

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 000	INITIAL COMMENTS  An unannounced follow-up survey was conducted by federal consulting surveyors along with State of Nevada Surveyors from 5/20/19 through 5/22/19. The census at the start of the survey was 118. The active sample size was nine patients. Two non-sample active patients were added to review patients on sexual reactive precautions.  Montevista Hospital was found to be out of compliance with 42CFR482.61 Condition of Participation: Special Medical Record Requirements for Psychiatric Hospitals and 42CFR482.62 Condition of Participation: Special Staff Requirements for Psychiatric Hospitals.	B 000		
B 103	SPEC MEDICAL RECORD REQS FOR PSYCH HOSPITALS CFR(s): 482.61  The medical records maintained by a psychiatric hospital must permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the institution.  This Condition is not met as evidenced by: Based on record review and interview, the facility failed to:  I. Ensure that the psychosocial assessment contained a comprehensive statement of conclusions and recommendations that included the social evaluation of psychiatric issues, anticipated role of the social worker in treatment during hospitalization, and projected steps in discharge planning for nine (9) of nine (9) active sample patients (A1, A2, A3, A4, A5, A6, A7, A8, and A9). This failure hampers the ability of the	B 103		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 103	<p>Continued From page 1</p> <p>treatment team to formulate appropriate social service interventions for patients. (Refer to B108).</p> <p>II. Identify and document comprehensive interdisciplinary treatment plans (MTPs) based on the individual needs of patients for nine (9) of nine (9) active sample patients (A1, A2, A3,4, A5, A6, A7, A8, A9). Specifically, the MTPs were not based on the input and clinical assessments of all disciplines. A registered nurse formulated the treatment plan at the time of admission rather than the treatment team disciplines. This lack of input by all team members results in the potential to compromise patients' opportunity to receive appropriate treatment measures. (Refer to B118-I).</p> <p>III. Provide comprehensive Master Treatment Plans (MTPs) that were individualized and included all required components for nine (9) of nine (9) active sample patients (A1, A2, A3, A4, A5, A6, A7, A8, and A9). The MTPs were missing the following components:</p> <p>A. Behaviorally descriptive strength statements and disability statements (called problems by the facility) to be used as the basis for developing treatment plans. (Refer to B119).</p> <p>B. Observable and measurable goals based on each patient's presenting psychiatric symptoms and needs. (Refer to B121).</p> <p>C. Individualized active treatment interventions with a method of delivery, frequency of contact, and focus of treatment based on each patient's presenting psychiatric symptoms and needs. (Refer to B122).</p> <p>Failure to develop Master Treatment Plans with</p>	B 103			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 103	<p>Continued From page 2</p> <p>all the required components hampers the staff's ability to provide coordinated interdisciplinary care, potentially resulting in patient's treatment needs not being met. (Refer also to B118-II).</p> <p>IV. Ensure that registered nurses, social work staff, and recreational therapists wrote comprehensive treatment notes for interventions identified in the Master Treatment Plans (MTPs) for nine (9) of nine (9) active sample patients (A1, A2, A3, A4, A5, A6, A7, A8, and A9). Specifically, treatment notes were missing or lacked detailed information regarding the topics discussed and each patient's response to the intervention implemented, including specific details about the patient's level of participation, behaviors exhibited during the intervention, the level of understanding, or particular comments made by the patient. This failure hindered the treatment team from determining the patient's response to active treatment interventions, evaluating if there were measurable changes in the patients' condition, and revising the treatment plan when the patient did not respond to treatment interventions. (Refer to B124).</p> <p>V. Ensure that active treatment measures such as group and individual treatment were provided for two (2) out of two (2) active sample patients on the Geropsychiatric Unit (A1 and A2). Specially, these two (2) patients did not consistently attend their scheduled treatment groups, and the MTPs did not include alternative active treatment interventions. There was a lack of structured activities, and as a result, the patients spent time watching television or sitting in the day room. The facility also failed to provide active treatment groups in a setting conducive to privacy, without noise and interruption by other patients so the participating patient could</p>	B 103			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 103	Continued From page 3 understand the content and participate in the group discussions. This lack of active treatment potentially leads to patients being hospitalized without all interventions for recovery being delivered to them in a timely fashion, potentially hindering their improvement and extending hospitalization. (Refer to B125).  VI. Ensure that progress notes were documented by social work staff regarding the patients' progress or lack of progress related to the presenting psychiatric symptoms, problems identified in MTPs, or treatment goals identified for nine (9) or nine (9) active sample patients. (A1, A2, A3, A4, A5, A6, A7, A8, and A9). The absence of comprehensive documentation of each patient's progress prevented an up-to-date picture of pertinent changes in the patient's psychiatric condition or responses to social work interventions. (Refer to B128).	B 103			
B 108	DEVELOPMENT OF ASSESSMENT/DIAGNOSTIC DATA CFR(s): 482.61(a)(4)  The social service records, including reports of interviews with patients, family members, and others, must provide an assessment of home plans and family attitudes, and community resource contacts as well as a social history.  This Standard is not met as evidenced by: Based upon a review of records and staff interview, the facility failed to document psychosocial assessments (called "Comprehensive Psychosocial Assessment Tool" by the facility) that included a statement of conclusion and recommendations for nine (9) of nine (9) active sample patients (A1, A2, A3, A4, A5, A6, A7, A8, and A9). These assessments did not contain information regarding the social	B 108			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 108	<p>Continued From page 4</p> <p>evaluation of psychiatric deficits, high-risk psychosocial issues, past and current community resources/support systems used, and previous treatment sources used. There was no summarized conclusion of the assessment findings and no recommendations. There were no recommendations regarding services that included the anticipated social work role in treatment during hospitalization, anticipated social work in discharge planning, and necessary steps for discharge to occur. The absence of critical information from the social work assessment prevents the treatment team from addressing essential patient psychosocial needs during hospitalization, from formulating the patient's discharge plan, and from ensuring the patient's safe re-entry into the community. This practice also prevents the treatment team from clarifying treatment interventions and goals related to the patient's psychosocial needs.</p> <p>A. Record review</p> <p>The "Mental Health/Psychosocial Assessments" for the following patients were reviewed (dates of assessments in parentheses): A1 (4/26/19), Patient A2 (5/15/19), Patient A3 (5/14/19), Patient A4 (5/1/19), Patient A5 (12/14/18), Patient A6 (5/21/19), A7 (3/14/19), A8, (5/16/19), and A9 (5/18/19). This review revealed that:</p> <p>1. None of the active sample patients had psychosocial assessments that included sufficient information regarding the patient's past and current bio-psychosocial functioning, the social evaluation of the patient's presenting psychiatric problems and high-risk issues if any, and past and current community resources/support system used, and previous psychiatric treatment sources. Also, there was no summary of the findings.</p>	B 108		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 108	<p>Continued From page 5</p> <p>There were no recommendations that described the social worker's anticipated role in treatment during each patient's hospital stay, steps for discharge to occur or projected community resources to be used.</p> <p>2. The psychosocial assessments contained limited, cursory, and sparse information:</p> <p>a. Patient A1: The section titled "Emotional Support" stated, "Not much." There was no information about where the patient received support and how this support was provided. The section titled "Psychosis" stated "Hallucinations." There were no descriptions of the type of hallucinations, the content of the hallucinations, or how the hallucinations impacted the patient's behavior. The section titled "Initial problems identified / justification for the level of care chosen" stated, "Anger, violence, HI [homicidal ideation], aggression." There was no historical or descriptive information about these problems, including past psychiatric treatment, past community resources used, and how they impact the patient's discharge planning.</p> <p>b. Patient A2: The section titled "Precipitating Events" stated, "Not Eating, Not taking home meds [medications], increasingly forgetful." There was no descriptive information about these events, such as the specific eating behaviors and the name and type of medications the patient was not taking. The section titled "Psychosis" stated "Hallucinations" and documented auditory and visual hallucination "per NBH [Facility name] assessment." There were no descriptions of the content of the hallucinations, or how the hallucinations impacted the patient's behavior. The section titled "Initial problems identified / justification for the level of care chosen" stated,</p>	B 108			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 108	<p>Continued From page 6</p> <p>"Dementia with Behavioral Disturbance." There was no historical or descriptive information regarding this diagnosis or problem, including past psychiatric treatment, past community resources used, and how they impact the patient's discharge planning.</p> <p>c. Patient A5: The following sections provided sparse and cursory information: "Precipitating Events" - "Pt [Patient] stated [s/he] is here because [s/he] tried to cut [him/herself], acting hypersexual"; "Behavior changes"; "Hypersexual"; "Psychosis" - "Hallucinations," (Admits Auditory and visual)." There was no historical or detailed descriptive information about these symptoms, such as the content of hallucinations and how the hallucinations impacted the patient's behavior, or past psychiatric treatment, past community resources used, and how they impact the patient's discharge planning.</p> <p>d. Patient A6: The section titled "Precipitating Events" stated, "Patient here for SI [suicidal ideation], running away, and being disobedient." There was no description of the patient's suicidal ideations or whether there was a suicidal plan or not. There was no information about the patient's disobedient behavior(s). The section titled "Initial problems identified / justification for the level of care chosen" stated "Depression, self-harm." There was no historical or descriptive information about these problems, including past psychiatric treatment, past community resources used, and how they impact the patient's discharge planning.</p> <p>e. Patient A8: The section titled "Precipitating Events" stated, "Patient has a history of SI and [s/he] has been hearing voices on and off for the last few weeks." There was no description of the patient's suicidal ideations or whether there was a</p>	B 108			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 108	<p>Continued From page 7</p> <p>suicidal plan or not. Also, there was no descriptive information in the assessment about how the hallucinations impacted the patient's behavior. In the section titled "Initial problems identified / justification for the level of care chosen" stated, "Psychosis, AH, panic attacks." There was no information about under what circumstances the panic attacks occur. There was no historical or descriptive information about these problems, including past psychiatric treatment, past community resources used, and how they impact the patient's discharge planning.</p> <p>f. Patient A9: The section titled "Psychological Emotional Behavioral Issues Regarding Admission" stated, "Severe depression, irritability anger [and] physical aggression [with]/staff. Beginning to struggle [with] memory issues and reports being in pain, which makes [her/his] depression worse." There was no description of the patient's depression, anger, and physical aggression or under what circumstances these behaviors occurred. There was no description of the patient's memory problems and how they would impact active treatment measures during hospitalization and discharge planning.</p> <p>B. Interviews</p> <p>1. In an interview on 5/21/19 at 2:10 p.m., SW3 admitted that the psychosocial assessment lacked detailed information and did not dispute the findings that the anticipated social work role in treatment and discharge planning was missing in the psychosocial assessments.</p> <p>2. During an interview on 5/22/19 at 9:35 a.m., the Director of Clinical Services, who supervised social work staff, did not dispute the findings that the assessment did not provide comprehensive</p>	B 108			



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 108	Continued From page 8 psychosocial assessments that reflected conclusions and recommendations regarding social evaluation of presenting psychiatric problem/deficits, high-risk psychosocial issues, and the anticipated social work role in the treatment of patients during their hospital stay.	B 108		
