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 _____	**06/14/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASI SPENCER	**4148 SPENCER STREET, LAS VEGAS, NEVADA ,89119**

(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 Complaint Investigation survey conducted at your facility on 06/14/22, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for 40 Residential Facility for Group beds for elderly and disabled persons, and/or persons with mental illness, and/or persons with chronic illness, and/or persons with intellectual disabilities, Assisted Living Services, 10 Category I residents and 30 Category II residents. The census at the time of the survey was 36. Three resident records were reviewed. The facility received a grade of A. One complaint was investigated: Complaint #NV00066236 with four allegations was unsubstantiated: Allegation #1: Visiting hours were inadequate was unsubstantiated based on review of the facility's visiting hours (offered Monday through Friday 4:00 PM through 9:00 PM and throughout the day on Saturday through Sunday), review of the signed Resident Service Agreement dated 04/13/22, and interviews with the Resident of Concern's Occupational Therapist, the Administrator, the Lead Specialist, and the Service Supervisor. Interviews with three residents and two family members revealed residents and visitors were satisfied with the visiting policies and were made aware of the visiting hours prior to admission. Allegation #2: A family member was denied reasonable rights to stay with the resident during physical therapy sessions was unsubstantiated based on review of the Resident Rights and review of the Resident of Concern's signed Resident Service Agreement explaining physical therapy was provided in a group setting, and the residents had a right to privacy. Interviews with the Administrator and the Resident of Concern's Occupational Therapist revealed residents required a safe setting to	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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	participate in group physical therapy, and participation by family members in the group setting was not conducive to physical recovery and treatment. Allegation #3: Eight different staff were assigned to check on a resident hourly on the overnight shift and the resident did not know these eight staff members was unsubstantiated based on the staffing schedules for 04/13/22 through 04/15/22 which documented two overnight staff members were assigned to the resident of concern, and interviews with the Administrator, the Lead Specialist, and the Service Supervisor revealed they kept staffing to clients at a minimum to provide for more personalized care. Allegation #4: A resident was not getting the assistance needed was unsubstantiated based on review of the Resident Service Plan, the Activities of Daily Living Assessment, and Therapy documentation which showed services were rendered. Interviews with three residents and two family members revealed residents received proper assistance and care. Staffing schedules revealed an adequate staffing level. The investigation into the allegations included: -Observations of physical therapy and occupational therapy on 06/14/22 in the afternoon. -Interviews with the Administrator, the Lead Specialist, the Service Supervisor, one Occupational Therapist, three residents, and two family members. -Record review of three residents, including the resident of concern. -Document review of staffing schedules, the Resident Service Agreement, and Visiting Hours Policy. 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. There were no regulatory deficiencies identified. No action is necessary at this time. Please retain this Statement for your records.			