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 _____	**09/19/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER HORIZON-HICKAM	**8280 HICKAM AVENUE, LAS VEGAS, NEVADA ,89129**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual and a complaint State Licensure survey completed at your facility on 09/19/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness and/or persons with chronic illness, Category II residents. The census at the time of the survey was ten. Ten resident files and five employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Verified: 1. Complaint #NV00069283 was verified. (See Tag's Y0053, Y0673, Y0930, and Y943) The investigation of the Complaint included: Observation of grooming and physical appearance for residents and a tour of the facility. Interviews were conducted with residents, Licensed nurse, Caregiver, and the Owner. Clinical Record Review of eleven records, which included the resident of concern. Document Review included facility policy and procedures and incident log. 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 was/were identified:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: CRESENCIA CASTILLO SMITH | Title: Administrator | Date: 10/30/2023

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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0053 SS= D	Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate. Inspector Comments: Based on record review and interview, the facility failed to ensure a resident record had updated information for admission and discharge from three facilities for 1 of 11 residents (Resident #R11). Findings include: Resident #11 (R11) R11 was admitted to this facility on 07/06/23, with diagnoses including major depressive disorder, acute kidney failure, and chronic obstructive pulmonary disease (COPD). R11's file from a previous facility documented admission paperwork and an ultimate user agreement dated 05/17/23. On 09/19/23 at 1:45 PM, the Owner indicated owning three Residential facility for Groups. The Owner explained R11 was first admitted on 05/17/23 to a facility within their ownership. On 07/06/23, R11 was moved from that facility to this facility due to behavioral issues and outbursts. Then on 07/27/23, R11 was moved to a third facility within their ownership for behavioral issues and outbursts. The Owner revealed R11 was moved with the hope that a new facility would mitigate R11's behavioral issues and outbursts. The Owner indicated R11's file was transferred with R11 to each facility and the discharge paperwork was not completed when R11 left a facility and admission documents were not updated/completed at the new facility upon admission. On 09/19/23 at 2:30 PM, the Owner acknowledged R11's file should have been updated with the discharge and admission information and a new file created when R11 was admitted to another facility regardless if the facilities were under the same umbrella of ownership. Severity: 2 Scope: 1	0053	1) The specific finding stated in the Statement of Deficiency will be corrected by reinforcing with Management and Ownership the regulation for discharging a Resident to another licensed facility, regardless of the facility's common ownership. Any Ownership and/or management must contact the Administrator before any discharge of a resident is contemplated, let alone initiated. No member of the staff or even Ownership can override the protocols for discharging an admitted Resident. 2) The Administrator has discussed the various protocols with Ownership and Management to make sure they understand all of the documentation and procedures that must be followed before a discharge can be initiated, starting with contacting the Administrator at the onset of a transfer or discharge consideration. 3) The Administrator will make sure that at every visit to the Group Home, it will be a policy that the Management and Ownership of the facility discuss with the Administrator all of the Residents' complications or behavioral changes that might create a situation where a transfer would be contemplated. It is essential that each Resident be assessed on an ongoing basis so surprises in behaviors do not initiate an option for a quick transfer. 4) The Administrator will monitor closely so future incidents will not recur. 5) 9/20/2023	09/20/2023
0673	Discharge of Resident; Notice of Discharge	0673	1) The specific finding stated in the	09/20/202

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SS= D	- NAC 449.2708 Discharge of resident; notice of discharge; issuance of notice to quit to resident for improper or harmful behavior. (NRS 449.0302) 2. Except as otherwise provided in this section, before a resident may be discharged from a residential facility without his or her approval pursuant to this section, the facility must provide the resident, his or her representative and the person who pays the bill on behalf of the resident, if any, with written notice that the resident will be discharged. Inspector Comments: Based on document review, record review, and interview, the facility failed to notify a resident and representative in writing prior to discharging 1 of 11 residents from the facility (R11). Findings include: Resident #11 (R11) R11 was admitted to this facility on 07/06/23, with diagnoses including major depressive disorder, acute kidney failure, and chronic obstructive pulmonary disease (COPD). On 09/19/23 at 1:45 PM, the Owner indicated owning three Residential Facility for Groups. R11 was admitted to one of three facility's on 05/17/23, then transferred to this facility on 07/06/23, then transferred to another facility on 07/27/23. The Owner revealed R11's representative was notified via text message the same day of the involuntary discharge, however that was after R11 had been moved to the new facility. The Owner indicated neither the resident nor their representative was provided with a written notice of discharge. The facility policy entitled, 'Involuntary Discharge of Patient,' undated, documented before a resident may be discharged from a residential facility without his/her approval the facility must provide the resident, his/her representative with written records that the resident would be discharged. On 09/19/23 at 2:30 PM, the Owner acknowledged R11 and/or their representative should have been notified prior to being transferred to another facility. Severity: 2 Scope: 1		Statement of Deficiency will be corrected by following the regulations regarding transfer or discharge of a Resident. Notification of a Resident representative in writing before initiating any transfer is not only a courtesy but a regulation that must be followed. 2) The Administrator has discussed the various protocols with Ownership and Management to make sure they understand all of the documentation and procedures that must be followed before a discharge can be initiated, starting with contacting the Administrator at the onset of a transfer or discharge consideration. 3) The Administrator will make sure that at every visit to the Group Home, it will be a policy that the Management and Ownership of the facility discuss with the Administrator all of the Residents' complications or behavioral changes that might create a situation where a transfer would be contemplated. It is essential that each Resident be assessed on an ongoing basis so surprises in behaviors do not initiate an option for a quick transfer. Discharge policy has been given to Ownership and Management with an emphasis that these policies must be followed in the future (**see attached document**). 4) The Administrator will monitor closely so future incidents will not recur. 5) 9/20/2023	3

