| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE 294009 | | | | | |
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| | OVIDER OR SUPPLIER STA HOSPITAL | | 5900 W | RESS, CITY, STATE, EST ROCHELL GAS, NV 891(| E AVENUE | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUS | TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE | (X5) COMPLETIO DATE |
| B 000 | INITIAL COMMENTS | | | B 000 | | | |
| | by federal consulting of Nevada Surveyors 5/22/19. The census was 118. The active s patients. Two non-sat added to review patie precautions. Montevista Hospital v compliance with 42Cl Participation: Special Requirements for Psy 42CFR482.62 Condit | mple active patients we ents on sexual reactive vas found to be out of FR482.61 Condition of Medical Record /chiatric Hospitals and ion of Participation: Spe | tate y rre ecial | | | | |
| B 103 | · | or Psychiatric Hospitals CORD REQS FOR PSY | | B 103 | | | |
| | hospital must permit of and intensity of the ti | maintained by a psychi determination of the de reatment provided to urnished services in the | gree | | | | |
| | | met as evidenced by: ew and interview, the fa | acility | | | | |
| | contained a compreh conclusions and reco the social evaluation anticipated role of the during hospitalization discharge planning for sample patients (A1, | mmendations that inclu | nent 1 tive , A8, | | | | |

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Printed: 06/17/2019

FORM APPROVED

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE 294009 | | A. BUILDING | | (X3) DATE SURVEY COMPLETED R-C 05/22/2019 |
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| B 103 | treatment team to form service interventions II. Identify and docum interdisciplinary treat the individual needs of nine (9) active sample A6, A7, A8, A9). Spee based on the input ar disciplines. A register treatment plan at the than the treatment teat input by all team men to compromise patier appropriate treatment B118-I). III. Provide comprehe Plans (MTPs) that we included all required of nine (9) active sample A5, A6, A7, A8, and A the following compon A. Behaviorally desc and disability statement facility) to be used as treatment plans. (Ref B. Observable and m each patient's presen and needs. (Refer to C. Individualized active with a method of delive and focus of treatment presenting psychiatrice (Refer to B122). | mulate appropriate soc for patients. (Refer to E ment comprehensive ment plans (MTPs) bas of patients for nine (9) of e patients (A1, A2, A3,4 cifically, the MTPs were nd clinical assessments red nurse formulated that time of admission rathe am disciplines. This lac nbers results in the pote tis' opportunity to receive t measures. (Refer to ensive Master Treatment ere individualized and components for nine (9 e patients (A1, A2, A3, A9). The MTPs were mi ents: riptive strength statements the basis for developint er to B119). easurable goals based ting psychiatric sympto | ed on of 4, A5, e not of all e er k of ential ve at) of A4, issing ents y the og on oms ons act, nt's | B 103 | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Printed: 06/17/2019

FORM APPROVED

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB | | | CONSTRUCTION | (X3) DATE S COMPL | ETED |
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| AME OF PF | ROVIDER OR SUPPLIER | • | STREET ADD | RESS, CITY, STATE, | ZIP CODE | | |
| IONTEV | ISTA HOSPITAL | | | EST ROCHELL GAS, NV 8910 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUS | TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL RE ENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETIO DATE |
| B 103 | all the required comp ability to provide coor care, potentially resul needs not being met. IV. Ensure that regist staff, and recreational comprehensive treatr identified in the Maste for nine (9) of nine (9 A2, A3, A4, A5, A6, A treatment notes were information regarding each patient's respon implemented, includin patient's level of parti- during the interventio understanding, or par- the patient. This failur team from determinin active treatment inter- were measurable cha condition, and revisin the patient did not res- interventions. (Refer V. Ensure that active as group and individu for two (2) out of two on the Geropsychiatr Specially, these two (consistently attend th groups, and the MTP active treatment inter of structured activities patients spent time w in the day room. The active treatment grou | onents hampers the stardinated interdisciplinar ling in patient's treatme (Refer also to B118-II) ered nurses, social wo al therapists wrote ment notes for interven er Treatment Plans (M ²) active sample patient A7, A8, and A9). Specifie missing or lacked details to the topics discussed a set to the intervention ing specific details abou- icipation, behaviors ext in, the level of rticular comments mad re hindered the treatment of the patient's response ventions, evaluating if anges in the patients' ing the treatment plan w spond to treatment to B124). treatment measures su ial treatment were prov (2) active sample patient is Unit (A1 and A2). (2) patients did not leir scheduled treatment s did not include altern ventions. There was a s, and as a result, the ratching television or si facility also failed to pr ips in a setting conduci e and interruption by ot | ry ent). rk tions TPs) s (A1, ically, ailed and ut the hibited e by ent se to there hen uch <i>r</i> ided ents there there there there there then vided ents | B 103 | DEFICIEN | | |

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| STATEMENT | S FOR MEDICARE & N OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/C | | | CONSTRUCTION | (X3) DATE SUR | |
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| AND PLAN O | F CORRECTION | IDENTIFICATION NUMBI | ER: | A. BUILDING | | COMPLETE | ED -C |
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| B 103 | 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 | | B 103 | | | | |
| B 108 | 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 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 | | work | B 108 | | | |
| | | | nd Ie | | | | |
| | | | 9) of A4, | | | | |

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| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB | | • • | CONSTRUCTION | (X3) DATE S COMPL | | | |
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| B 108 | evaluation of psychia psychosocial issues, resources/support sy treatment sources us summarized conclust findings and no recor recommendations re- included the anticipal treatment during hos work in discharge plat for discharge to occur information from the prevents the treatme essential patient psychospitalization, from discharge plan, and f safe re-entry into the also prevents the treat treatment intervention patient's psychosocial A. Record review The "Mental Health/F for the following patie assessments in pare Patient A2 (5/15/19), A4 (5/1/19), Patient A | Attric deficits, high-risk past and current comm restems used, and previous sed. There was no ion of the assessment mmendations. There was garding services that ted social work role in pitalization, anticipated anning, and necessary s ir. The absence of critic social work assessment in team from addressin chosocial needs during formulating the patient's from ensuring the patient's from suring the patient's from ensuring the patient's from suring the patient's from ensuring | ere no social steps al tt g s nt's ice ying the ents" tes of Patient | B 108 | | | | | |

