07/18/23 at 11:15 AM, the Owner / Manager acknowledged the sacral wound was not in the process of healing upon admission and the facility did not request an exemption for the pressure ulcer or for R1 being bedfast from the Bureau of Health Care Quality and Compliance (Bureau). The facility should not have admitted a resident who was bedfast and had a wound that was not in the process of healing without a waiver. Severity: 2 Scope: 1 Complaint #NV00068725			
0850 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) 1. If a resident of a residential facility becomes ill or is injured, the resident ' s physician and a member of the resident ' s family must be notified at the onset of illness or at the time of the injury. The facility shall: (a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident if the resident ' s physician is not available; and (b) Request emergency services when such services are necessary. Inspector Comments: Based on interview and record review, the facility failed to ensure the responsible party was notified of a worsening wound for 1 of 6 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 04/01/23 with diagnoses including protein calorie malnutrition and dementia. The Hospice Registered Nursing (RN)	0850	1. Residents' emergency Contacts will be notified of any change in condition within 12 hours of change. 2. A new Notification of Emergency Contact Policy was created and staff have been educated on the Policy. 3. The administrator will ensure the Notification of Emergency Contact Policy is being followed and documented. 4. Group Home Manager and Administrator will be responsible to ensure the Policy is followed. 5. Policy was created and implemented 7/19/2023.	07/19/2023

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	Assessment upon admission, dated 04/01/23 documented R1 was bedfast and required weekly wound care to a stage 2 pressure ulcer on the sacrum. The Assessment documented the wound was one inch (2.54 centimeters (cm)). The Hospice RN Assessments documented R1 was treated on 04/11/23, 04/18/23, 04/26/23, and 05/02, with wound measurements of 3 cm width x 5 cm length. The Hospice RN Assessment dated 05/09/23 documented the wound was stage 4, and measured 6 cm width, 8 cm length, and 0.5 cm depth, with slough and eschar. The Hospice RN Assessment dated 05/20/23 documented worsening of the wound. The Hospice RN Assessment dated 05/22/23 documented R1 was noted grimacing on turning, the wound was progressing quickly and was now a stage 4 with slough. Wound measurements were 10 cm width, 8 cm length, 6 cm depth and the wound bed was black and necrotic. On 05/24/23, the Hospice RN documented a deep tissue injury wound on the right inner heel (3 cm width and 3 cm length) and a deep tissue injury wound on the left side top of foot (3 cm width and 3 cm length). R1's file lacked documented evidence the family was notified of the worsening wound from the time the resident was admitted until 05/25/23 when a wound care company called the family to get information. On 05/25/23, the family called 911 and R1 was transferred to an acute care facility with a chief complaint of infected sacral ulcer. On 07/18/23 at 11:15 AM, the Owner / Manager verified the facility did not contact the responsible party and notify them of R1's worsening condition of the pressure ulcer. The Owner / Manager acknowledged they should have notified the family about the pressure ulcer worsening. Severity: 2 Scope: 1 Complaint #NV00068725			