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0930 SS= D	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: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident ' s physician and the next of kin or guardian of the resident or any other person responsible for the resident. (c) A statement of the resident ' s allergies, if any, and any special diet or medication he or she requires. Inspector Comments: Based on observation and interview, the facility failed to retain a file for at least 5 years after a resident permanently left the facility for 1 of 11 residents (Resident #11). Findings include: R11 was admitted to this facility on 07/06/23, with diagnoses including major depressive disorder, acute kidney failure, and chronic obstructive pulmonary disease (COPD). On 07/27/23, R11 was discharged from the facility. On 09/19/23 at 1:45 PM, the Owner was asked to provide the clinical record for R11. The Owner revealed R11's clinical record was transferred to another facility when R11 was transferred, and the file was at the third facility. On 09/19/23 at 2:30 PM, the Owner acknowledged resident files must be retained at the facility for at least 5 years after the resident permanently leaves the facility. Severity: 2 Scope: 1	0930	1) The specific finding stated in the Statement of Deficiency will be corrected by following the regulations regarding transfer or discharge of a Resident. We have initiated duplication files so Resident #11 has a file for each facility the Resident was admitted. They will be maintained at the facility for the required 5 years. 2) The Administrator has discussed the various protocols with Ownership and Management to make sure they understand all of the documentation and procedures that must be followed before a discharge can be initiated, starting with contacting the Administrator at the onset of a transfer or discharge consideration. Also discussed was the fact each facility must have its own file particular to that facility, regardless of ownership affiliation with another facility the Resident may have been admitted in the past. 3) The Administrator will make sure that at every visit to the Group Home, it will be a policy that the Management and Ownership of the facility discuss with the Administrator all of the Residents' complications or behavioral changes that might create a situation where a transfer would be contemplated. It is essential that each Resident be assessed on an ongoing basis so surprises in behaviors do not initiate an option for a quick transfer. 4) The Administrator will monitor closely so future incidents will not recur. 5) 9/20/2023	09/20/2023
0943 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident;	0943	1) The specific finding stated in the Statement of Deficiency will be corrected by following the regulations regarding transfer	09/20/2023

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	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: (j) A document signed by the administrator of the facility when the resident permanently leaves the facility. 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him or her of the death. Inspector Comments: Based on record review and interview, the facility failed to complete a discharge document indicating the date and time, the facility to which the resident was discharged, and the summary of circumstances for the discharge for 1 of 11 residents (Resident #11). Findings include: R11 was admitted to this facility on 07/06/23, with diagnoses including major depressive disorder, acute kidney failure, and chronic obstructive pulmonary disease (COPD). R11 was discharged from this facility on 07/27/23 and moved to another facility. R11's file lacked documented evidence of a discharge document indicating the date and time, the facility to which the resident was discharged, the summary of circumstances for the discharge, and signed by the Administrator. On 09/19/23 at 1:45 PM, an interview with the Owner indicated owning three Residential Facility for Groups. R11 was admitted to one of three facilities on		or discharge of a Resident. The specific discharge documents that are required when a Resident will be transferred or discharged must be completed and properly signed by the Administrator. As explained in the previous TAG's, the initial problem with transferring a Resident among same Ownership facilities with different RFG Licenses does not preclude any facility from following the Protocols. 2) The Administrator has discussed the various protocols with Ownership and Management to make sure they understand all of the documentation and procedures that must be followed before a discharge can be initiated, starting with contacting the Administrator at the onset of a transfer or discharge consideration. Also discussed was the fact each facility must have discharge paperwork, and other required documents, in its own file particular to that facility, regardless of ownership affiliation with a different facility the Resident may have been admitted to, and discharge from in the past. 3) The Administrator will make sure that at every visit to the Group Home, it will be a policy that the Management and Ownership of the facility discuss with the Administrator all of the Residents' complications or behavioral changes that might create a situation where a transfer would be contemplated. It is essential that each Resident be assessed on an ongoing basis so surprises in behaviors do not initiate an option for a quick transfer. Discharge and transfer documents are at the facility and will be used correctly in the future. 4) The Administrator will monitor closely so future incidents will not recur. 5) 9/20/2023	

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	05/17/23, then transferred to this facility on 07/06/23, then transferred to a third facility on 07/27/23. The Owner revealed R11's file was transferred with R11 and was not updated with the discharge and admission information when R11 left each facility. On 09/19/23 at 2:30 PM, the Owner acknowledged a discharge document was not completed and/or signed by the Administrator after R11 was discharged from this facility and transferred to another facility. Severity: 2 Scope: 1			