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| B 108 | Continued From pag | | | B 108 | | | |
| | the social worker's ar during each patient's | nmendations that descr nticipated role in treatm hospital stay, steps for projected community l. | ient | | | | |
| 2. The psychosocial assessments contained limited, cursory, and sparse information: | | t | | | | | |
| | Support" stated, "Not information about wh support and how this section titled "Psycho There were no descri hallucinations, the co or how the hallucinati behavior. The sectior identified / justificatio chosen" stated, "Ang ideation], aggression descriptive informatic including past psychi community resources the patient's discharg | intent of the hallucination ions impacted the patien in titled "Initial problems n for the level of care er, violence, HI [homici ." There was no historic on about these problem atric treatment, past is used, and how they in ge planning. | The ons." ons, ent's idal cal or is, npact | | | | |
| 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, | | | | | | | |

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| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI | JLIA | PLE CONSTRUCTION | (X3) DATE S COMPL | |
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| B 108 | "Dementia with Behav was no historical or d regarding this diagnor past psychiatric treatr resources used, and patient's discharge pl c. Patient A5: The foll sparse and cursory in Events" - "Pt [Patient] because [s/he] tried to hypersexual"; "Behav "Psychosis" - "Halluci Auditory and visual)." detailed descriptive in symptoms, such as th and how the hallucina behavior, or past psyc community resources the patient's discharg d. Patient A6: The sec Events" stated, "Patie ideation], running awa There was no descrip ideations or whether th not. There was no infit disobedient behavior(problems identified / j care chosen" stated " There was no historic about these problems treatment, past comm how they impact the p | vioral Disturbance." The escriptive information sis or problem, includir ment, past community how they impact the anning. owing sections provide formation: "Precipitatir stated [s/he] is here o cut [him/herself], acti- ior changes"; "Hyperse nations," (Admits There was no historica formation about these he content of hallucinat ations impacted the pat- chiatric treatment, past a used, and how they in e planning. ction titled "Precipitatin ent here for SI [suicidal ay, and being disobedi- otion of the patient's sui- there was a suicidal pla- ormation about the pat- cis). The section titled "I ustification for the leve Depression, self-harm. cal or descriptive inform s, including past psychi- nunity resources used, patient's discharge plar ction titled "Precipitatin ent has a history of SI a ng voices on and off fo- re was no description of | ed ng ng exual"; al or tions tient's tient's tinpact g ent." icidal an or ient's lnitial el of ." nation iatric and nning. g and or the | | | |

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| B 108 | suicidal plan or not. A descriptive informatic how the hallucination behavior. In the secti- identified / justificatio chosen" stated, "Psy There was no informa circumstances the pa was no historical or d these problems, inclu- treatment, past comm how they impact the p f. Patient A9: The sec Emotional Behaviora Admission" stated, "S anger [and] physical Beginning to struggle reports being in pain, depression worse." T the patient's depress aggression or under behaviors occurred. the patient's memory would impact active t hospitalization and di B. Interviews 1. In an interview on admitted that the psy lacked detailed inform the findings that the a treatment and discha the psychosocial ass 2. During an interview | Also, there was no on in the assessment al is impacted the patient' on titled "Initial problem in for the level of care chosis, AH, panic attac ation about under what anic attacks occur. The lescriptive information a dig past psychiatric nunity resources used, patient's discharge plan ction titled "Psychologic I Issues Regarding Severe depression, irrita aggression [with]/staff. (with] memory issues which makes [her/his] there was no descriptio ion, anger, and physica what circumstances the There was no description ion, anger, and physica what circumstances the problems and how the reatment measures du scharge planning. 5/21/19 at 2:10 p.m., S chosocial assessment nation and did not dispi- anticipated social work rge planning was missi essments. | s ins ins ins ins ins ins ins ins ins in | B 108 | DEFICIEN | | |

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| 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 | | | | B 118 | | | |
| | Each patient must ha comprehensive treatr | | | | | | |
| | | met as evidenced by: ew, observation, and s failed to: | taff | | | | |
| | the individual needs of nine (9) active sample A6, A7, A8, and A9). not based on the input of all disciplines. A re- the plan at the time of treatment team discip generated this treatment and predetermined pro- contained goals and it the problem statement team members result | ment plans (MTPs) bas of patients for nine (9) of e patients (A1, A2, A3, Specifically, the MTPs ut and clinical assessm gistered nurse formula f admission rather than plines. Registered nurse tent plan using compute roblem statements, wh interventions associate nt. This lack of input by is in the potential to opportunity to receive | of 4, A5, were ents ted n the es erized ich d with all | | | | |
| | Findings include: | | | | | | |
| | A. Record Review | | | | | | |
| | 1. A review of the me | dical record revealed th | hat | | | | |

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| AME OF PE | OVIDER OR SUPPLIER | | STREET ADDRESS, C | CITY, STATE, | ZIP CODE | | |
| | STA HOSPITAL | | 5900 WEST I LAS VEGAS, | ROCHELL | E AVENUE | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUS | TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION) | GULATORY PR | ID EFIX AG | PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | CTION SHOULD BE THE APPROPRIATE | (X5) COMPLETION DATE |
| B 118 | admission before the psychiatric evaluation assessment in the M plans were not compl assessment data from a. Patient A1's treatm The treatment plan w social work evaluation psychiatric evaluation b. Patient A2's treatm by the admission nurs evaluation was dated c. A4's treatment plan psychosocial assess d. Patient A6's treatm psychosocial assess d. Patient A6's treatm the psychiatric evaluation social work assess e. Patient A9's treatm the psychiatric evaluation social work assess 2. Master treatment p interventions for the f a. Patient A1's MTP of following intervention support in developing This intervention was patient's family was " identified in the psych 4/26/19. b. Patient A2's treatm | completion of the and psychosocial TPs below. Therefore, i rehensive and based cl n all disciplines. ent plan was dated 4/2 as formulated before th n dated 4/26/19, and th n dated 4/27/19. ent plan was dated 5/1 se, and the psychiatric 5/11/19. n was dated 4/30/19, an ment was dated 5/18/19 n was dated 5/21/19, ar ent plan was dated 5/16/19 sement was dated 5/16/19 collowing patients. dated 4/25/19 contained inappropriate since the not willing to be involve nosocial assessment dated pent plan dated 5/10/19 caff will facilitate a famile | these linical 25/19. he le 0/19 hd the d the d the by and fily an." e ed," as ated | B 118 | DEFICIEN | | |

