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 _____	**09/15/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVAMERE AT CHEYENNE	**6031 W. CHEYENNE AVENUE, LAS VEGAS, NEVADA ,89108**

(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 09/15/25. The census at the time of the survey was 131. The sample size was five. Five resident files and zero employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Substantiated: 1. Complaint # NV00074837 was substantiated. (See Tag 0393) The investigation of the complaint included: Observations of grooming and physical appearance of residents, residents in their beds, interactions between staff and residents, and call bell response time. Interviews were conducted with residents, caregiver staff, the Health Services Director, the Maintenance Director, and the Administrator. Clinical Record Review of five records, which included the resident of concern. Document review included facility policies, facility forms, incident reports, and call pendant response time report. 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 deficiencies were identified:	0000		
0393 SS= F	Safety Requirements - NAC 449.226 Safety requirements for residents with restricted mobility or poor eyesight; water hazards; auditory systems for bathrooms and bedrooms; access by vehicles. (NRS 449.0302) 4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility. (b) An auditory system must be available for use in the bathroom of each resident of the facility if the facility was	0393	Effective immediately, Avamere at Cheyenne will respond to all resident pendant calls within a timely manner. We have informed all team members and residents of this change. The administrator and the Director of Nursing will insure this new policy is implemented properly.	10/09/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: ROBERT SANDERSON | Title: Administrator | Date: 10/13/2025

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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	issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility. Inspector Comments: Based on interview, and document review, the facility failed to ensure call pendants were answered in a timely manner. Findings include: Resident #1 (R1) (ROC) R1 was admitted on 11/13/24 with diagnoses including hypertension and gastroesophageal reflux disease. R1 verbalized that at times, it can take the staff up to 20 minutes to respond to their call pendant. R1 verbalized that on 09/14/25, they recorded response times of 12, 18, and 16 minutes. R1 verbalized that they would describe the response time by the staff as more bad than good. Resident #2 (R2) R2 was admitted on 01/05/23 with diagnoses including hypertension and hyperlipidemia. R2 verbalized they have a call pendant and was used infrequently. R2 described the staff doesn't answer the call pendant all the time, which R2 attributed to the facility being short of help. R2 verbalized response times to their call pendant can take 30-60 minutes. On 09/15/25 in the morning, Employee #1 (E1) verbalized the expected time for answering call pendants was four minutes and if they cannot make it to the resident in that time, they will message another staff member to answer the call pendant using their facility provided communication device. On 09/15/25 in the morning, Employee #2 (E2) verbalized that the facility's expectation for answering call pendant was four minutes. On 09/15/25 in the morning, Employee #3 (E3) verbalized that the facility's expectation for answering call pendants was four minutes and the facility takes call pendant response times seriously. On 09/15/25 in the morning, the			

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	Administrator verbalized that the facility's expectation for answering call pendants was four minutes and the facility will initiate an investigation if the response time was more than four minutes. The Administrator did not produce any records of call pendant response time investigations. Document review revealed a lack of policies and procedures related to call pendant response times to clarify whether call pendant response times were supposed to be four minutes. Call pendant response times were reviewed via the documentation provided by the electronic monitoring system used by the facility labeled Alarm System dated 08/16/25 thru 08/26/25. The documentation revealed multiple instances of call pendant response times out of the facilities expected range of four minutes. Documentation review also revealed nine instances of documented extended response times of over 30 minutes. On 08/16/25 for room #245 response time was 43 minutes and 32 seconds. On 08/18/25 for room #273 response time was 30 minutes and 13 seconds. On 08/20/25 for room #269 response time was 30 minutes and 57 seconds. On 08/20/25 for room #272 response time was 30 minutes and 12 seconds. On 08/20/25 for room #198 response time was 34 minutes and 43 seconds. On 08/20/25 for room #118 response time was 36 minutes and 34 seconds. On 08/21/25 for room #245 response time was 32 minutes and 29 seconds. On 08/23/25 for room #128 response time was 39 minutes and 06 seconds. On 08/23/25 for room #233 response time was 45 minutes and 16 seconds. The document labeled Alarm System dated 8/16/25 thru 8/26/25 revealed the ROC used their call pendant 18 times during the sampled time frame. The call pendant response times for the ROC ranged from approximately 1 minute to 22 minutes. On 09/15/25 in the morning, the Administrator acknowledged call pendant response times were outside the facilities			

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	expected range of four minutes. Severity: 2 Scope: 3			