B 118	TREATMENT PLAN CFR(s): 482.61(c)(1)  Each patient must have an individual comprehensive treatment plan.  This Standard is not met as evidenced by: Based on record review, observation, and staff interview, the facility failed to:  I. Identify and document comprehensive interdisciplinary treatment plans (MTPs) based on the individual needs of patients for nine (9) of nine (9) active sample patients (A1, A2, A3,4, A5, A6, A7, A8, and A9). Specifically, the MTPs were not based on the input and clinical assessments of all disciplines. A registered nurse formulated the plan at the time of admission rather than the treatment team disciplines. Registered nurses generated this treatment plan using computerized and predetermined problem statements, which contained goals and interventions associated with the problem statement. This lack of input by all team members results in the potential to compromise patients' opportunity to receive appropriate treatment measures.  Findings include:  A. Record Review  1. A review of the medical record revealed that the RN formulated the treatment plan upon	B 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 118	<p>Continued From page 9</p> <p>admission before the completion of the psychiatric evaluation and psychosocial assessment in the MTPs below. Therefore, these plans were not comprehensive and based clinical assessment data from all disciplines.</p> <p>a. Patient A1's treatment plan was dated 4/25/19. The treatment plan was formulated before the social work evaluation dated 4/26/19, and the psychiatric evaluation dated 4/27/19.</p> <p>b. Patient A2's treatment plan was dated 5/10/19 by the admission nurse, and the psychiatric evaluation was dated 5/11/19.</p> <p>c. A4's treatment plan was dated 4/30/19, and the psychosocial assessment was dated 5/1/19.</p> <p>d. Patient A6's treatment was dated 5/18/19, the psychiatric evaluation was dated 5/21/19, and the social work assessment was dated 5/21/19.</p> <p>e. Patient A9's treatment plan was dated 5/16/19, the psychiatric evaluation was dated 5/16/19, and the social work assessment was dated 5/18/19.</p> <p>2. Master treatment plans contained inappropriate interventions for the following patients.</p> <p>a. Patient A1's MTP dated 4/25/19 contained the following intervention: "Staff will engage family support in developing [Patient] discharge plan." This intervention was inappropriate since the patient's family was "not willing to be involved," as identified in the psychosocial assessment dated 4/26/19.</p> <p>b. Patient A2's treatment plan dated 5/10/19 listed the intervention as "Staff will facilitate a family session to educate [Patient] support system on</p>	B 118			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 118	<p>Continued From page 10</p> <p>triggers and warning signs related to inability to be oriented to time or place." This intervention was inappropriate given the information in the psychosocial assessment dated 5/15/19, stating that the patient "has no known family."</p> <p>B. Observation</p> <p>The surveyor attended a treatment team meeting on 5/22/19 at 11:15 a.m. There were two non-sample active patients whose treatment plans were updated. The psychiatrist led the team meeting. All disciplines were present. However, there was virtually no input from the disciplines present regarding the update of the treatment plans; they did agree with the psychiatrist's plan of action, which the psychiatrist discussed with the patient.</p> <p>C. Interviews</p> <p>1. In an interview on 5/21/19 at 10:00 a.m., when asked about the formulation of the treatment plan, RN2 stated that the RN does the entire treatment plan for all disciplines. RN2 reported there were no specific treatment plans for patients with Dementia. And stated, "I wish the computer program included goals and interventions for Dementia patients."</p> <p>2. In an interview with RN4 on 5/21/19 at 1:45 p.m., RN4 noted that the RN formulated the entire content of the treatment plans for all disciplines.</p> <p>3. During an interview on 5/21/19 at 3:15 p.m. with the Director of Nursing (DON), the MTPs were reviewed. The DON did not dispute the findings. She confirmed that the RN selected the problem statement based on the intake</p>	B 118			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 118	<p>Continued From page 11</p> <p>information and the nursing assessment at the time of admission. She also noted that when formulating the treatment plan, the registered nurse was just using material from the computer program. She also stated that the computer program would never give the facility the Treatment Plan wanted. She agreed that the treatment plan needs more work.</p> <p>D. Policy Review</p> <p>The facility's policy titled "Treatment Plan Acute Inpatient ..." included the following requirements related to the treatment plan: "The treatment planning process is individualized and ongoing. It involves full participation of the treatment team members ... The admitting nurse initiates the Problem List ... Treatment planning continues with the development of an individualized plan of care (IPC) for each active problem identified on the ITP [Initial Treatment Plan]. The admitting nurse develops an individualized plan of care for each problem identified on the Initial Treatment Plan ... Each discipline is to develop its interventions and the person responsible for carrying out the interventions."</p> <p>II. Provide comprehensive Master Treatment Plans (MTP) that were individualized with all necessary components to provide active treatment for nine (9) of nine (9) active sample patients (A1, A2, A3, A4, A5, A6, A7, A8, and A9). Specifically, the MTPs were missing the following components:</p> <p>A. The treatment plan did not include the patient's strength and problem statements written in descriptive and behavioral terms. (Refer to B 119).</p> <p>B The treatment plan did not include a</p>	B 118		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 118	Continued From page 12 substantiated diagnosis. (Refer to B120).  C. Long- and short-term goals were similar even though the problems identified were different. They also were not measurable, and frequently were staff goals. (Refer to B121).  D. Plans lacked active treatment interventions with a method of delivery, frequency of contact, and focus of treatment based on each patient's presenting psychiatric symptoms and needs. (Refer to B122).  Failure to develop master treatment plans with all the necessary components impedes the staff's ability to provide coordinated interdisciplinary care, potentially resulting in the patient's active treatment needs not being met.	B 118			
B 119	TREATMENT PLAN CFR(s): 482.61(c)(1)  The plan must be based on an inventory of the patient's strengths and disabilities.  This Standard is not met as evidenced by: Based on record review and interview, the facility failed to ensure that Master Treatment Plans (MTPs) included an inventory of patient's strengths that could be used in formulating goals and active treatment interventions for nine (9) of nine (9) active sample patients (A1, A2, A3, A4, A5, A6, A7, A8, and A9). Also, there was a failure to include clearly defined and individualized problem statements written in behavioral and descriptive terms for seven (7) of nine (9) active sample patients (A1, A2, A5, A6, A7, A8, and A9). The failure to identify patient strengths and behaviorally descriptive problems can adversely affect clinical decision-making in formulating	B 119			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 119	<p>Continued From page 13</p> <p>MTPs. This deficiency also may impair the treatment team's ability to develop goals and results in treatment plans that are not individualized to patients' unique presenting psychiatric problems.</p> <p>Findings include:</p> <p>I. Record Review</p> <p>A. Strengths:</p> <p>The MTPs for the following active sample patients were reviewed (dates of plans in parentheses): A1 (4/25/19), A2 (5/12/19), A3 (5/16/19), A4 (4/30/19), A5 (updated 5/15/19), A6 (4/10/19), A7 (updated 5/16/19), A8 (5/16/19), and A9 (5/16/19). None of the MTPs contained an inventory of strengths that could be used in the treatment of patients and helpful in determining appropriate treatment goals and interventions.</p> <p>B. Problems:</p> <p>The following MTPs included deficient psychiatric problem statements:</p> <p>1. Patient A1's psychiatric evaluation dated 4/27/19 reported, "Aggression and combative noted at scene [admission area] but not on unit." The psychiatric evaluation also noted, "The justification for 24-hour care included Hallucinations, delusions, agitation and/or depression resulting in significant loss of functioning ..." However, the MTP did not address these psychiatric symptoms. The MTP only included the following psychiatric problem: "Potential for Harm to Others (aggressive behavior)." This problem statement failed to include clear, descriptive information about the</p>	B 119		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 119	<p>Continued From page 14</p> <p>patient's aggressive behavior(s). There was limited clinical information supporting the patient's aggression as the primary target problem.</p> <p>2. Patient A2's psychiatric evaluation dated 5/11/19 documented that, "...Pt [Patient] has dementia, is confused, disoriented, and has nonlinear conversations. Pt not eating, not taking home medications ... pt is noted to be responding to internal stimuli, looking for [his/her] dog under the couch ..." The MTP did not include this information but only included the following psychiatric problem statement: "Potential for Self Harm (inability to care for self)." This problem statement failed to add descriptive information about the patient's self harm that described the extent of the patient's disability such as whether the patient could not perform activities of daily living (eating, dressing, cooking, banking, etc.). Also, the MTP did not use clinical assessment data.</p> <p>3. Patient A5's psychiatric evaluation dated 12/11/18 documented that, "...Ran away from home yesterday because [s/he] does not like being told what to do ... Also, reporting depression with a desire to kill [himself/herself] ... Endorses excessive masturbation which prevents [him/her] from sleeping at night sniffing interferes with daily routine ..." The MTP did not include this clarifying information but only included the following psychiatric problem statement: "Potential for Harm to Others (Sexually inappropriate behavior)." This problem statement failed to add descriptive information about the patient's inappropriate sexual behavior and under what circumstances it occurred.</p> <p>4. Patient A6's psychiatric evaluation dated 5/21/19 documented that, "...Patient reports</p>	B 119			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 119	<p>Continued From page 15</p> <p>running away after being involved in a verbal altercation with [his/her] mother ... Patient reports being diagnosed with a mood disorder ... currently taking Zoloft for depression ..." The MTP only included the following psychiatric problem statement: "Potential for Self Harm (Reports hopelessness, worthlessness, and depression for over 2 months)." This problem statement failed to include descriptive information about the patient's symptoms of depression.</p> <p>5. Patient A7's Psychiatric evaluation dated 3/29/19 reported that " ...admitted for anger and verbal/physical aggression (i.e., yells, throws things, and punches walls) ... Hx of firesetting [sic] behavior and bullying others ..." The MTP did not contain this information, but only included the following psychiatric problem statement: "Potential for Harm to Others (aggressive towards family and peers at school)." This problem statement failed to add descriptive information about the patient's aggressive behaviors, the type of aggression (verbal or physical), and under what circumstances the behaviors occur.</p> <p>6. Patient A8's psychiatric evaluation dated 5/16/19 stated that, "...Pt responding to internal stimuli and presents with bizarre bx [behavior]. Pt states, "I hear voices. I hear screaming. They keep telling me what I'm doing. I'm tired of the voices ... Pt endorses an increase in depressive symptoms ..." The MTP did not contain this clarifying information, but only included the following psychiatric problem statement: "Out of Contact with Reality (reports hearing voices that wont [sic] stop)." This problem statement failed to include descriptive information about the content of the voices and how they impact the patient's behavior.</p>	B 119			



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 119	<p>Continued From page 16</p> <p>7. Patient A9's psychiatric evaluation dated 5/16/19 documented that, "...Pt found outside building taking clothes off and exposing self to bystanders ... Patient reports feelings of hopelessness and depression due to issues with 'being not free' problems with hospitalization and the staff, pt perseveration on leaving ..." The MTP did not contain this clarifying information, but only included the following psychiatric problem statement: "Out of Contact with Reality (Responding to internal stimuli and disrobing in public ...)" This problem statement failed to add descriptive information about the patient's symptoms.</p> <p>II. Interviews</p> <p>A. During an interview on 5/21/19 at 10:10 a.m., the MTP for Patient A8 was reviewed with RN6. She acknowledged that were no strengths listed on the patient's MTP. RN6 also agreed the problem statement did not include descriptive information.</p> <p>B. During an Interview on 5/21/19 at 11:37 a.m., the MTPs were reviewed with recreational therapist (RT)1. RT1 did not dispute the findings that strengths were missing in MTPs.</p> <p>C. During an interview on 5/21/19 at 3:15 p.m. with the Director of Nursing (DON), the MTPs were reviewed. The DON did not dispute the findings. She noted that the RN selects the problem statement based on the intake information and the nursing assessment at the time of admission. She agreed that the problem statements could include more descriptive information.</p> <p>D. During an interview on 5/22/19 at 10:15 a.m.,</p>	B 119			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 119	Continued From page 17 with the Medical Director and his assistant, the MTPs were discussed. They did not dispute the findings that strengths were missing in MTPs, and problem statements were not individualized.	B 119		
B 120	<p><b>TREATMENT PLAN</b> CFR(s): 482.61(c)(1)(i)</p> <p>The written plan must include a substantiated diagnosis.</p> <p>This Standard is not met as evidenced by: Based on record review and interview, the facility failed to develop Master Treatment Plans (MTPs) that included a substantiation of the psychiatric diagnoses that would form the basis for treatment for nine (9) of nine (9) active sample patients (A1, A2, A3, A4, A5, A6, A7, A8, and A9). The absence of substantiated diagnoses in patients' MTPs compromises the ability of the treatment team to identify specific psychiatric and physical problems and plan effective treatment for which specific treatment modalities would be delineated and implemented during the current hospitalization.</p> <p>Findings include:</p> <p>A. Record Review</p> <p>The MTPs for the following active sample patients were reviewed (dates of plans in parentheses): A1 (4/25/19), A2 (5/12/19), A3 (5/16/19), A4 (4/30/19), A5 (updated 5/15/19), A6 (5/18/19), A7 (5/16/19), A8 (5/16/19), and A9 (5/16/19). This review revealed that none of the MTPs contained substantiated psychiatric diagnoses to support the planned active treatment for each patient.</p>	B 120		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 120	Continued From page 18 B. Interviews  1. During the interview on 5/21/19 at 12:10 p.m., RN1 did not dispute the findings that the MTPs failed to include the substantiated diagnoses.  2. During an interview on 5/22/19 at 10:15 a.m., the missing components on the MTPs were discussed with the Medical Director and Assistant Medical Director. They did not dispute the findings.  3. During an interview on 5/22/19 at 3:00 p.m. with the Director of Nursing, the missing substantiated diagnoses in the MTPs was discussed. She agreed with the findings.	B 120		