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| | OVIDER OR SUPPLIER STA HOSPITAL | | 5900 W | ADDRESS, CITY, STATE, ZIP CODE) WEST ROCHELLE AVENUE VEGAS, NV 89103 | | | | |
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| B 118 | triggers and warning be oriented to time or was inappropriate giv psychosocial assess that the patient "has n B. Observation The surveyor attended on 5/22/19 at 11:15 at non-sample active pa plans were updated. team meeting. All dis However, there was w disciplines present re- treatment plans; they psychiatrist's plan of discussed with the pa- C. Interviews 1. In an interview on a asked about the form plan, RN2 stated that treatment plan for all there were no specific patients with Dement computer program interview interventions for Dem 2. In an interview with p.m., RN4 noted that entire content of the t disciplines. 3. During an interview with the Director of N were reviewed. The D | signs related to inability place." This intervention ren the information in the ment dated 5/15/19, stands how family." and a treatment team metal and how family." and the psychiatrist led the ciplines were present. virtually no input from the garding the update of the did agree with the action, which the psych atient. 5/21/19 at 10:00 a.m., you attent of the treatment of the RN does the entire disciplines. RN2 report c treatment plans for ia. And stated, "I wish the cluded goals and mentia patients." an RN4 on 5/21/19 at 1:2 the RN formulated the treatment plans for all of the the RN selected attent the RN selected. | on ne ating eeting t e he he he he hatrist when t e ted the 45 | B 118 | | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE | | E CONSTRUCTION | (X3) DATE S COMPL | |
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| | STA HOSPITAL | | 5900 WEST ROCHE LAS VEGAS, NV 89 | LLE AVENUE | | |
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| B 118 | time of admission. Sl formulating the treatr nurse was just using program. She also st program would never Treatment Plan want treatment plan needs D. Policy Review The facility's policy tii Inpatient" included related to the treatme planning process is in involves full participa members The adm Problem List Treat with the developmen care (IPC) for each a the ITP [Initial Treatm nurse develops an in each problem identifi Plan Each disciplir interventions and the carrying out the inter II. Provide comprehe Plans (MTP) that we necessary component treatment for nine (9) patients (A1, A2, A3, Specifically, the MTP components: A. The treatment plan strength and problem | nursing assessment at the also noted that wher nent plan, the registere material from the comp ated that the computer r give the facility the ed. She agreed that the s more work. the following requirem ent plan: "The treatmen ndividualized and ongoi tion of the treatment tea nitting nurse initiates the ment planning continue t of an individualized plan ctive problem identified nent Plan]. The admittin dividualized plan of car ed on the Initial Treatmen to a the Initial Treatmen re individualized plan of car e person responsible for ventions." Insive Master Treatmen re individualized with al nots to provide active of nine (9) active samp A4, A5, A6, A7, A8, an rs were missing the follow in did not include the pa in statements written in vioral terms. (Refer to E | n d buter e cute ents t ing. It am e es an of d on og re for ent t l ple nd A9). owing tient's | | | |

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| B 118 | Continued From pag substantiated diagnos | | | B 118 | | | |
| | though the problems | rm goals were similar e identified were differen leasurable, and frequen fer to B121). | t. | | | | |
| | with a method of delivand focus of treatment | e treatment interventior very, frequency of conta the based on each patier c symptoms and needs | act, nt's | | | | |
| | the necessary compo ability to provide coor | ester treatment plans w nents impedes the stat dinated interdisciplinar ting in the patient's act being met. | f's y | | | | |
| B 119 | TREATMENT PLAN CFR(s): 482.61(c)(1) | | | B 119 | | | |
| | The plan must be bas patient's strengths an | ed on an inventory of t d disabilities. | he | | | | |
| | failed to ensure that M (MTPs) included an in strengths that could b and active treatment nine (9) active sample A5, A6, A7, A8, and A to include clearly defii problem statements w descriptive terms for sample patients (A1, The failure to identify behaviorally description | ew and interview, the fa Master Treatment Plans inventory of patient's be used in formulating g interventions for nine (9 e patients (A1, A2, A3, A9). Also, there was a fa ned and individualized written in behavioral and seven (7) of nine (9) ac A2, A5, A6, A7, A8, an | yoals 9) of A4, ailure d tive d A9). sely | | | | |

If continuation sheet Page 13 of 79

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE | | . , | CONSTRUCTION | (X3) DATE S COMPL | |
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| B 119 | MTPs. This deficienc treatment team's abili results in treatment p individualized to patie psychiatric problems. Findings include: I. Record Review A. Strengths: The MTPs for the foll patients were reviewe parentheses): A1 (4/2 (5/16/19), A4 (4/30/19) (4/10/19), A7 (update and A9 (5/16/19). Not inventory of strengths treatment of patients appropriate treatment B. Problems: The following MTPs i problem statements: 1. Patient A1's psych 4/27/19 reported, "Ag noted at scene [admi The psychiatric evalu justification for 24-hot Hallucinations, delusi depression resulting i functioning" Howev these psychiatric sym- included the following "Potential for Harm to | y also may impair the ity to develop goals and lans that are not ents' unique presenting owing active sample ed (dates of plans in 25/19), A2 (5/12/19), A3 9), A5 (updated 5/15/19) ed 5/16/19), A8 (5/16/19) ne of the MTPs contain s that could be used in f and helpful in determin t goals and intervention ncluded deficient psych iatric evaluation dated ggression and combativ ssion area] but not on u lation also noted, "The ur care included ions, agitation and/or in significant loss of ver, the MTP did not ad toptoms. The MTP only g psychiatric problem: | 3 9), A6 9), ed an the ing is. niatric e unit." | B 119 | DEFICIEN | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI | | . , | CONSTRUCTION | (X3) DATE S COMPL | ETED | | |
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| B 119 | limited clinical informa aggression as the pri 2. Patient A2's psych 5/11/19 documented dementia, is confused nonlinear conversation home medications to internal stimuli, loo the couch" The MT information but only in psychiatric problem s Harm (inability to card statement failed to ad about the patient's se extent of the patient's the patient could not living (eating, dressin Also, the MTP did not data. 3. Patient A5's psych 12/11/18 documented home yesterday beca being told what to do depression with a des Endorses excessive of [him/her] from sleepin with daily routine" clarifying information following psychiatric p "Potential for Harm to inappropriate behavio failed to add descripti patient's inappropriate what circumstances in | behavior(s). There was ation supporting the paramary target problem. iatric evaluation dated that, "Pt [Patient] had d, disoriented, and has ons. Pt not eating, not ta pt is noted to be respo- king for [his/her] dog u TP did not include this ncluded the following tatement: "Potential for e for self)." This probled d descriptive informati- elf harm that described a disability such as whe perform activities of da ag, cooking, banking, et t use clinical assessme iatric evaluation dated d that, "Ran away fro ause [s/he] does not like Also, reporting sire to kill [himself/hers masturbation which pre- ng at night sniffing inter The MTP did not include but only included the problem statement: o Others (Sexually or)." This problem state ive information about the e sexual behavior and t occurred. | tient's s aking inding inder r Self m on the ther ily ic.). ent e elf] events feres le this ement ne | B 119 | | | | | |
| | 4. Patient A6's psych 5/21/19 documented | iatric evaluation dated | | | | | | | |

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| 0.015 | CLIMMADY C | | | - | | | (X5) |
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| B 119 | Continued From pag | e 15 | | B 119 | | | |
| _ | | eing involved in a verba | ıl | | | | |
| | | er] mother Patient re | | | | | |
| | | a mood disorder cu | | | | | |
| | taking Zoloft for depr | ession" The MTP on | ly | | | | |
| | included the following | | | | | | |
| | | for Self Harm (Reports | | | | | |
| | - | essness, and depressi | | | | | |
| | | problem statement fai | | | | | |
| | symptoms of depress | formation about the par | lient's | | | | |
| | symptoms of depress | SIOIT. | | | | | |
| | 5. Patient A7's Psych | iatric evaluation dated | | | | | |
| | - | "admitted for anger | and | | | | |
| | | ession (i.e., yells, throw | | | | | |
| | | walls) Hx of firesetti | | | | | |
| | | llying others" The M | | | | | |
| | | nation, but only include | d the | | | | |
| | following psychiatric | | | | | | |
| | | Others (aggressive to | wards | | | | |
| | family and peers at s | chool)." This problem | on | | | | |
| | | gressive behaviors, the | | | | | |
| | | or physical), and unde | • • | | | | |
| | what circumstances t | | | | | | |
| | | | | | | | |
| | | iatric evaluation dated | | | | | |
| | | Pt responding to inte | | | | | |
| | | with bizarre bx [behavio . I hear screaming. The | | | | | |
| | | I'm doing. I'm tired of th | - | | | | |
| | | an increase in depres | | | | | |
| | | TP did not contain this | | | | | |
| | | , but only included the | | | | | |
| | | problem statement: "Ou | ut of | | | | |
| | | reports hearing voices | | | | | |
| | | problem statement fai | | | | | |
| | - | formation about the co | | | | | |
| | | v they impact the patier | nt's | | | | |
| | behavior. | | | | | | 1 |

| | MENT OF HEALTH AN S FOR MEDICARE & M | | | | | | NO. 0938-039 |
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| MONTEV | ISTA HOSPITAL | | | EST ROCHEL GAS, NV 891 | | | |
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| B 119 | 7. Patient A9's psych 5/16/19 documented building taking clothe bystanders Patient hopelessness and de 'being not free' problet the staff, pt perseveradid not contain this clincluded the following statement: "Out of Co (Responding to interr public)" This problet descriptive information symptoms. II. Interviews A. During an interview the MTP for Patient A She acknowledged the on the patient's MTP. problem statement di information. B. During an Interview the MTPs were review therapist (RT)1. RT1 that strengths were mer C. During an interview with the Director of N were reviewed. The I findings. She noted the problem statement bai information and the n | iatric evaluation dated that, "Pt found outsides off and exposing self treports feelings of epression due to issues ems with hospitalization ation on leaving" The arifying information, bug psychiatric problem ontact with Reality hal stimuli and disrobing em statement failed to a on about the patient's w on 5/21/19 at 10:10 a & was reviewed with R hat were no strengths li . RN6 also agreed the id not include descriptiv w on 5/21/19 at 11:37 a wed with recreational did not dispute the find hissing in MTPs. w on 5/21/19 at 3:15 p. ursing (DON), the MTF DON did not dispute the hat the RN selects the ased on the intake jursing assessment at the agreed that the prob | to with and e MTP it only g in add a.m., RN6. sted ve a.m., lings m. Ps e the | B 119 | DEFICIE | NCY) | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE | | . , | CONSTRUCTION | (X3) DATE S COMPL | |
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| B 119 | MTPs were discussed findings that strength | e 17 ctor and his assistant, t d. They did not dispute s were missing in MTP nts were not individual | the s, | B 119 B 120 | | | |
| 2 120 | CFR(s): 482.61(c)(1) | (i) t include a substantiate | d | 5 120 | | | |
| | Based on record revie failed to develop Mass that included a substa diagnoses that would for nine (9) of nine (9 A2, A3, A4, A5, A6, A absence of substantia MTPs compromises t team to identify speci problems and plan ef | ated diagnoses in patie he ability of the treatme fic psychiatric and phys fective treatment for wh adalities would be deline | ATPs) tric tment s (A1, ents' ent sical hich | | | | |
| | Findings include: A. Record Review | | | | | | |
| | (5/16/19), A4 (4/30/19 (5/18/19), A7 (5/16/19 | ed (dates of plans in 25/19), A2 (5/12/19), A3 29), A5 (updated 5/15/19 29), A8 (5/16/19), and A v revealed that none of stantiated psychiatric the planned active | 9), A6 9 | | | | |