B 121	TREATMENT PLAN CFR(s): 482.61(c)(1)(ii)  The written plan must include short-term and long range goals.  This Standard is not met as evidenced by: Based on medical record review, policy review, and staff interview, the facility failed to delineate specific measurable goals based on the individual patient needs or psychiatric problem behaviors requiring hospitalization for eight (8) out of nine (9) active sample patients (A1, A2, A4, A5 A6, A7, A8, and A9). In four (4) of nine (9) patients (A1, A2, A7, and A9), similar goals were stated for the patients, although the identified problems were different. Also, there were staff goals written as patient goals for five (5) of nine (9) active sample patients (A1, A2, A5, A8, A9). This failure has the potential to hinder the treatment team's ability to measure changes in the patients and may prolong hospital stays beyond the resolution of the behavior(s) requiring admission.	B 121		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 121	<p>Continued From page 19</p> <p>Findings include:</p> <p>A. Record Review</p> <p>1. Patient A1's MTP (Master Treatment Plan) dated 4/25/19 listed the following goals for the problem of "Potential for Harm to Others (aggressive behavior)": "[Patient Name] will participate in RT groups daily to identify alternatives ways to decrease feelings of depression/ aggression." This goal was non-measurable and was also a staff goal written as a patient goal.</p> <p>"[Patient Name] will identify positive self soothing strategies to prevent aggression and thoughts to harm others when faced with triggers or warning signs for depression and aggression." There were no measurable triggers or warning signs identified. Also, these goals were probably not achievable for this patient, given the clinical assessed cognitive dysfunctions and possible Lewy Body Dementia noted in the patient's psychiatric evaluation dated 4/27/19. The psychiatric evaluation also noted. " ... Unknown Parkinson vs LBD [Lewy Body Dementia] ...."</p> <p>2. Patient A2's MTP dated 5/10/19 listed the following goals for the problem, "Potential for Self Harm (inability to care for self),": "Patient will comply with medications ordered and take as ordered." This long-term goal was non-measurable as well as a staff goal written as a patient goal. "[Patient Name] will identify at least three triggers or warning signs for other (see notes) [sic]." There were no measurable triggers or warning signs. This action step did not relate to the long-term goal of complying and taking</p>	B 121			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 121	<p>Continued From page 20</p> <p>medications. Also, these goals were probably not achievable given the diagnosis of "Unspecified Dementia with behavioral disturbances," noted in this patient's psychiatric evaluation dated 5/11/19.</p> <p>3. Patient A4's MTP dated 4/30/19 listed the following goals for the problem "Potential for Self Harm (SA [Suicidal Attempt] by cutting left forearm with a knife)": "[Patient Name] will identify positive self soothing strategies to prevent self harm when faced with triggers or warning signs." Another action step was "[Patient Name] will utilize therapeutic coping skills." The coping skills were not identified.</p> <p>4. Patient A5" s MTP updated 5/15/19 listed the following goal for the problem "Potential for Harm to others (Sexually inappropriate behavior)": "Staff will have goals group daily to set a realistic goal for behavior [s/he] wants to change."</p> <p>For the problem "Potential for Self Harm, the unmeasurable short-term goal was "Alleviate the suicidal impulses or ideation and return to the highest level of daily functioning."</p> <p>5. Patient A6's MTP dated 5/18/19 listed the following goals for the problem "Potential for Self Harm (Reports hopelessness, worthlessness, and depression for over 2 months)," no long-term goal was present. The short-term goal was "[Patient Name] will identify positive self soothing strategies to prevent self harm when faced with trigger or warning signs." No measurable strategies, triggers, or warning signs were listed.</p> <p>6. Patient A7's MTP updated 5/16/19 listed the following goals for the problem "Potential for Harm to Others (aggressive towards family and peers at school)":</p>	B 121		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 121	<p>Continued From page 21</p> <p>A long-term non-measurable goal was "[Patient Name] will demonstrate the ability to resolve conflicts and respond to stressors on [sic] a socially acceptable way."</p> <p>The non-measurable short-term goal was "[Patient Name] will identify at least three triggers or warning signs for anxiety/anxiousness, aggression and agitation."</p> <p>Another Long-Term goal identified was "Patient will have therapeutic coping skills." This long-term goal was non-measurable; no short-term goals were identified.</p> <p>7. Patient A8's MTP dated 5/16/19 listed the following goals for the problem "Out of Contact with reality (reports hearing voiced that won't stop)":</p> <p>The non-measurable long-term goal was "Pt. will report a decrease in AH/VH [auditory/visual hallucinations]."</p> <p>The non-measurable short-term goal listed was "[Patient Name] will identify at least three triggers or warning signs for anxiety/anxiousness."</p> <p>A staff goal listed as a patient goal was "[Patient Name] will participate in rec. [recreational] therapy groups for at least 30 minutes."</p> <p>8. Patient A9's MTP dated 5/16/19 listed the following goals for the problem "Out of Contact with Reality (Responding to internal stimuli and disrobing in public ...)":</p> <p>The non-measurable long-term goal was "[Patient Name] will be free from psychosis and be able to return to [his/her] normal cognitive level of function."</p> <p>A short-term goal listed was "[Patient Name] will participate in rec. therapy groups for at least 30 minutes." This was a staff goal written as a patient goal. No recreation groups were noted.</p>	B 121		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 121	Continued From page 22 B. Interviews  1. In an interview on 5/21/19 at 10:00 a.m., when asked about the formulation of the treatment plan, RN2 stated that the RN does the entire treatment plan for all disciplines. When asked about treatment goals for patients with Dementia, she reported there were no specific treatment plans for patients with Dementia. She stated, "I wish the computer program included goals and interventions for Dementia patients."  2. In an interview on 5/21/19 at 1:45 p.m., RN4 confirmed that the RN formulated the entire content of the treatment plan for all disciplines.  C. Policy Review  The policy titled "Treatment Plan Acute Inpatient" under Procedure 2.1, "The admitting nurse develops an individual plan of care for each active problem identified on the Initial Treatment Plan." And under 2.5, [ Hospital] develops individualized treatment plans for every active problem, for every patient. The treatment plans include individualized plans of care that include the patient's stated goals .... Goals are designed to be specific and measurable."	B 121			
B 122	TREATMENT PLAN CFR(s): 482.61(c)(1)(iii)  The written plan must include the specific treatment modalities utilized.  This Standard is not met as evidenced by: Based on record review and interview, the facility failed to develop Master Treatment Plans (MTPs) that identified interventions that were individualized and directly related to the treatment	B 122			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 122	<p>Continued From page 23</p> <p>needs for nine (9) of nine (9) active sample patients (A1, A2, A3, A4, A5, A6, A7, A8, and A9). The Master Treatment Plans contained predetermined interventions in the electronic medical record (EMR). These interventions were not individualized since most of them contained identical or similarly worded statements. Also, many interventions were routine assessment and generic discipline routine job functions rather than active treatment interventions to assist patients with their presenting psychiatric symptoms. MTPs for three (3) of nine (9) active sample patients (A1, A2, and A3) included no interventions at all for physicians. These failures result in treatment plans that do not reflect a comprehensive, individualized approach to interdisciplinary treatment.</p> <p>Findings include</p> <p>A. Record review</p> <p>1. Patient A1's MTP, dated 4/25/19, included the following deficient interventions for the psychiatric problem: "Potential for Harm to Others (aggressive behavior)."</p> <p>Physician: There were no physician interventions identified to address this problem.</p> <p>Registered Nurse: "Staff will facilitate psychoeducation groups daily to explore triggers and warning signs for anxiety/anxiousness." "Staff will educate [Patient] on the importance of medication compliance as part of a positive plan for safety." These two interventions were non-specific and failed to include the name and type of psycho-educational groups and medications that would address the patient's needs and problems. The intervention regarding medication compliance was the</p>	B 122			



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 122	<p>Continued From page 24</p> <p>identical or similarly worded statement for Patients A2, A3, A4, A6, and A9.</p> <p>"Staff will engage family support in developing [Patient] discharge plan." This intervention was inappropriate since the patient's family was "not willing to be involved," as identified in the psychosocial assessment dated 4/26/19.</p> <p>"Staff will initiate 15-minute checks for safety, per MD order." This intervention was a routine RN job duty, not an active treatment intervention.</p> <p>Social Work Staff: "Staff will assist [Patient] in developing a safety plan to document triggers or warning signs for aggression." The intervention failed to identify what the staff would do to assist the patient with information in the safety plan. This intervention statement failed to include the frequency of contact or whether the intervention would be delivered in group or individual sessions.</p> <p>Recreational Therapist: "Staff will facilitate groups daily to explore self soothing strategies and coping skills for aggression, agitation, irritability." The intervention failed to identify the specific groups that would be offered to assist the patient with aggressive and agitated behaviors. Also, the statement did not include appropriate or suggestive "self soothing strategies" based on needs in clinical assessments data.</p> <p>2. Patient A2's MTP, dated 5/12/19, included the following deficient interventions for the psychiatric problem of: "Potential for Self Harm (inability to care for self)."</p> <p>Physician: There were no physician interventions identified to address this problem.</p>	B 122			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 122	Continued From page 25  Registered Nurse: "Staff will assist [Patient] in developing a safety plan to document triggers and warning signs for others ..."  "Staff will have psychoeducation groups daily to explore triggers and warning signs for hopelessness." The intervention failed to include the name and type of groups [Note: The problem of hopelessness was not addressed in the problem statement.]  "Staff will facilitate a family session to educate [Patient] support system on triggers and warning signs related to inability to be oriented to time or place." The intervention regarding educating the patient's support system was inappropriate given the information in the psychosocial assessment dated 5/15/19 stating that the patient "has no known family." "Staff will provide education on the importance of medication compliance." The intervention failed to include specific medications that would address the patient's needs and problems.  Social Work Staff: "Staff will assist [Patient] in developing a safety plan to document triggers or warning signs for aggression." This intervention statement failed to identify what the staff would do to assist the patient with information in the safety plan and failed to include the frequency of contact or whether the intervention would be delivered in group or individual sessions.  Recreational Therapist: "Staff will facilitate groups daily to explore self soothing strategies and coping skills for depression." The intervention failed to identify the	B 122			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 122	<p>Continued From page 26</p> <p>specific groups that would be offered to assist the patient with aggressive and agitated behaviors. Also, the statement did not include appropriate or suggestive "self soothing strategies" based on needs identified in clinical assessments data.</p> <p>3. Patient A3's MTP, dated 5/16/19, included the following deficient interventions for the psychiatric problem of: "Out of Contact with Reality (VH [visual hallucinations] of 'Animals' x 3yr and seeing 'Ghosts' and 'Spirits'; during assessment waves to wall and reports seeing a figure waving)."</p> <p>Physician: There were no physician interventions identified to address this problem.</p> <p>Registered Nurse: "Staff will facilitate psychoeducation groups daily to explore triggers and warning signs for hallucinations." "Staff will educate [Patient] on the importance of medication compliance as a part of a positive plan for safety." "Staff will provide education on medications prescribed." These three interventions were non-specific and failed to include the name and type of psycho-educational groups and medications that would address this patient's needs and problems.</p> <p>Social Work Staff: "Staff will facilitate psychoeducation groups daily to explore triggers and warning signs for depression, aggression, agitation, irritability, hallucinations and delusions." "Staff will facilitate a family session to educate [Patient] support system on triggers and warning signs related to patient's adverse symptoms." These intervention statements were non-specific and failed to include the frequency of contact. The psycho-education groups included depression as</p>	B 122			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 122	<p>Continued From page 27</p> <p>a symptom. However, this was not included in the problem statement. The last two intervention statements did not state whether the intervention would be delivered in group or individual sessions.</p> <p>Recreational Therapist: "Staff will provide groups daily to increase reality orientation related to hallucinations/delusions." The intervention failed to identify the specific groups that would be offered to assist the patient with hallucinations and delusional behaviors.</p> <p>4. Patient A4's MTP, dated 4/30/19, included the following deficient interventions for the psychiatric problem of: "Potential for Self Harm (SA by cutting left forearm with a knife)."</p> <p>Physician: "Staff will prescribe medications for managing symptoms related to depression and suicidal thoughts." This intervention statement was non-specific, not individualized, and a routine MD job duty. The statement did not identify the medications to be used during treatment or information the physician would provide the patient regarding medications prescribed and his/her psychiatric symptoms. This same or similarly worded intervention statement was also included for Patients A6, A7, and A8.</p> <p>Registered Nurse: "Staff will provide education on medications prescribed." "Staff will collaborate with medical staff on [Patient] report of medication side effects as needed." "Staff will provide education on the importance of medication compliance." These three interventions were non-specific and failed to include the name and type of psycho-educational groups and medications that would address this patient's needs and problems.</p>	B 122			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 122	Continued From page 28  Social Work Staff: "Staff will assist [Patient] in practicing skills when feeling depressed and suicidal." This intervention statement was non-specific as to skills and failed to include the frequency of contact or whether the intervention would be delivered in group or individual sessions. This same intervention statement was also included for Patients A6 and A9.  Recreational Therapist: "Staff will facilitate groups daily to explore self soothing strategies and coping skills for depression and suicidal thoughts." The intervention failed to identify the specific groups, strategies, and skills that would be offered to assist the patient with symptoms of depression and suicidal thoughts.  5. Patient A5's MTP, updated 5/16/19, included the following psychiatric problem: "Potential for Harm to Others (Sexually inappropriate behavior)."  Physician: "Staff will have patient on line of site [sic] observation while awake unless reviewed and ordered by psychiatrist." This intervention statement was a routine MD job duty. The statement was not directly related to the problem statement and failed to state what the physician would do to assist the patient in understanding and managing [ his/her] psychiatric symptoms.  Registered Nurse: "Staff will have psych education groups daily to educate on boundaries and acceptable behavior utilizing limit setting and behavioral expectations." This intervention statement was non-specific as to types of boundaries and specific behavioral	B 122			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 122	<p>Continued From page 29</p> <p>expectations. The statement failed to include the names or topics of groups that would be the focus of patient education.</p> <p>Social Work Staff: "Staff will have process groups daily to identify feelings and resulting behavior." "Staff will [sic] assigned therapist will explore, encourage, and support the pt in verbally expressing and clarifying feelings associated with any stressors." 'Staff will assist [Patient] in developing a positive plan for safety."</p> <p>"Staff will facilitate a family session to develop a positive plan for safety." "Staff will assist [Patient] in identifying appropriate outpatient therapy appointments." "Staff will assist [Patient] in identifying appropriate medication management appointments." These intervention statements were non-specific and not individualized. They failed to include the frequency of contact or whether the intervention would be delivered in group or individual sessions. The intervention statements regarding outpatient and medication appointments were routine social work staff functions.