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| | | D HUMAN SERVICES MEDICAID SERVICES | | | | | M APPROVED 0. 0938-0391 |
|--------------------------|--|--|---|--|---|---------------------------|----------------------------|
| STATEMENT | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE | | . , | | (X3) DATE SUR COMPLETE | RVEY ED |
| | | 294009 | D9 B. WING | | | R-C 05/22/2019 | |
| | OVIDER OR SUPPLIER STA HOSPITAL | | 5900 W | RESS, CITY, STA EST ROCHE GAS, NV 89 | LLE AVENUE | | |
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| B 120 B 121 | B. Interviews 1. During the interviews 1. During the interview RN1 did not dispute the failed to include the size. 2. During an interview the missing component discussed with the M Medical Director. The findings. 3. During an interview with the Director of N substantiated diagnoor discussed. She agree | w on 5/21/19 at 12:10 p he findings that the MT ubstantiated diagnoses v on 5/22/19 at 10:15 a ents on the MTPs were edical Director and Ass ey did not dispute the v on 5/22/19 at 3:00 p.r ursing, the missing ses in the MTPs was | Ps 5. .m., istant | B 120 B 121 | | | |
| | range goals. This Standard is not Based on medical rea and staff interview, th specific measurable of patient needs or psyo requiring hospitalizati (9) active sample pat A7, A8, and A9). In fo (A1, A2, A7, and A9), for the patients, altho- were different. Also, written as patient goa active sample patient failure has the potent team's ability to meas and may prolong hos | (II) t include short-term and met as evidenced by: cord review, policy revie the facility failed to deline goals based on the indi- chiatric problem behavio on for eight (8) out of n ients (A1, A2, A4, A5 A bur (4) of nine (9) patier similar goals were stat ugh the identified probl there were staff goals ils for five (5) of nine (9 s (A1, A2, A5, A8, A9). ial to hinder the treatmo- sure changes in the pat pital stays beyond the avior(s) requiring admis | ew, eate vidual ors ine 6, nts eed ems) This ent ients | | | | |

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| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE | | • • | CONSTRUCTION | (X3) DATE S COMPL | |
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| B 121 | Continued From page | e 19 | | B 121 | | | |
| | Findings include: | | | | | | |
| | A. Record Review | | | | | | |
| | 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. | | | | | | |
| | "[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]" | | nts to ning e were not le | | | | |
| | following goals for the Harm (inability to care "Patient will comply w take as ordered." This non-measurable as w a patient goal. "[Patient Name] will ic or warning signs for c | vith medications ordere s long-term goal was vell as a staff goal writte dentify at least three trig other (see notes) [sic]." urable triggers or warni | or Self d and en as ggers | | | | |

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| | | MEDICAID SERVICES | | | CONSTRUCTION | | <u>NO. 0938-03</u> |
|---------------|---|--|----------|-------------------|--|-----------------------|--------------------|
| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE | | | CONSTRUCTION | (X3) DATE S COMPLE | |
| | | | _1 | A. BUILDING | | | R-C |
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| NONTEVI | STA HOSPITAL | | | | | | |
| | | | LAS VE | EGAS, NV 891 | 03 | | |
| (X4) ID | | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REC | | ID | PROVIDER'S PLAN OF COR | | (X5) COMPLETIO |
| PREFIX TAG | (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGUL OR LSC IDENTIFYING INFORMATION) | | GULATORT | PREFIX TAG | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE | | DATE |
| | | | | | DEFICIENCY) | | |
| B 121 | Continued From pag | ie 20 | | B 121 | | | |
| | | | lv not | | | | |
| | 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. 3. Patient A4's MTP dated 4/30/19 listed the | | • | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | e problem "Potential for | Self | | | | |
| | · · · | ttempt] 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 | | thing | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | • | | | | |
| | | ills were not identified. | .ep9 | | | | |
| | | | | | | | |
| | 4. Patient A5" s MTP | updated 5/15/19 listed | the | | | | |
| | | problem "Potential for | | | | | |
| | | appropriate behavior)": | | | | | |
| | - | group daily to set a rea | alistic | | | | |
| | goal for behavior [s/h | e] wants to change." | | | | | |
| | For the problem "Pot | ential for Self Harm, the | ` | | | | |
| | - | term goal was "Alleviate | | | | | |
| | | deation and return to th | | | | | |
| | highest level of daily | | | | | | |
| | | Ū | | | | | |
| | 5. Patient A6's MTP of | dated 5/18/19 listed the | | | | | |
| | | e problem "Potential for | | | | | |
| | | essness, worthlessnes | | | | | |
| | | ver 2 months)," no long | -term | | | | |
| | | e 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 | | | | | | |
| | | | | | | | |
| | | ins." No measurable or warning signs were lis | stad | | | | |
| | שימובטובא, נווטטפוא, ט | warning signs were its | sieu. | | | | |
| | 6. Patient A7's MTP | updated 5/16/19 listed t | he | | | | |
| | | e problem "Potential for | | | | | |
| | | ressive towards family a | | | | | |
| | peers at school)": | · ·) · | | | | | |
| | · · · · · · | | | | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Printed: 06/17/2019

FORM APPROVED

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE | | . , | CONSTRUCTION | (X3) DATE S COMPL | |
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| IONTEVI | STA HOSPITAL | | | ST ROCHELI GAS, NV 891 | | | |
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| | conflicts and respond socially acceptable w The non-measurable "[Patient Name] will it or warning signs for a aggression and agita Another Long-Term g will have therapeutic goal was non-measur were identified. | short-term goal was dentify at least three trig inxiety/anxiousness, tion." goal identified was "Pat coping skills." This long rable; no short-term go | ggers tient g-term als | | | | |
| | 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)": The non-measurable long-term goal was "Pt. will report a decrease in AH/VH [auditory/visual hallucinations]." The non-measurable short-term goal listed was "[Patient Name] will identify at least three triggers or warning signs for anxiety/anxiousness." A staff goal listed as a patient goal was "[Patient Name] will participate in rec. [recreational] therapy groups for at least 30 minutes." | | act 't t. will was ggers | | | | |
| | 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)": 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." 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. | | | | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE | | . , | CONSTRUCTION | (X3) DATE S COMPL | |
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| AME OF PR | OVIDER OR SUPPLIER | | STREET ADDR | ESS, CITY, STATE | , ZIP CODE | | |
| | STA HOSPITAL | | 5900 WE | EST ROCHEL GAS, NV 891 | LE AVENUE | | |
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| B 121 | Continued From pag B. Interviews | | when | B 121 | | | |
| | asked about the form plan, RN2 stated that treatment plan for all about treatment goals she reported there we plans for patients with wish the computer pr interventions for Dem 2. In an interview on confirmed that the RN content of the treatme C. Policy Review The policy titled "Treat under Procedure 2.1, develops an individua active problem identifi Plan." And under 2.5 individualized treatme | 5/21/19 at 1:45 p.m., R N formulated the entire ent plan for all discipline atment Plan Acute Inpar "The admitting nurse al plan of care for each fied on the Initial Treatn | t entia, nt I, "I and N4 es. tient" nent | | | | |
| B 122 | include individualized the patient's stated g to be specific and me | l plans of care that inclu oals Goals are desig asurable." | ude | B 122 | | | |
| | The written plan mus treatment modalities | • | | | | | |
| | Based on record revi failed to develop Mas that identified interve | met as evidenced by: ew and interview, the fa ster Treatment Plans (N ntions that were ectly related to the trea | ITPs) | | | | |

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| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI | | . , | CONSTRUCTION | (X3) DATE S COMPL | |
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| B 122 | needs for nine (9) of r patients (A1, A2, A3, The Master Treatmen predetermined interve medical record (EMR not individualized sind identical or similarly w many interventions w generic discipline rou active treatment inter with their presenting p MTPs for three (3) of patients (A1, A2, and interventions at all for result in treatment pla comprehensive, indiv interdisciplinary treatr Findings include A. Record review 1. Patient A1's MTP, of following deficient inter problem: "Potential for (aggressive behavior) Physician: There were identified to address to Registered Nurse: "Staff will facilitate ps to explore triggers an anxiety/anxiousness." on the importance of part of a positive plan interventions were no include the name and groups and medication | nine (9) active sample A4, A5, A6, A7, A8, and the Plans contained entions in the electronic). These interventions ce most of them contain vorded statements. Als ere routine assessment tine job functions rather ventions to assist patie psychiatric symptoms. nine (9) active sample A3) included no physicians. These fail ans that do not reflect a idualized approach to ment. dated 4/25/19, included erventions for the psyco or Harm to Others)." e no physician intervent this problem. sychoeducation groups d warning signs for " "Staff will educate [Pa medication compliance of or safety." These two on-specific and failed to d type of psycho-educato ons that would address problems. The intervent | c were ned o, it and it and it and it than ents ures it daily atient] e as it onal the | B 122 | | | |

| STATEMENT OF DESCRIPCING AND PLAN OF CORRECTION NOT PERFORMANCE DENTIFICATION NUMBER OD/UNITEDECONSTRUCTION NOT DESTIGATION ABUID PLAN OF CORRECTION 294099 0.1000 | | | MEDICAID SERVICES | | | | | 0938-039 |
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| NAME OF PROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, 2P CODE COLLECT MONTEVISTA HOSPITAL SIMEMARY CONTENDED SIME TADDRESS, CITY, STATE, 2P CODE SOURCEST COCHELLE AVENUE CONTENDED CONTENDED </th <th></th> <th></th> <th>IDENTIFICATION NUMBE</th> <th></th> <th>A. BUILDING</th> <th></th> <th>COMPLETED</th> <th>o C</th> | | | IDENTIFICATION NUMBE | | A. BUILDING | | COMPLETED | o C |
| MONTEVISTA HOSPITAL Submets Mail Difference Submets Submets Prevision Prevision </th <th></th> <th></th> <th>294009</th> <th></th> <th>D. WING</th> <th>· · · · · · · · · · · · · · · · · · ·</th> <th>05/22/</th> <th>2019</th> | | | 294009 | | D. WING | · · · · · · · · · · · · · · · · · · · | 05/22/ | 2019 |
| LAS VEGAS, NV 89103 PROVIDER'S PLAN OF CONFECTION (EACH DEFICIENCY MUST BE PRECIDED OF TYLL REGULATORY DELSC DEFITE/INVESTIGE PROCEDED BY TYLL REGULATORY DEFICIENCE TO THE APPROPRATE DEFICIENCE TO THE APPROPRATE DEFICIENCE 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. "Staff will assist (Patient] in developing a safety plan to document triagers or warning signs for aggression." The intervention was a routine RN job duty, not an active treatment intervention statement failed to include the frequency of contact or whether the intervention statement failed to include the frequency of contact or whether the intervention statement failed to include the frequency of contact or whether the intervention statement failed to include appropriate since self soothing strategies and coping skills for aggression, agitation, initability." The intervention statement failed to include the frequency of contact or whether the intervention statement failed to include appropriate or suggestive "self soothing strategies" based on needs in clinical assessments data. Provide the statement did not include appropriate or suggestive "self soothing strategies" based on needs in clinical assessments data. Provide the second the following deficient interventions for the psychiatric problem of. "Potential for Self Harm (inability to care for self)." Provide Harm (inability to care for self)." | NAME OF PR | OVIDER OR SUPPLIER | | STREET ADD | RESS, CITY, STAT | ΓΕ, ZIP CODE | | |
| Image: Tag (EACH DEFICIENCY WEST & PRECEDED & FULL RESULATORY OR LSC (DENTIFYING INFORMATION) PREFIX Tag (EACH CERTIFYING APROPRIATE B 122 Continued From page 24 (dentical or similarly worded statement for Patients A2, A3, A4, A6, and A9. B 122 B 122 "Staff will engage family support in developing (Patient) discharge plan." This intervention was inappropriate since sessement date 4/26/19. B 122 "Staff will engage family support in developing (Patient) discharge plan." This intervention was inappropriate since sessement date 4/26/19. B 123 "Staff will retreated the patient Staff will retreated 1/26/19. "Staff will retreated 1/26/19. "Staff will assist (Patient) in developing a safety plan to document tingers or waming signs for aggression." The intervention made 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 statement failed to identify the specific groups that would be delivered in group or individual sessions. Recreational Therapist: "Staff will facilitate groups that would be offered to assist the patient with aggressive and aggitate behaviors. Also, the statement did not include appropriate or suggestive "self soothing strategies" based on needs in clinical assessments date. 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)." | MONTEVI | STA HOSPITAL | | | | | | |
| identical or similarly worded statement for Patients A2, A3, A4, A6, and A9. "Staff will engage family support in developing [Patient] discharge plan." This intervention was imappropriate since the patient's family was "not willing to be involved," as identified in the psychosocial assessment dated 4/26/19. "Staff will initiate 15-minute checks for safety, per MD order." This intervention was a routine RN job duty, not an active treatment intervention. Social Work Staff: "Staff will assist [Patient] in developing a safety plan to document triggers or waring 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. Recreational Therapist: "Staff will facilitate groups daily to explore self soothing strategies and coping skills for aggression, adjutation, initiability." The intervention failed to identify the specific groups that would be offered to assist the patient with aggressive and agitated behaviors. Also, the statement id not include appropriate or suggestive "self soothing strategies" based on needs in clinical assessments data. 2. Patient A2's MTP, dated 5/12/19, included the following deficient interventions for the psychiatric problem d: "Potential for Self Harm (inability to care for self)." Physician: There were no physician interventions | PREFIX | (EACH DEFICIENCY MUS | T BE PRECEDED BY FULL RE | | PREFIX | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR | ULD BE | COMPLETION |
| | B 122 | identical or similarly v Patients A2, A3, A4, A "Staff will engage fam [Patient] discharge pl inappropriate since th willing to be involved, psychosocial assess "Staff will initiate 15-m MD order." This inter- duty, not an active tree Social Work Staff: "Staff will assist [Patie plan to document trig aggression." The inter- what the staff would of information in the safe statement failed to im- contact or whether the delivered in group or Recreational Therapia "Staff will facilitate gro soothing strategies an aggression, agitation, failed to identify the s offered to assist the p agitated behaviors. A include appropriate o strategies" based on assessments data. 2. Patient A2's MTP, f following deficient inter- problem of: "Potentia | vorded statement for A6, and A9. hily support in developin an." This intervention we he patient's family was ' " as identified in the ment dated 4/26/19. ninute checks for safety vention was a routine Research intervention. ent] in developing a saf gers or warning signs f rvention failed to identi do to assist the patient ety plan. This intervent clude the frequency of e intervention would be individual sessions. st: pups daily to explore see nd coping skills for , irritability." The interver pecific groups that wou patient with aggressive lso, the statement did r r suggestive "self sooth needs in clinical dated 5/12/19, included erventions for the psyct | vas "not "not kN job fety for fy with ion e elf ention uld be and not hing d the hiatric | B 122 | DEFICIENCY) | | |
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Printed: 06/17/2019