</p> <p>Recreational Therapist: "Staff will assist [Patient] in participating in recreational therapy groups." The intervention failed to include a focus of treatment and identify the specific groups that would be offered to assist this patient with psychiatric needs and symptoms.</p> <p>6. Patient A6's MTP, dated 5/18/19, included the following deficient interventions for the psychiatric problem of: "Potential for Self harm (Reports hopeless, worthlessness, and depression over 2 months)."</p>	B 122			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 122	<p>Continued From page 30</p> <p>Physician: "Staff will prescribe medications for managing symptoms related to depression and hopelessness." This intervention statement was not individualized, non-specific, and a routine MD job duty. The statement did not identify the medications to be used or information the physician would provide the patient regarding medications prescribed and his/her psychiatric symptoms.</p> <p>Registered Nurse: "Staff will initiate 1:1 observation for safety, per MD order." "Staff will provide education on medications prescribed." "Staff will provide education on the importance of medication compliance." "Staff will assist [Patient] in practicing skills when feeling depressed, hopeless, worthless." These interventions were non-specific and not individualized. The intervention statement regarding 1:1 observation was a routine RN function. The statement regarding medication education failed to include the name of medications that would be the focus of patient education. Also, there was no frequency of contact for the interventions and no mention of whether interventions would be delivered in individual or group sessions.</p> <p>Social Work Staff: "Staff will teach calming techniques as part of a more comprehensive, tailored skill set for responding appropriately to angry feelings when they occur." This intervention statement was non-specific and not individualized. The statement failed to include the frequency of contact or whether the intervention would be delivered in group or individual sessions.</p> <p>Recreational Therapist: "Staff will provide groups daily to vent feelings</p>	B 122			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 122	<p>Continued From page 31</p> <p>appropriately, increase leisure functioning and improve mood." This intervention statement was non-specific and not individual and failed to identify the specific groups that would be offered to assist this patient with psychiatric needs and symptoms.</p> <p>7. Patient A7's MTP, updated 5/16/19, included the following deficient interventions for the psychiatric problem of: "Potential for Harm to Others (aggressive toward family and peers at school)."</p> <p>Physician: There were no MD interventions identified to address this problem statement. There were interventions for two other problem statements regarding "physical altercation" and "suicidal ideation." These problem statements had the same deficient interventions of "Staff will prescribe medications for managing symptoms related to aggression" and "Staff will provide education on medications prescribed." The intervention statement regarding prescribed medications was non-specific, not individualized, and a routine MD job duty. None of the statements identified the medications to be used or information the physician would provide the patient regarding medications prescribed and his/her psychiatric symptoms.</p> <p>Registered Nurse: "Staff will assist [Patient] in developing a safety plan to document triggers and warning signs for anxiety/anxiousness, aggression and agitation." "Staff will facilitate psychoeducation group daily to explore triggers and warning signs for anxiety/anxiousness, aggression and agitation." "Staff will help patient recognize consequences of [his/her] behavior and refrain from blaming others." These three interventions were</p>	B 122			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 122	<p>Continued From page 32</p> <p>non-specific and not individualized. The intervention statement regarding psycho-education groups failed to identify the specific groups that would be offered to assist this patient with psychiatric needs and symptoms. The statement regarding helping the patient recognize consequences failed to include the frequency of contact for the interventions and whether interventions would be delivered in individual or group sessions.</p> <p>Social Work Staff: "Staff will thoroughly assess the various stimuli that have triggered [Patient] anger [sic] and the thoughts feelings and actions that have chartered [sic] [his/her] anger response." "Staff will have process groups to identify feelings and resulting behavior." These two intervention statements were non-specific and not individualized. The statement regarding assessing stimuli that triggered the patient's anger was a routine social work job function. Also, none of the intervention statements included the frequency of contact or whether the intervention would be delivered in group or individual sessions.</p> <p>Recreational Therapist: "Staff will facilitate groups daily to explore self soothing strategies and coping skills for aggression, depression." This intervention statement was non-specific and not individual and failed to identify the specific groups that would be offered to assist this patient with psychiatric needs and symptoms. Since there was no description of the patient's aggression in the problem statement, treatment goal, or intervention, it would be difficult to know what the staff would observe to determine the patient's improvement.</p>	B 122			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 122	<p>Continued From page 33</p> <p>8. Patient A8's MTP, dated 5/15/19, included the following deficient interventions for the psychiatric problem of: "Out of Contact with Reality (Reports hearing voices that wont [sic] stop)."</p> <p>Physician: "Staff will prescribe medications for managing symptoms related to hallucinations." This problem statement was a routine MD function of prescribing medication and was non-specific and not individualized. The statement failed to identify the medications to be used in the patient's treatment and did not state whether the physician would have contact with the patient to provide information regarding medications prescribed and his/her psychiatric symptoms.</p> <p>Registered Nurse: There was no RN intervention to address this problem.</p> <p>Social Work Staff: There was no SW intervention to address this problem.</p> <p>Recreational Therapist: "Staff will facilitate groups daily to explore self soothing strategies and coping skills for hallucinations." This intervention statement was non-specific and not individualized and failed to identify the specific groups that would be offered to assist this patient with his/her hallucinations.</p> <p>9. Patient A9's MTP, dated 5/16/19, included the following deficient interventions for the psychiatric problem of: "Out of Contact with Reality (Responding to internal stimuli and disrobing in public ...)."</p> <p>Physician: "Staff will provide education on medications</p>	B 122			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 122	<p>Continued From page 34</p> <p>prescribed." "Staff will collaborate with medical staff on [Patient] report of medication side effects as needed." "Staff will provide education on the importance of medication compliance." "Staff will education [Patient] on potential side effects related to medications." These interventions, usually assigned to the RN, were assigned to the MD. They were non-specific, not individualized, and failed to include the frequency of contact with the patients and how the interventions would be delivered. The statements did not identify the medications to be used in patient education information the physician would provide the patient regarding medications prescribed and his/her psychiatric symptoms.</p> <p>Registered Nurse: "Staff will facilitate groups daily to explore self soothing strategies and coping skills for hallucinations." "Staff will assist [Patient] in practicing skills when feeling out of contact with reality." These two interventions were non-specific and not individualized. The intervention statement regarding daily groups failed to name the specific groups to address hallucinations. The intervention regarding practicing failed to identify what skills would be practiced. Also, the frequency of contact with the patient and whether the intervention would be delivered in individual or groups sessions were not identified.</p> <p>Social Work Staff: "Staff will review Patient Self Inventory for self report of psychosis." "Staff will facilitate psychoeducation groups daily to explore triggers and warning signs for anxiety/anxiousness, hallucinations and delusions." These two intervention statements were non-specific and not individualized. The intervention regarding</p>	B 122			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 122	<p>Continued From page 35</p> <p>reviewing the self-report instrument was a routine social work function. The statement regarding groups failed to include the specific groups to be used to address hallucinations and delusions.</p> <p>Recreational Therapist: "Staff will R.T. [sic] provide [Patient] with leisure activities to increase concentration and reality orientation." This intervention statement was non-specific, not individualized, and failed to include the frequency of contact with the patients and whether the contact would be in individual or group sessions.</p> <p>B. Interviews</p> <p>1. During an interview on 5/21/19 at 10:10 a.m., the MTP for Patient A8 was reviewed with RN6. She acknowledged that nursing interventions were not individualized and were mostly the same interventions selected from the choices available in the electronic medical record.</p> <p>2. During an interview on 5/21/19 at 11:37 a.m., the MTPs were reviewed with recreational therapist (RT)1. RT1 agreed that interventions did not identify the specific groups that would address the patients' symptoms. RT1 reported the group topics were based on the theme for the day and general problems of the patient group.</p> <p>3. During an interview on 5/21/19 at 3:15 p.m. with the Director of Nursing (DON), the MTPs were reviewed. The DON did not dispute the findings that nursing interventions were non-specific and not individualized. She agreed that most interventions were identical or similarly worded. She stated, "The EMR is limited, so we can't make the necessary changes so interventions can be individualized."</p>	B 122			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 122	Continued From page 36	B 122		
B 124	<p>4. During an interview on 5/22/19 at 10:15 a.m., with the Medical Director and his assistant, the MTPs were discussed. They did not dispute the findings that many MTPs did not include interventions to be implemented by the physician. He agreed that prescribing medications was a routine physician task and admitted that the intervention should consist of the physician's involvement in providing information on medications to patients.</p> <p><b>TREATMENT PLAN</b> CFR(s): 482.61(c)(1)(v)</p> <p>The written plan must include adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out.</p> <p>This Standard is not met as evidenced by: Based on record review and interview, the facility failed to ensure that registered nurses, recreational therapists, and social workers adequately documented active treatment interventions assigned on the Master Treatment Plan to show detailed and comprehensive information about treatment for nine (9) of nine (9) active sample patients (A1, A2, A3, A4, A5, A6, A7, A8, and A9). Specifically, treatment notes were missing or lacked detailed information regarding the patients' attendance or non-attendance in planned and scheduled active treatment sessions, specific topics discussed, the patients' behavior during interventions, and their response to interventions, including the level of participation, the level of understanding of the information provided, and specific patients' comments if any. This failure hindered the treatment team from determining the patient's</p>	B 124		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 124	<p>Continued From page 37</p> <p>response to active treatment interventions, evaluating if there were measurable changes in the patients' condition, and revising the treatment plan when the patient did not respond to treatment interventions.</p> <p>Findings include:</p> <p>A. Record Review</p> <p>The master treatment plans for the following patients were reviewed (dates of plans in parentheses) for assigned interventions: A1 (4/25/19), A2 (5/12/19), A3 (5/16/19), A4 (4/30/19), A5 (updated 5/15/19), A6 (5/18/19), A7 (updated 5/16/19), A8 (5/16/19), and A9 (5/16/19). Group treatment notes for assigned interventions by RNs, RTs, and SWs from 5/15/19 through 5/20/19 were reviewed and revealed that they lacked detailed information about the topic discussed and how the patient responded to the treatment interventions, including the level of participation, behaviors exhibited, and specific comments made during interventions. For other interventions on the MTPs, there was limited or no documented evidence that they had been implemented. There was no consistent documentation about the number of contacts or attempts to provide alternative active treatment interventions identified when patients did not participate in the group treatment program.</p> <p>1. Patient A1 had the following treatment notes for the interventions for the problem of "Potential for Harm to Others (aggressive behavior)":</p> <p>a. RN Treatment Notes</p> <p>MTP interventions: "Staff will facilitate psycho educational groups daily to explore triggers and</p>	B 124		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 124	<p>Continued From page 38</p> <p>warning signs for anxiety/anxiousness." "Staff will educate [patient] on the importance of medication compliance ..."</p> <p>A review of treatment notes revealed that the patient attended five of six group sessions. The patient did not participate in the group on 5/17/19. There was no documented evidence that an alternative intervention was provided. The five recorded group treatment notes lacked detailed information about the topic discussed and the patient's response to the group interventions such as the note dated 5/15/19 which documented: "Education Provided on - Mental Health Diagnosis" without explaining precisely what was discussed. The note reported that the patient had "Minimal" engagement and had "Active" participation. The quality of participation was "Appropriate, attentive, and sharing," and the response to education was "Fully understands." There was no information regarding how the staff determined these evaluations. There was no documentation noted regarding patient education regarding medication compliance.</p> <p>b. RT Treatment Notes</p> <p>MTP interventions: "Staff will facilitate groups daily to explore self soothing strategies and coping skills for aggression, agitation, irritability."</p> <p>A review of treatment notes from 5/15/19 through 5/20/19 revealed that four out of six possible group sessions were documented. The patient did not attend any of these groups. There was no documented evidence that alternative interventions were provided.</p> <p>c. SW Treatment Notes</p> <p>MTP interventions: "Staff will facilitate groups</p>	B 124		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 124	<p>Continued From page 39</p> <p>daily to explore self soothing strategies and coping skills for depression." The group schedule for the Geropsychiatric Unit showed two groups assigned to the therapists (social work staff): "Seeking Safety Group" scheduled Sunday through Saturday at 10:45 a.m. and "Process Group" scheduled Sunday through Saturday at 1:30 p.m.</p> <p>A review of treatment notes from 5/15/19 through 5/20/19 revealed that social work staff documented three two out of 12 possible group sessions. Three notes were dated 5/16/19 at 7:52 a.m. with two notes with the same topic ("Commitment") but recorded at 9:04 a.m. and 10:28 a.m. respectively. The other group had a topic of "Healthy Relationships" and was also dated 5/16/19 at 7:52 a.m., and recorded on 5/20/19 at 8:06 a.m. This documentation was confusing since there was no group on the unit schedule at 7:52 a.m. The first group on the unit was "Seeking Safety" assigned to social work staff on the Geropsychiatric Unit and scheduled at 10:45 a.m. The patient did not attend the two groups recorded, and the social worker documented the following statement in both notes, "[Patient] was offered 1:1 which included attention given to provide emotional support and encourage communication of feelings and needs ..." There was no documented evidence regarding the duration of contact or the patient's response to the 1:1 intervention. There was no evidence that alternative treatment measures were provided this patient for the group treatment sessions not documented.</p> <p>2. Patient A2 had the following treatment notes for the interventions for the problem of "Potential for Self Harm (inability to care for self)":</p>	B 124			



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 124	<p>Continued From page 40</p> <p>a. RN Treatment Notes</p> <p>MTP interventions: "Staff will facilitate psychoeducational groups daily to explore triggers and warning signs for hopelessness." "Staff will educate [patient] on the importance of medication compliance ..." "Staff will facilitate a family session to educate [Patient] support system on triggers and warning signs ..."</p> <p>A review of treatment notes revealed that the patient attended six group sessions. The six group treatment notes lacked detailed information about the topic discussed and the patient's response to the group interventions such as the note dated 5/20/19 which documented: "Education Provided on - Activities of Daily Living" without explaining precisely what was discussed. The note reported that the patient had "Minimal" engagement and had "Active" participation. The quality of participation was "Appropriate, attentive, and sharing," and the response to education was "Fully understands." Given this patient's diagnosis of Dementia, there was no documented evidence to show precisely what the patient understood and what the patient did in the group to show active participation. There was no documentation noted regarding a family session to educate the patient regarding triggers and warning signs.</p> <p>b. RT Treatment Notes</p> <p>MTP interventions: "Staff will facilitate groups daily to increase reality orientation."</p> <p>A review of treatment notes from 5/15/19 through 5/20/19 revealed that four of six group treatment notes were documented (5/15/19, 15/16/19, 5/19/19, and 5/20/19). The patient attended one of these groups on 5/20/19. There was no documented evidence that an alternative</p>	B 124			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 124	<p>Continued From page 41</p> <p>intervention was provided when the patient did not participate in the groups.</p> <p>c. SW Treatment Notes</p> <p>MTP interventions: "Staff will facilitate psychoeducation groups daily to explore triggers and warning signs for anxiety/anxiousness" "Staff will facilitate groups daily to explore self soothing strategies and coping skills for depression."</p> <p>A review of treatment notes from 5/15/19 through 5/20/19 revealed that social work staff documented two group treatment notes out of 12 possible sessions for these two groups scheduled on the Geropsychiatric Unit. The treatment notes were dated 5/16/19 at 7:52 a.m. and both recorded on 5/20/19 at 8:01 a.m. and 8:58 a.m. respectively. This documentation was confusing since there was no group on the unit schedule at 7:52. The patient did not attend these groups, and the social worker documented the following in both notes, "[Patient] was offered 1:1 which included attention given to provide emotional support and encourage communication of feelings and needs ..." There was no other documented evidence regarding the patient's non-attendance, alternative active treatment provided, duration of contact, or the patient's response to 1:1 interventions. The identically worded intervention statement was recorded for patient A1.</p> <p>3. Patient A3 had the following treatment notes for the interventions for the problem of "Out of Contact with Reality (VH [Visual Hallucinations] of 'Animals' x3yr and seeing 'Ghosts' and 'Spirits'; during assessment waves to wall and reports seeing a smiling figure waving)."</p>	B 124			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 124	<p>Continued From page 42</p> <p>a. RN Treatment Notes</p> <p>MTP interventions: "Staff will facilitate psychoeducational groups daily to explore triggers and warning signs for hallucinations." "Staff will provide education on the importance of medication compliance."</p> <p>A review of treatment notes revealed that the patient attended six group sessions. The four group treatment notes lacked detailed information about the topic discussed and the patient's response to the group interventions such as the notes dated 5/15/19, 5/18/19, and 5/19/19, which all documented: "Education Provided on - Coping skills" without explaining precisely what was discussed. The note reported that the patient had "Minimal" engagement and "Active" participation. The quality of participation was "Appropriate," and the response to education was "Fully understands." There was no information regarding how the staff determined these evaluations, such as a description of active participation and what the patient understood about the education provided. The treatment notes also reported that a handout was one of the modes of intervention but failed to indicate the content of the handout.</p> <p>b. RT Treatment Notes</p> <p>MTP interventions: "Staff will provide groups daily to increase reality orientation related to hallucinations/delusions."</p> <p>A review of treatment notes from 5/15/19 through 5/20/19 revealed that six group treatment notes were documented. The six group treatment notes lacked detailed information about the topic discussed and the patient's response to the group</p>	B 124			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 124	<p>Continued From page 43</p> <p>interventions such as the note dated 5/16/19, which documented: "Focus of Group - Art Therapy" without explaining the specific topics discussed or activities provided during the group session. The note reported under "Insight / Engagement in Therapy" - "Alliance forming" and under participation - "Active" participation with the quality of participation recorded as "Appropriate." The response to intervention was "pt participated in group with appropriate behaviors, pt socialized properly with others." There was no information regarding how the staff determined these evaluations, such as a description of alliance forming, active participation, and quality of participation.</p> <p>c. SW Treatment Notes</p> <p>MTP interventions: "Staff will facilitate psychoeducation groups daily to explore triggers and warning signs for depression, aggression, agitation ... hallucinations and delusions." "Staff will facilitate a family session to educate [Patient] support system on triggers and warning signs related to patient's adverse symptoms."</p> <p>A review of treatment notes from 5/15/19 through 5/20/19 revealed that social work staff documented five of six possible group treatment notes. Five group treatment notes lacked detailed information about the patient's response to the group intervention, such as the note dated 5/16/19 which reported under "Insight / Engagement in Therapy," "Participation Level was Minimal." "Participation Quality" was recorded as "Resistant." There was no information regarding how the staff determined these evaluations, such as a description of minimal participation and resistant participation.</p>	B 124			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 124	<p>Continued From page 44</p> <p>4. Patient A4 had the following treatment notes for the interventions for the problem of "Potential for Self harm (SA [Suicidal Attempt] by cutting left forearm with a knife).":</p> <p>a. RN Treatment Notes</p> <p>MTP interventions: "Staff will provide education on medication prescribed." "Staff will provide education on the importance of medication compliance." "Staff will educate [patient] on potential side effects related to medications."</p> <p>A review of treatment notes revealed that the patient attended five of the six group sessions. The five groups that the patient attended had treatment notes that lacked detailed information about the topic discussed and the patient's response to the group interventions such as the notes dated 5/15/19 and 5/19/19 with both documenting: "Education Provided on - Coping skills" without explaining precisely what was discussed. The notes reported that the patient had "Minimal" engagement and participation. The quality of participation was "Appropriate" and the response to education was "Fully understands." The was no information regarding how the staff determined these evaluations, such as a description of active participation and what the patient understood about the education provided. The treatment notes also reported that a handout was one of the modes of intervention but failed to indicate the content of the handout. The patient did not attend the group session held 5/18/19. There was no information regarding the topic discussed or whether an alternative intervention had been offered to this patient.</p> <p>b. RT Treatment Notes</p>	B 124			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 124	<p>Continued From page 45</p> <p>MTP interventions: "Staff will facilitate groups daily to explore self soothing strategies and coping skills for depression and suicidal thoughts."</p> <p>A review of treatment notes from 5/15/19 through 5/20/19 revealed that five of six group treatment sessions were documented (5/15/19, 15/16/19, 5/18/18, 5/19/19 (two notes for 10:30 a.m.), and 5/20/19). The five group treatment notes lacked detailed information about the topics discussed and the patient's response to the group interventions, such as the note dated 5/20/19 which documented: "Focus of Group - Personal expression" without explaining the specific topics discussed or activity offered during the group session. The note reported under "Insight / Engagement in Therapy" - "Alliance forming" and under participation - "Active" participation, with the quality of participation recorded as "Appropriate." The response to intervention was "pt was provided leisure art activities to increase relaxation and morale ... pt socialized appropriately with peers." There was no information regarding how the staff determined these evaluations, such as a description of alliance forming, active participation, appropriate quality of participation, or what leisure art activities were provided.</p> <p>c. SW Treatment Notes</p> <p>MTP interventions: "Staff will assist [Patient] in practicing skills when feeling depressed and suicidal." No specific treatment notes addressed assisting the patient to practice skills when depressed. Although there was no group treatment intervention identified on the MTP, four group treatment notes out of six possible groups sessions were documented by SW staff from</p>	B 124			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 124	<p>Continued From page 46</p> <p>5/15/19 through 5/20/19. These four group treatment notes lacked detailed information about the patient's response to the group intervention, such as the note dated 5/15/19 which assessed the patient's behavior under "Insight / Engagement in Therapy" as "Alliance forming" and under "Participation Level" as "Active." "Participation Quality" was recorded as "Appropriate." There was no information regarding how the staff determined these evaluations of the patient's response during the group session.</p> <p>5. Patient A5 had the following treatment notes for the interventions for the problem of "Potential for Harm to Others (Sexually inappropriate behavior).":</p> <p>a. RN Treatment Notes</p> <p>MTP intervention: "Staff will have psych education groups daily to educate on boundaries and acceptable behavior utilizing limit setting and behavioral expectations."</p> <p>A review of treatment notes revealed that the patient attended six group sessions. The six groups had treatment notes that lacked detailed information about the topics discussed and the patient's response to the group interventions, such as the notes dated 5/16/19, 5/17/19, and 5/18/19 all documenting: "Education Provided on - Coping skills" without explaining what coping skills were discussed. The notes reported that the patient was "Minimal" engaged, and the level of participation was "Active." All of the treatment notes recorded the response to education as "Fully understands." The was no information regarding how the staff determined these evaluations, such as a description of active</p>	B 124			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 124	<p>Continued From page 47 participation and what the patient understood about the coping skills discussed.</p> <p>b. RT Treatment Notes</p> <p>MTP interventions: "Staff will assist [Patient] in participating in recreational therapy groups."</p> <p>A review of treatment notes from 5/15/19 through 5/20/19 revealed two groups out of six possible group sessions were documented. The two group treatment notes lacked detailed information about the topic discussed and the patient's response to the group interventions, such as the note dated 5/20/19 which documented: "Focus of Group - Art Therapy" without explaining the specific topics discussed or activity offered during the group session. The note reported under "Insight / Engagement in Therapy" - "Alliance forming" and under "Participation" - "Active" participation with the quality of participation recorded as "Appropriate." The response to intervention was "pt participated in group with appropriate behaviors, pt was social towards others." The was no information regarding how the staff determined these evaluations, such as a description of alliance forming, active participation, appropriate quality of participation, or what art therapy activities were provided.</p> <p>c. SW Treatment Notes</p> <p>MTP interventions: "Staff will have process group daily to identify feelings and resulting behavior." "Staff will facilitate a family session to develop a positive plan for safety." There were six out of 12 possible group sessions documented by SW staff from 5/15/19 through 5/20/19. These six group treatment notes lacked detailed information about the patient's response</p>	B 124			