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| | | 294009 | B. WING | | | 05/22/2019 | |
| | OVIDER OR SUPPLIER STA HOSPITAL | | 5900 W | RESS, CITY, STATE EST ROCHEL GAS, NV 891 | LE AVENUE | · | |
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| | plan to document trig others" "Staff will have psych explore triggers and y hopelessness." The in the name and type of of hopelessness was problem statement.] "Staff will facilitate a [Patient] support syst signs related to inabil place." The interventi patient's support syst the information in the dated 5/15/19 stating known family." "Staff will provide edu medication compliand include specific media the patient's needs an Social Work Staff: "Staff will assist [Patien plan to document trig aggression." This inter identify what the staff patient with information failed to include the fr whether the intervent group or individual set Recreational Therapis "Staff will facilitate gro | ntervention failed to ind groups [Note: The pro- not addressed in the family session to educ- em on triggers and wa ity to be oriented to tim on regarding educating em was inappropriate of psychosocial assessm that the patient "has n ucation on the importan- ce." The intervention fa cations that would add nd problems. ent] in developing a sat gers or warning signs f ervention statement fail would do to assist the on in the safety plan ar requency of contact or ion would be delivered essions. st: pups daily to explore se | s for ly to clude bblem ate rning he or g the given hent o nce of iled to ress fety for led to ad in | | | | |

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| | | 294009 | | B. WING | | 05 | /22/2019 |
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| B 122 | specific groups that w patient with aggressiv Also, the statement d suggestive "self soott needs identified in cli 3. Patient A3's MTP, following deficient inte problem of: "Out of C [visual hallucinations] seeing 'Ghosts' and 'S waves to wall and rep waving)." Physician: There wer identified to address f Registered Nurse: "Staff will facilitate ps to explore triggers an hallucinations." "Staff importance of medica a positive plan for saf education on medication proups and medication patient's needs and p Social Work Staff: "Staff will facilitate ps to explore triggers an depression, aggression hallucinations and de a family session to eco system on triggers ar patient's adverse sym statements were non- include the frequency | vould be offered to assive and agitated behavior in a gitated behavior in a strategies" based nical assessments data dated 5/16/19, included erventions for the psycontact with Reality (VH of 'Animals' x 3yr and Spirits'; during assess ports seeing a figure the no physician intervent this problem. ychoeducation groups d warning signs for f will educate [Patient] of ation compliance as a p fety." "Staff will provide tions prescribed." These ere non-specific and fa d type of psycho-education ons that would address problems. sychoeducation groups d warning signs for on, agitation, irritability. dusions." "Staff will faci ducate [Patient] support advarning signs relate nptoms." These interve -specific and failed to | ors. ate or on a. d the hiatric hient nent daily on the part of se iled to tional this s daily , litate t d to ntion | B 122 | | | |

| | S FOR MEDICARE & N | (X1) PROVIDER/SUPPLIER/C | | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE S | NO. 0938-039 |
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| B 122 | Continued From page | e 27 | | B 122 | | | |
| | problem statement. T statements did not sta would be delivered in sessions. Recreational Therapis "Staff will provide grou orientation related to The intervention failed groups that would be with hallucinations an 4. Patient A4's MTP, of following deficient inte problem of: "Potential cutting left forearm with Physician: "Staff will p managing symptoms suicidal thoughts." The was non-specific, not MD job duty. The statt medications to be use information the physic patient regarding medications medications to patient regarding medications medications medications to patient regarding medications medic | st: ups daily to increase re hallucinations/delusion d to identify the specific offered to assist the pa d delusional behaviors dated 4/30/19, included erventions for the psyc for Self Harm (SA by | n ention eality is." c atient s. d the hiatric for and ent outine the | | | | |
| | included for Patients A Registered Nurse: "Staff will provide edu prescribed." "Staff wil staff on [Patient] repo | ication on medications I collaborate with medi rt of medication side e | ical ffects | | | | |
| as needed." "Staff will provide educat importance of medication compliance three interventions were non-specific include the name and type of psycho- groups and medications that would ac patient's needs and problems. | | tion compliance." These ere non-specific and fa I type of psycho-educa ons that would address | se iled to tional | | | | |

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| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB | | . , | CONSTRUCTION | (X3) DATE S COMPL | |
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| B 122 | Continued From pag | e 28 | | B 122 | | | |
| | 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. | | ention failed er the and elf ups, o | | | | |
| and suicidal thoughts. 5. Patient A5's MTP, updated 5/16/19 the following psychiatric problem: "Po Harm to Others (Sexually inappropria behavior)." | updated 5/16/19, includ tric problem: "Potential | | | | | | |
| 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. | | ed on blem cian ing | | | | | |
| | educate on boundarie utilizing limit setting a | n education groups dail es and acceptable beha ind behavioral expectat ement was non-specific s and specific behavior | avior tions." c as | | | | |