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 124	<p>Continued From page 48</p> <p>to the group intervention, such as the note dated 5/17/19 which assessed the patient's behavior under "Insight / Engagement in Therapy" as "Alliance forming" and under "Participation Level" as "Active." "Participation Quality" was recorded as "Appropriate, Attentive, and Sharing." There was no information regarding how the staff determined these evaluations of the patient's response during the group session. A worksheet/handout was indicated without the content of the handout. There was one individual session dated 5/14/19 addressing the patient's inappropriate sexual behavior. There was one note dated 5/18/19 reporting that the 5/20/19 family session was rescheduled "due to the therapist being off."</p> <p>6. Patient A6 had the following treatment notes for the interventions for the problem of "Potential for Self harm (Reports hopelessness, worthlessness, and depression for over 2 months)":</p> <p>a. RN Treatment Notes</p> <p>MTP interventions: "Staff will assist [Patient] in practicing skills when feeling depressed, hopeless, worthless." "Staff will facilitate groups daily to explore self soothing strategies and coping skills for depression, hopelessness, worthlessness."</p> <p>A review of treatment notes revealed that there were no notes regarding the patient practicing skills when depressed, hopeless, or worthless. Three treatment notes showed the patient attended group sessions from 5/17/19 through 5/20/19. The three group treatment notes lacked detailed information about the topic discussed and the patient's response to the group</p>	B 124			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 124	<p>Continued From page 49</p> <p>interventions, such as the note dated 5/20/19 documenting: "Education Provided on - Coping skills" without explaining what coping skills were discussed. The notes reported that the patient was "Minimal" engaged, and the level of participation was "Active." The participation quality was recorded as "Appropriate" and the response to education as "Fully understands." There was no information regarding how the staff determined these evaluations, such as a description of active participation and what the patient understood about the coping skills discussed.</p> <p>b. RT Treatment Notes</p> <p>MTP interventions: "Staff will provide groups daily to vent feelings appropriately, increase leisure functioning and improve mood."</p> <p>A review of treatment notes from 5/17/19 through 5/20/19 revealed that there were one out of three possible group sessions documented on 5/20/19/ The patient did not attend this group. There was no documented evidence showing that alternatives had been provided for the groups not attended.</p> <p>c. SW Treatment Notes</p> <p>MTP intervention: "Staff will teach calming techniques as part of a more comprehensive, tailored skill set for responding appropriately to angry feelings when they occur." The group schedule showed a "Process Group" scheduled Monday - Friday from 12:30 p.m. to 1:00 p.m. and 1:00 p.m. to 1:30 p.m. A "Process Group" was also scheduled on Saturday and Sunday. There was one group treatment note out of six possible group sessions documented by SW staff</p>	B 124			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 124	<p>Continued From page 50</p> <p>from 5/17/19 through 5/20/19. This group treatment note dated 5/18/19 lacked detailed information about the patient's response to the group intervention, such as the patient's behavior evaluated under "Insight / Engagement in Therapy" as "Alliance forming" and under "Participation Level as "Active." "Participation Quality" was recorded as "Appropriate, Attentive, and Sharing." There was no information regarding how the staff determined these evaluations of the patient's response during the group session.</p> <p>7. Patient A7 had the following treatment notes for the interventions for the problem of "Potential for Harm to Others (aggressive [sic] towards family and peers at school).":</p> <p>a. RN Treatment Notes</p> <p>MTP interventions: "Staff will facilitate psychoeducation groups daily to explore triggers and warning signs for anxiety/anxiousness, aggression and agitation." "Staff help will patient recognize consequences of [his/her] behavior and refrain from blaming others."</p> <p>A review of treatment notes revealed that there were no notes regarding the intervention regarding consequences. Six treatment notes reported the patient attended group sessions from 5/15/19 through 5/20/19. The six group treatment notes lacked detailed information about the topic discussed and the patient's response to the group interventions, such as the notes dated 5/16/19, 5/18/19, and 5/20/19 all documenting: "Education Provided on - Medication Compliance" without explaining what information about medication compliance was discussed during these three group sessions. The notes reported</p>	B 124		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 124	<p>Continued From page 51</p> <p>that the patient had "Minimal" engagement and participation during the group sessions. The participation quality was recorded as "Appropriate" and the response to education as "Fully understands" on 5/16/19 and 5/18/19 and was reported as "needs reinforcement" on 5/20/19. There was no information regarding how the staff determined these evaluations, such as a description of minimal participation, appropriate participation quality, and what the patient understood about the information provided regarding medication compliance.</p> <p>b. RT Treatment Notes</p> <p>MTP intervention: "Staff will facilitate groups daily to explore self soothing strategies coping skills for aggression, depression."</p> <p>A review of treatment notes from 5/15/19 through 5/20/19 revealed that five of six possible group sessions were documented. These five group treatment notes lacked detailed information about the patient's response to the group intervention, such as the note dated 5/15/18. The "focus of Group" was documented as "Art Therapy" with no description of what activities or information was provided regarding art therapy. The patient's behavior was listed under "Insight/ Engagement in Therapy" as "Alliance forming" and under "Participation Level" as "Active." "Participation Quality" was recorded as "Appropriate." There was no information regarding how the staff determined these evaluations of the patient's response during the group session. The "Response to intervention" was "pt participated in group with appropriate behavior, pt socialized appropriately with others." This statement was vague and gave no clarifying information about how the patient responded to the group session.</p>	B 124			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 124	<p>Continued From page 52</p> <p>c. SW Treatment Notes</p> <p>MTP interventions: "Staff will thoroughly assess the various stimuli that have triggered [Patient] anger and the thoughts feelings and actions that charterized [his/her] anger response [sic]." "Staff will have process groups to identify feelings and resulting behavior." The group schedule showed three groups led by the therapist: "Goal Goal/Process Group" Monday through Friday from 7:30 a.m. to 8:00 a.m., "Process Group" from 8:00 a.m. to 8:30 a.m., and "Process Group" from 4:00 p.m. to 5:00 p.m.</p> <p>A review of treatment notes revealed there were five out of 15 possible group sessions documented by SW staff from 5/15/19 through 5/20/19. These group treatment notes lacked detailed information about the patient's response to the group intervention, such as the note dated 5/17/19. The "focus of Group" was documented as "Panic Button" with a limited description of the topic. The patient's behavior was evaluated under "Insight / Engagement in Therapy" as "Minimal" and under "Participation Level" as "Active." "Participation Quality" was recorded as "Appropriate, Attentive, and Sharing." There was no information regarding how the staff determined these evaluations of the patient's response during the group session. The "Response to intervention" was "[Patient] participated in a group that assisted [him/her] in identifying what triggers [him/her] to panic and appropriate coping skills." This statement was vague and gave no clarifying information or comments about what the patient identified as triggers or what coping skills the patient would use to address the triggers. There was no information about the patient's non-attendance in</p>	B 124			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 124	<p>Continued From page 53</p> <p>the other scheduled groups; if alternative active treatment measures were offered; and if provided the duration of contact and patient's response.</p> <p>8. Patient A8 had the following treatment notes for the interventions for the problem of "Out of Contact with Reality (Reports hearing voices that wont [sic] stop).":</p> <p>a. RN Treatment Notes</p> <p>MTP interventions: There were no RN interventions identified for this problem statement. B. RT Treatment Notes</p> <p>MTP interventions: "Staff will facilitate groups daily to explore self soothing strategies and coping skills for hallucinations." "Staff will R.T. [sic] provide [Patient] with leisure activities to increase concentration and reality orientation."</p> <p>A review of treatment notes from 5/16/19 through 5/20/19 revealed that four out of five possible group sessions were documented. The patient did not attend these group sessions, and there was no documented evidence that an alternative intervention was provided.</p> <p>c. SW Treatment Notes</p> <p>MTP interventions: There were no SW interventions for this problem statement. The group schedule showed two groups led by a therapist Sunday through Saturday on the Adult Unit: "Illness Recovery Group" from 12:00 p.m. to 1:00 p.m. and "Process Group" from 1:00 p.m. to 2:00 p.m.</p> <p>A review of the treatment notes revealed that out of the eight possible group sessions only two</p>	B 124		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 124	<p>Continued From page 54</p> <p>were documented, on 5/16/19 at 10:00 a.m. and 1:00 p.m. showing the patient did not attend the group sessions. These were the only treatment notes for this patient. In both circumstances, the SW reported that the patient was given a handout.</p> <p>9. Patient A9 had the following treatment notes for the interventions for the problem of "Out of Contact with Reality (Responding to internal stimuli and disrobing in public ...":</p> <p>a. RN Treatment Notes</p> <p>MTP interventions: "Staff will facilitate groups daily to explore self soothing strategies and coping skills for hallucinations." "Staff will assist [Patient] in practicing skills when feeling out of contact with reality."</p> <p>Four out of five group treatment notes revealed that the patient did not attend the group sessions held on 5/16/19, 5/17/19, 5/18/19, and 5/19/19. There were no treatment notes found showing that the RN met with the patient to help with "practicing skills." There was no documented evidence that alternative individual intervention sessions were offered, and if provided documentation of the RN's discussion with the patient, duration of contact, and response to the interventions.</p> <p>b. RT Treatment Notes</p> <p>MTP intervention: "Staff will R.T. [sic] provide [Patient] with leisure activities to increase concentration and reality orientation."</p> <p>A review of treatment notes from 5/16/19 through 5/20/19 revealed that three out of five possible</p>	B 124		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 124	<p>Continued From page 55</p> <p>group sessions were documented. The patient did not attend these group sessions on 5/17/19 ("Leisure Gym [gymnasium] time") and 5/18/19 ("Creative Expression"). The notes reported, "[pt.] provided alt. [alternative] coloring poster" on 5/17/19 and "was provided an alternative art activity" on 5/18/19. However, there was no information regarding the RT staff's discussion with the patient, the duration of the contacts, what art activity was provided, or how the patient responded to these contacts. The group session attended on 5/19/19 lacked detailed information about the patient's response to the group intervention. The "focus of Group" was documented as "Health and fitness" with no descriptive information about what was discussed regarding health and fitness. The patient's behavior under "Insight / Engagement in Therapy" was listed as "None" and under "Participation Level" as "None." "Participation Quality" was recorded as "Withdrawn." There was no information regarding how the staff determined these evaluations of the patient's response during the group session. The "Response to intervention" was "pt was provided leisure activities to increase movement and socialization. Pt did not participate. Pt. required no redirection. Pt. was responding to internal stimuli." This statement was vague and gave no clarifying information about the patient's behaviors or his/her response during the group session.</p> <p>c. SW Treatment Notes</p> <p>MTP interventions: "Staff will facilitate psychoeducation groups daily to explore triggers and warning signs for anxiety/anxiousness, hallucinations and delusions." "Staff will review Patient Self Inventory for self report of psychosis."</p>	B 124			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 124	<p>Continued From page 56</p> <p>There were no treatment notes for the assigned group or individual sessions documented. Given the patient's current level of functioning, the psychoeducation group was inappropriate.</p> <p>B. Interviews</p> <p>1. During an interview on 5/21/19 at 10:10 a.m., the treatment notes were reviewed in the electronic medical record (EMR) for Patient A8 with RN6. RN6 agreed that group treatment notes did not contain enough information about the topic discussed and the patient's response during group sessions.</p> <p>2. During an interview on 5/21/19 at 11:37 a.m., treatment notes in the EMR were reviewed with RT1. RT1 acknowledged that notes did not include detailed information about topics discussed during group sessions. RT1 agreed that information about alternative interventions did not include how the patient responded to the alternative or the duration of contact.</p> <p>3. In an interview on 5/21/19 at 11:00 a.m., with SW4, social work group notes were discussed. SW4 did not dispute the findings that the information in the group notes did not consistently include details about the patients' response to group treatment.</p> <p>4. During an interview on 5/21/19 at 3:15 p.m. with the Director of Nursing (DON), the MTPs were reviewed. The DON did not dispute the findings that nursing treatment notes did not provide enough detailed information about the topics discussed and the patient's response to interventions.</p>	B 124			
B 125	TREATMENT PLAN CFR(s): 482.61(c)(2)	B 125			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 125	<p>Continued From page 57</p> <p>The treatment received by the patient must be documented in such a way to assure that all active therapeutic efforts are included.</p> <p>This Standard is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure that active treatment measures such as group and individual treatment were provided for two (2) out of two (2) active sample patients on the Geropsychiatric Unit (A1 and A2). Specifically, these two (2) patients did not consistently attend their scheduled treatment groups, and the MTPs did not include alternative active treatment interventions. There was a lack of structured activities, and as a result, the patients spent time watching television or sitting in the day room. The facility also failed to provide active treatment groups in a setting conducive to privacy, without noise and interruption by other patients, so the participating patients could understand the content and participate in the group discussions. This lack of active treatment potentially leads to patients being hospitalized without all interventions for recovery being delivered to them in a timely fashion, potentially hindering their improvement and extending hospitalization. (Refer to B125).</p> <p>Findings include:</p> <p>I. Insufficient Active Treatment: Specific Patient Findings</p> <p>A. Document Review</p> <p>1. Patient A1:</p>	B 125			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 125	Continued From page 58  a. Patient A1's psychiatric evaluation dated 4/27/19 identified Parkinson's disease and potential Levy Body Dementia. These diagnoses were not addressed in the treatment plan. The interventions identified below were inconsistent with the patient's level of functioning described in the psychiatric evaluation dated 4/27/19. In addition, the MTP was formulated on 4/25/19 before the psychiatric evaluation was entered into the medical record.  b. Review of group treatment notes for the dates of 5/15/19 through 5/20/19 revealed the following regarding group attendance:  Registered Nurse Groups The patient attended five of six group sessions. The patient did not participate in the group on 5/17/19. There was no documented evidence that an alternative intervention was provided. The five recorded group treatment notes lacked detailed information about the topic discussed and the patient's response to the group interventions such as the note dated 5/15/19 which documented: "Education Provided on - Mental Health Diagnosis" without explaining precisely what was discussed. The note reported that the patient had "Minimal" engagement and had "Active" participation. The quality of participation was "Appropriate, attentive, and sharing," and the response to education was "Fully understands." There was no information regarding how the staff determined these evaluations, given this patient's diagnosis of Dementia. The documentation failed to record precisely what the patient understood and what the patient did in the group to show active participation. There was no documentation noted regarding patient education regarding medication compliance.	B 125			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 125	<p>Continued From page 59</p> <p>Recreational Therapist Groups RT staff documented four out of six possible group sessions. The patient did not attend any of these groups. There was no documented evidence that alternative interventions were provided.</p> <p>c. Social Worker Groups The social worker documented three out of 12 scheduled group sessions during the review period of 5/15- 5/20/19. The patient did not attend these three groups, and the social worker documented, "[Patient] was offered 1:1 which included attention given to provide emotional support and encourage communication of feelings and needs ..." There was no documented evidence regarding the duration of contact or the patient's response to these individual treatment interventions.</p> <p>2. Patient A2:</p> <p>a. Patient A2 's psychiatric evaluation dated 5/11/19 indicated patient had symptoms of Depression, Anxiety, Hallucinations, Unstable Mood, Paranoia, and Psychosis. The diagnosis was "Unspecified Dementia with behavioral disturbances." On the patient's treatment plan dated 5/10/19, the problem listed was "Potential for Self harm (inability to care for self), which did not address any of the symptoms included in the psychiatric evaluation. Also, there were no goals that addressed activities of daily living due to inability to care for self. No goals addressed the symptoms associated with the diagnosis of Unspecified Dementia with behavioral disturbances. Two interventions listed under the goal "patient will comply with medications ordered and take as</p>	B 125			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 125	<p>Continued From page 60</p> <p>ordered" were "Staff will facilitate a family session to educate [Patient Name] support system on triggers and warning signs related to inability to be oriented to time or place" and "staff will facilitate a family session to develop a positive plan for safety." However, the social work assessment indicated that the patient did not have a family, only a dog.</p> <p>b. Review of group treatment notes for the dates of 5/15/19 through 5/20/19 revealed the following findings regarding group attendance:</p> <p>Recreational Therapist Groups RT staff documented four of six possible group sessions. The patient attended one group session on 5/20/19. There was no documented evidence that an alternative intervention was provided when the patient did not participate in the groups.</p> <p>Social Worker Groups The interventions on the MTP, dated 5/10/19 were "Staff will facilitate psychoeducation groups daily to explore triggers and warning signs for anxiety/anxiousness" "Staff will facilitate groups daily to explore self soothing strategies and coping skills for depression." These groups were not appropriate given the psychiatric evaluation dated 5/11/19 stating that the patient was only "oriented to person" and memory was "not intact, 0-3 [missing all three words given]." Social work staff documented two of 12 scheduled group sessions. The patient did not attend these groups, and the social worker documented for both sessions, "[Patient] was offered 1:1 which included attention given to provide emotional support and encourage communication of feelings and needs ..." There was no documented evidence regarding the duration of contact or the patient's response to these individual sessions.</p>	B 125			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 125	<p>Continued From page 61</p> <p>This treatment note had the same wording as recorded for patient A1.</p> <p><b>B. Observation</b></p> <p>1. Observation of the social work group on 5/21/19 at 1:30 p.m. on "Honesty" revealed that Patient A1 was sitting in the day room away from the area where the group was held. When asked by the surveyor if [s/he] wanted to attend, the patient refused. The staff did not encourage the patient to participate in this group. Also, during this group session, the patient was not part of the group circle but sitting in a chair not facing the group; therefore [s/he] could not actively participate in the group.</p> <p>2. During the observation of the same social work group on 5/21/19 at 1:30 p.m. in the dayroom, Patient A2 was not part of the group circle, sitting in a chair not facing the group. Therefore, the patient did not actively participate in the group. The staff made no attempts to encourage the patient to join the group. One non-sample patient was very disruptive and came in and out of the group. Therefore, the social worker had a difficult time maintaining the group process.</p> <p>3. On 5/22/19, the Director of Recreation took three (3) geriatric patients to the gymnasium (gym) at 10:00 a.m. There were no alternative interventions provided for 14 patients, including Patients A1 and A2 who remained on the unit and were unwilling or unable to go to the gym.</p> <p><b>C. Interview</b></p> <p>In an interview with the Director of Recreation on 5/22/19 at 11:00 a.m., the Director stated that there was one recreational group by the</p>	B 125			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 125	<p>Continued From page 62 recreational therapist held on each hospital unit.</p> <p>II. Lack of environment for active treatment</p> <p>A. Observation</p> <p>1. Observations on 5/20/19 from 1:00 p.m. to 2:30 p.m. revealed that the environment was not conducive for the group treatment provided for the geriatric patients on the Geropsychiatric unit. Groups were conducted at the back of the unit or in the day room area. There was no group room to assist in helping the patients to concentrate on the discussions without interruptions from other patients. During this observation, one patients on the unit was constantly screaming, yelling, and attempting to get out of a wheelchair. This patient's behavior affected the Process Group led by the social worker at 1:30 p.m. by making it difficult for the social worker to conduct the group, and the attendees in the group to hear each other and concentrate on the discussion. The acoustics on the unit made the noise level even higher.</p> <p>2. On 5/21/19 at 1:30 p.m., the social worker led a group of approximately five (5) patients on "Honesty" in the dayroom. Patient A1 was sitting near the group but was not a part of the group. The surveyor asked the patient if [s/he] wanted to join the group but [s/he] refused. No staff member encouraged the patient to join the group. Patient A2 was sitting in a chair near the circle where the group was being held but not part of the group. No staff member made arrangements for Patient A2 to join the circle. A patient not attending the group consistently interrupted the group. There was no attempt by staff to involve this patient in an activity to prevent the disruption.</p> <p>3. On 5/20/19 "Open Recreation Time" was to be</p>	B 125			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 125	Continued From page 63 held by the MHT at 3:00 p.m. After the surveyor asked several times when the group was to begin, the MHT led the group of approximately 17 patients and presented a pamphlet on Anger Management. It was difficult for patients with short attention spans, dementia, or medical problems in addition to psychiatric problems to participate in this group of 17 patients. Also, the content of this group was not recreational.  3. There was no indication on the activity schedule for this unit that there were smaller groups planned for patients with dementia, confusion, psychosis, and short attention span who were unable to tolerate large group treatment sessions.  B. Interview  1. On 5/21/19 at 3:45 p.m., the surveyor met with the Director of Activities after he had taken three (3) patients to the gymnasium at 10:00 a.m. Approximately 14 patients were either on the unit watching television, sitting in the dayroom, or in their bedrooms. Patients A1 and A2 were not part of the group taken to the gym. He stated that for group activities, the staff used the back part of the unit away from the dayroom, the dayroom itself, and the gym. The Director of Activities confirmed that there was no group room to use that filtered out the noise level or assist in keeping patients from wandering or leaving the group.	B 125		
B 128	RECORDING PROGRESS CFR(s): 482.61(d)  Progress notes must be recorded by the social worker responsible for the care of the patient.	B 128		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 128	<p>Continued From page 64</p> <p>This Standard is not met as evidenced by: Based on document review and interview, the facility failed to ensure that social work staff wrote progress notes for nine (9) of nine (9) active sample patients (A1, A2, A3, A4, A5, A6, A7, A8, and A9). Although social work staff wrote group treatment notes, there was no documented evidence showing the patient's progress or lack of progress toward treatment goals or presenting psychiatric problems. The absence of comprehensive documentation of each patient's progress prevented an up-to-date picture of pertinent changes in the patient's psychiatric condition or responses to social work interventions.</p> <p>Findings include:</p> <p>A. Document Review</p> <p>1. The facility's policy titled "Comprehensive Treatment Plan" dated 3/2017 stipulated that "Each objective and goal is reviewed on a regular basis and progress is documented." Social work staff did not follow this policy requirement.</p> <p>2. A review of the Electronic Medical Record revealed that there were no progress notes regarding whether the patients made progress or not toward the specific treatment goals addressed by social work staff.</p> <p>B. Interviews</p> <p>1. In an interview on 5/21/19 at 11:01 a.m., SW4 was unable to locate social work progress notes for Patient A5, A6, and A7. She stated she now understood the requirements for both group and progress notes.</p>	B 128			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 128	Continued From page 65 2. In an interview on 5/22/19 at 9:35 a.m. with the Director of Clinical Services, who was also responsible for social services staff, she did not dispute the findings that social work staff documented some group treatment notes but failed to record progress notes.	B 128		
B 136	SPECIAL STAFF REQS FOR PSYCH HOSPITALS CFR(s): 482.62  The hospital must have adequate numbers of qualified professional and supportive staff to evaluate patients, formulate written, individualized comprehensive treatment plans, provide active treatment measures and engage in discharge planning.  This Condition is not met as evidenced by: Based on document review, record review, and interview, the facility failed to deploy sufficient social work staff to provide and document comprehensive assessments and active treatment. Specifically, the facility failed to:  I. Deploy social work staff in a manner that assured the provision of adequate active treatment and to provide clinical treatment as stipulated in the Plan of Correction (POC) dated 3/14/19. On the child/adolescent unit, there was a failure to deploy enough social work staff to ensure that clinical treatment was consistently provided and documented for two (2) of three (3) active patients on the child/adolescent unit (A6 and A7). Also, two (2) of two (2) active sample patients on the Geropsychiatric Unit (A1 and A2) did not consistently receive clinically indicated active treatment. This failure resulted in a lack of comprehensive psychosocial assessments being completed, in patients not receiving sufficient	B 136		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 136	Continued From page 66 individual and group treatment, and in the absence of detailed documentation of active treatment. (Refer to B108, B124, B125, and B152).  II. Provide either a Director of Social Work Services who possessed a master of social work (MSW) or assign an MSW to provide oversight of social work practices and fulfill the clinical practice duties, functions, and responsibilities of the Director of Social work. This lack of oversight for non-MSW staff who perform social work functions such as completing psychosocial assessments, conducting social work groups, and planning aftercare results in no professionally directed or designed social work services for the entire facility. (Refer to B154).	B 136			
B 144	MEDICAL STAFF CFR(s): 482.62(b)(2)  The director must monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.  This Standard is not met as evidenced by: Based on record review and interview, the Medical Director failed to monitor, provide sufficient oversight, and take corrective actions to ensure appropriate assessments, diagnosis, and quality psychiatric treatment for nine (9) of nine (9) active sample patients (A1, A2, A3, A6, A8, A9, A10, A13, and A15). Specifically, the Medical Director failed to:  I. Assure comprehensive interdisciplinary treatment plans based on the individual needs of patients for nine (9) of nine (9) active sample patients (A1, A2, A3,4, A5, A6, A7, A8, A9). Specifically, the MTPs were not based on the	B 144			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 144	<p>Continued From page 67</p> <p>input and clinical assessments of all disciplines. A registered nurse formulated the treatment plan at the time of admission rather than the treatment team disciplines. This lack of input by all team members and failure to include all active treatment measures on MTPs results in the potential to compromise patients' opportunity to receive appropriate treatment measures. (Refer to B118-I).</p> <p>II. Assure comprehensive Master Treatment Plans (MTPs) that were individualized and included all required components for nine (9) of nine (9) active sample patients (A1, A2, A3, A4, A5, A6, A7, A8, and A9). The MTPs were missing the following components:</p> <p>A. Behaviorally descriptive strength and disability statements (called problems by the facility) to be used as the basis for developing treatment plans. (Refer to B119).</p> <p>B. Observable and measurable goals based on each patient's presenting psychiatric symptoms and needs. (Refer to B121).</p> <p>C. Individualized active treatment interventions with a method of delivery, frequency of contact, and focus of treatment based on each patient's presenting psychiatric symptoms and needs. (Refer to B122).</p> <p>Failure to assure Master Treatment Plans were developed with all the required components hampers the staff's ability to provide coordinated interdisciplinary care, potentially resulting in patient's treatment needs not being met. (Refer also to B118-II).</p> <p>III. Assure that active treatment measures such</p>	B 144			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 144	Continued From page 68 as group and individual treatment were provided for two (2) out of two (2) active sample patients on the Geropsychiatric Unit (A1 and A2). Specifically, these two (2) patients did not consistently attend their scheduled treatment groups, and the MTPs did not include alternative active treatment interventions. There was a lack of structured activities, and as a result, the patients spent time watching television or sitting in the day room. The facility also failed to provide active treatment groups in a setting conducive to privacy, without noise and interruption by other patients, so the participating patients could understand the content and participate in the group discussions. This lack of active treatment potentially leads to patients being hospitalized without all interventions for recovery being delivered to them in a timely fashion, potentially hindering their improvement and extending hospitalization. (Refer to B125)	B 144		
B 148	<b>NURSING SERVICES</b> CFR(s): 482.62(d)(1)  The director must demonstrate competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing care furnished.  This Standard is not met as evidenced by: Based on record review and interview, the Director of Nursing failed to monitor psychiatric nursing care, provide adequate oversight, and take corrective actions to ensure quality nursing services. Specifically, the Director of Nursing failed to:  I. Review to ensure that treatment plans formulated by the registered nurse (RN) included	B 148		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 148	<p>Continued From page 69</p> <p>clinical assessment data from all disciplines and were comprehensive for nine (9) of nine (9) active sample patients (A1, A2, A4, A5, A6, A7, A8, and A9). (Refer to B118-l).</p> <p>II. Ensure that RNs initiating the treatment plan listed strengths and disabilities (problems) in descriptive terms for nine (9) out of nine (9) active sample patients (Refer to B119).</p> <p>III. Ensure that the RN selected long and short-term goals based on treatment team assessments for each patient and based on their specific problems for eight (8) of nine (9) active sample patients. (Refer to B121).</p> <p>IV. Assure that nursing identified nursing interventions that were specific to the identified problems and goals for nine (9) of nine (9) active sample patients. (Refer to B122).</p> <p>V. Ensure comprehensive treatment notes that were specific to the nursing interventions and the nursing groups the patients attended in nine (9) of nine (9) active sample patients. This failure hindered the treatment team from determining the patient's response to active treatment interventions, evaluating if there were measurable changes in the patients' condition, and revising the treatment plan when the patient did not respond to treatment interventions. (Refer to B124).</p> <p>Findings include:</p> <p>In an interview with the Director of Nursing on 5/21/19 at 3:15 p.m., the Director of Nursing agreed that the registered nurse when formulating the treatment plan was just using material from the computer program. She also</p>	B 148			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 148	Continued From page 70 stated that the computer program would never give the facility the Treatment Plan wanted. She agreed that the treatment plan needs more work.	B 148		
B 152	<b>SOCIAL SERVICES</b> CFR(s): 482.62(f)  There must be a director of social services who monitors and evaluates the quality and appropriateness of social services furnished.  This Standard is not met as evidenced by: Based on medical record review and staff interview, the Director of Social services failed to:  I. Ensure that there was sufficient social work staff deployed to provide clinical treatment as stipulated in the Plan of Correction (POC) dated 3/14/19. Specifically, the Psychiatric Residential Treatment Facility child/adolescent unit failed to deploy enough social work staff to ensure that clinical treatment occurred consistently and to maintain the 1 to 15 social services therapists to patient ratio established by the facility in the POC. This ratio was established to ensure that there was enough social work staff to provide both group and individual treatment, especially for patients with sexual abuse issues. In addition, the facility failed to deploy sufficient social work staff on the Geropsychiatric Unit to provide social work services. The failure to deploy adequate social work staff to provide clinical treatment potentially results in patients not receiving clinically indicated active treatment and thus hinder their recovery.  Findings include:  A. Psychiatric Residential Treatment Facility  1. A review of the document titled "Therapist	B 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 152	<p>Continued From page 71</p> <p>Assignment Sheet - All Inpatients" revealed that the two social work staff (therapists) on the child/adolescent unit were assigned 18 patients each. On the day of the survey, one social worker was covering the 36 patients on child/adolescent unit.</p> <p>2. A review of the medical records revealed that social work staff on the child/adolescent unit did not consistently document a sufficient number of group treatment notes to show each patient's attendance in group sessions for two of three active sample patients (A6 and A7). A review of treatment notes from 5/15/19 through 5/20/19 revealed the following findings:</p> <p>a. Patient A6 was admitted 5/17/19 with a diagnosis of "Major Depressive Disorder." Social Work staff documented one out of six possible group sessions on the child/adolescent 400 unit. The group schedule showed a "Process Group" scheduled Monday - Friday from 12:30 p.m. to 1:00 p.m. and 1:00 p.m. to 1:30 p.m. A "Process Group was also scheduled on Saturday and Sunday from 2:30 p.m. to 3:00 p.m. This one group treatment note dated 5/18/19 lacked detailed information about the patient's response to the group intervention, such as the patient's behavior evaluated under "Insight / Engagement in Therapy" as "Alliance forming" and under "Participation Level as "Active." "Participation Quality" was recorded as "Appropriate, Attentive, and Sharing." There was no information regarding how the staff determined these evaluations of the patient's response during the group session. There was no information the patient's non-attendance in five other possible groups, if alternative active treatment measures were offered, and if provided the duration of contact and the patient's response.</p>	B 152			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 152	Continued From page 72  b. Patient A7 was admitted 3/27/19 with diagnoses of "Attention-deficit, Hyperactivity Disorder, unspecified, Pervasive Developmental Disorder, unspecified ..." Social Work staff document five out of 15 possible group sessions on the child/adolescent 200 unit. The group schedule showed three groups to be led by the therapist: "Goal Goal/Process Group" from 7:30 a.m. to 8:00 a.m., "Process Group" from 8:00 a.m. to 8:30 a.m., and "Process Group" from 4:00 p.m. to 5:00 p.m. The one group treatment notes dated 5/18/19 lacked detailed information about the patient's response to the group intervention, such as the patient's behavior evaluated under "Insight / Engagement in Therapy" as "Alliance forming" and under "Participation Level as "Active." "Participation Quality" was recorded as "Appropriate, Attentive, and Sharing." There was no information regarding how the staff determined these evaluations of the patient's response during the group session. Also, there was no information about the patient's non-attendance in the other scheduled groups, if alternative active treatment measures were offered, and if provided the duration of contact, and the patient's response.  3. An interview was held on 5/22/19 at 9:35 a.m. with the Director of Clinical Services, who was also responsible for social work staff. She did not dispute the findings and stated, "We need at least three social workers to maintain the 1 to 15 ratios on child/adolescent unit, and if we are at our full census, we need four social workers." The Director of Clinical Services did not dispute the workload was heavy for the two social workers on child/adolescent unit given the requirements for them to do up to two groups per day, document group notes, provide individual treatment, and	B 152			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 152	<p>Continued From page 73 complete psychosocial assessments.</p> <p><b>B. Geropsychiatric Unit</b></p> <p>1. A review of the medical records revealed that social work staff on the Geropsychiatric Unit did not consistently document a sufficient number of group treatment notes to show each patient's attendance in group sessions for two of two active sample patients (A1 and A2). The group schedule for the Geropsychiatric Unit showed two groups assigned to the therapists (social work staff): "Seeking Safety Group" scheduled Sunday through Saturday at 10:45 a.m. and "Process Group" scheduled Sunday through Saturday at 1:30 p.m. A review of treatment notes from 5/15/19 through 5/20/19 revealed the following findings:</p> <p>a. Patient A1 was admitted 4/25/19 with a diagnosis of "Unspecified psychosis not due to substance or known physiology." The psychiatric evaluation dated 4/27/19 also identified Parkinson's disease and potential Levy Body Dementia. Social Work staff documented three out of 12 scheduled group sessions during the review period of 5/15- 5/20/19. The patient did not attend these groups, and the social worker documented, "[Patient] was offered 1:1 which included attention given to provide emotional support and encourage communication of feelings and needs ..." There was no documented evidence regarding the duration of contact or the patient's response to these individual intervention sessions. There was also no other documentation reflecting alternative active treatment interventions were provided for groups the patient did not attend.</p> <p>b. Patient A2 was admitted 5/10/19 with a</p>	B 152			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 152	<p>Continued From page 74</p> <p>diagnosis of "Unspecified Dementia with behavioral disturbances." Social work staff documented two of 12 scheduled group sessions. The patient did not attend these two groups, and the social worker documented, "[Patient] was offered 1:1 which included attention given to provide emotional support and encourage communication of feelings and needs ..." There was no documented evidence regarding the duration of contact or the patient's response to this 1:1 intervention. There was also no other documentation reflecting alternative active treatment interventions were provided instead of the group sessions assigned.</p> <p>2. In an interview with SW1 on 5/20/19 at approximately 1:00 p.m., the social worker reported there had not been another social worker to help with clinical work since about a month ago. The social worker stated she was responsible for a census of 17 patients (Unit Capacity 20 and Census was 17 during the survey) of which approximately four patients needed nursing home placement. She agreed that it was challenging to provide active treatment such as to conduct groups, write treatment notes, and provide individual therapy with a caseload of 17 patients.</p> <p>II. Ensure that the Psychosocial Assessments included a comprehensive statement of conclusion and recommendations for nine (9) of nine (9) active sample patients (A1, A2, A3, A4, A5, A6, A7, A8, and A9). These assessments did not document detailed summarized information or conclusions and recommendations regarding the social evaluation of deficits or presenting psychiatric problems, high-risk psychosocial issues, anticipated necessary steps for discharge to occur, or and the anticipated social work role in</p>	B 152			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 152	<p>Continued From page 75</p> <p>treatment during hospitalization. Also, the assessments for five (5) of nine (9) active sample patients (A4, A6, A7, A8, and A9) were completed by non-Master of Social Work (MSW) staff with no documented evidence that they had been reviewed by MSW level staff. This failure to comprehensively assess the patient's psychosocial needs potentially resulted in suboptimal inpatient progress and inadequate discharge care plans. (Refer to B108).</p> <p>III. Ensure the development of individualized treatment plans which clearly delineated social work interventions to address specific patient problems and assist patients in accomplishing treatment goals for nine (9) of nine (9) active sample patients (A1, A2, A3, A4, A5, A6, A7, A8, and A9). Specifically, Master Treatment Plans (MTPs) included routine and generic social work functions written as active treatment interventions. Also, the facility failed to include active treatment interventions with a method of delivery, frequency of contact, and focus of treatment based on each patient's presenting psychiatric symptoms and needs. This deficiency potentially results in social work staff not being able to provide consistent and focused active treatment. (Refer to B122).</p> <p>IV. Ensure that social work staff wrote comprehensive treatment notes for interventions identified in the Master Treatment Plans (MTP) for nine (9) of nine (9) active sample patients (A1, A2, A3, A4, A5, A6, A7, A8, and A9). This failure hindered the treatment team from determining the patient's response to active treatment interventions, evaluating if there were measurable changes in the patients' condition, and revising the treatment plan when the patient did not respond to treatment interventions. (Refer to</p>	B 152			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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
B 152	Continued From page 76 B124).  V. Ensure that progress notes were documented by social work staff regarding the patients' progress or lack of progress related to the presenting psychiatric symptoms, problems identified in MTPs, or treatment goals identified for nine (9) or nine (9) active sample patients. (A1, A2, A3, A4, A5, A6, A7, A8, and A9). The absence of comprehensive documentation of each patient's progress prevented an up-to-date picture of pertinent changes in the patient's psychiatric condition or responses to social work interventions. (Refer to B128).  VI. Assign a master's level prepared Social Worker (MSW) to provide oversight of social work practice and fulfill the duties, functions, and responsibilities of the director of social work. The lack of oversight and direction for non-MSW staff who perform social work functions, such as completing psychosocial assessments, conducting social work groups, and planning aftercare results in no professionally directed or designed social work services for the entire facility. (Refer to B154)	B 152		
B 154	SOCIAL SERVICES CFR(s): 482.62(f)(1)  The director of the social work department or service must have a master's degree from an accredited school of social work or must be qualified by education and experience in the social services needs of the mentally ill. If the director does not hold a master's degree in social work, at least one staff member must have this qualification.	B 154		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 154	<p>Continued From page 77</p> <p>This Standard is not met as evidenced by: Based on record review and interview, the facility failed to provide either a director of social work services who possessed a Master of Social Work (MSW) or assign an MSW to provide oversight of social work practices and fulfill the duties, functions, and responsibilities of the director of social work. The lack of oversight for non-MSW staff who perform social work functions such as completing psychosocial assessments, conducting social work groups, and planning aftercare results in no professionally directed or designed social work services for the entire facility.</p> <p>Findings include:</p> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. An interview was held on 5/21/19 at approximately 4:15 p.m. with Chief Executive Officer (CEO). He stated that three social workers with an MSW had been assigned to provide oversight of social work practice. He also reported that these social workers were completing audits on non-MSW staff involved in social work practice. However, on 5/22/19, he was unable to provide documented evidence showing any reviews of social work practice by non-MSW social work staff.</li> <li>2. During an interview on 5/22/19 at 9:35 a.m., the Director of Clinical Services, who supervised social work staff, did not dispute the findings.</li> <li>3. In an interview on 5/22/19 at approximately 12:30 p.m., SW2 and SW3 who were both Licensed Clinical Social Workers stated that they were not providing oversight of social work practice for non-MSW staff. They reported that</li> </ol>	B 154			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>294009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>MONTEVISTA HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103</b>		
(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	
B 154	Continued From page 78 they had received a new job description that described these responsibilities and voiced concerns about this new job description.	B 154			