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| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE 294009 | | | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED R-C 05/22/2019 |
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| B 122 | expectations. The sta names or topics of gr focus of patient educa Social Work Staff: "Staff will have process feelings and resulting assigned therapist will support the pt in verb clarifying feelings ass 'Staff will assist [Patie plan for safety." "Staff will facilitate a positive plan for safet in identifying appropriate appointments." "Staff identifying appropriate appointments." These intervention sta and not individualized frequency of contact of would be delivered in sessions. The interve outpatient and medica routine social work sta Recreational Therapis "Staff will assist [Patie recreational therapy of failed to include a foc the specific groups th this patient with psyce 6. Patient A6's MTP, following deficient interve problem of: "Potential | tement failed to include oups that would be the ation. ss groups daily to ident behavior." "Staff will [s Il explore, encourage, a cally expressing and sociated with any stress ent] in developing a pos family session to devel ty." "Staff will assist [Pa iate outpatient therapy will assist [Patient] in e medication managem atements were non-spe d. They failed to include or whether the interven group or individual ention statements regar- ation appointments were aff functions. | ify sic] and cors." itive op a tient] hent ecific tion ding re on entify assist toms. d the hiatric | B 122 | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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| Proce Total Consistence of the appropriate Date B 122 Continued From page 30 B 122 Physician: "Staff will prescribe medications for managing symptoms related to depression and hopplessness." This intervention statement was not individualized, non-specific, and a routine MD job duty. The statement did not identify the medications prescribed and his/her psychiatric symptoms. B 122 Registered Nurse: "Staff will notice 1: observation for safety, per MD order." Staff will assist [Patient] in practications 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 group sessions. Social Work Staff: "Staff will tacch calming techniques as part of a more comprehensive, tailored skill set for responding appropriately to anyly feelings when they occur." This intervention would be delivered in individualized. The statement field to include at free statement field to include be the focus of patient education during techniques as part of a more comprehensive, tailored skill set for responding appropriately to anyly feelings when they occur." This intervention statement two statement failed to include the frequency of contact or whether the intervention would be delivered in group or individualized. The statement failed to include the frequency of contact or whether the intervention would be delivered in group or individualized. The statement failed to include the frequency of contact or whether the intervention would be delivered in group or individualized. The statement failed to include the frequency | | | (X1) PROVIDER/SUPPLIER/ | | . , | CONSTRUCTION | (X3) DATE S | |
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| 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. Registered Nurse: "Staff will initiate 1:1 observation for safety, per MD order." "Staff will provide education on medications prescribed." "Staff will provide education compliance." The interventions were non-specific and not individualized. The intervention statement regarding 1:1 observation was a routine RN function. The statement regarding medication failed to include the name of medication statement was no frequery of contact for the interventions and no mention of whether interventions would be delivered in individual regroup sessions. Social Work Staff: "Staff will tach calming techniques as part of a more comprehensive, tailored skill set for responding appropriately to angry feelings when they occur. This intervention statement twas non-specific and not individualized. The statement failed to include the requency of contact or whether the intervention would be delivered in group or individual sessions. | PREFIX | (EACH DEFICIENCY MUS | T BE PRECEDED BY FULL RE | | PREFIX | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH | N SHOULD BE E APPROPRIATE | COMPLETION |
| Recreational Inerapist. | B 122 | Physician: "Staff will p managing symptoms hopelessness." This i not individualized, noi job duty. The stateme medications to be use physician would provi medications prescribe symptoms. Registered Nurse: "Staff will initiate 1:1 of MD order." "Staff will medications prescribe education on the impe compliance." "Staff will non-specific and not i intervention statement was a routine RN fun- regarding medication the name of medication the name of medication of patient education. frequency of contact to mention of whether in delivered in individual Social Work Staff: "Staff will teach calm more comprehensive responding appropria they occur." This inter non-specific and not i statement failed to inter contact or whether the | prescribe medications is related to depression a intervention statement n-specific, and a routin ent did not identify the ed or information the ide the patient regardir ed and his/her psychia observation for safety, provide education on ed." "Staff will provide ortance of medication ill assist [Patient] in feeling depressed, "These interventions windividualized. The nt regarding 1:1 observ ction. The statement education failed to inc ons that would be the fa Also, there was no for the interventions ar interventions would be I or group sessions. hing techniques as part , tailored skill set for tely to angry feelings v rvention statement was individualized. The clude the frequency of e intervention would be individual sessions. | and was he MD ng tric per vere vation slude focus hd no | B 122 | DEFICIENCY | | |

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| B 122 | improve mood." This non-specific and not i identify the specific gi to assist this patient v symptoms. 7. Patient A7's MTP, the following deficient psychiatric problem o Others (aggressive to school)." Physician: There were identified to address of There were interventi statements regarding "suicidal ideation." The had the same deficient prescribe medications related to aggression education on medicat intervention statement medications was non and a routine MD job statements identified or information the phy patient regarding medications his/her psychiatric sym Registered Nurse: "Staff will assist [Patient plan to document trig anxiety/anxiousness, "Staff will facilitate ps explore triggers and v anxiety/anxiousness, "Staff will help patient | se leisure functioning a intervention statement individual and failed to roups that would be off with psychiatric needs a updated 5/16/19, includ t interventions for the f: "Potential for Harm to ward family and peers e no MD interventions this problem statement ons for two other probl "physical altercation" a nese problem statement in interventions of "Sta s for managing sympto " and "Staff will provide tions prescribed." The tregarding prescribed store by secribed." The tregarding prescribed duty. None of the the medications to be ysician would provide the dications prescribed an mptoms. ent] in developing a saf gers and warning signs aggression and agitati trecognize consequent d refrain from blaming | was fered and ded o at at em and its ff will ms e lized, used he id fety s for on." laily to on." | B 122 | DEFICIEN | | |

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| B 122 | non-specific and not intervention statement psycho-education groups that we patient with psychiatry The statement regardy recognize consequent frequency of contact whether interventions individual or group set Social Work Staff: "Staff will thoroughly that have triggered [F thoughts feelings and charterized [sic] [his/f will have process group resulting behavior." T statements were non- individualized. The st assessing stimuli that anger was a routine se Also, none of the inter included the frequence intervention would be individual sessions. Recreational Therapia "Staff will facilitate groups statement was non-se failed to identify the se offered to assist this p needs and symptoms description of the pat problem statement, tr intervention, it would | individualized. The at regarding pups failed to identify the vould be offered to assi- ic needs and symptom ding helping the patient access failed to include the for the interventions and a would be delivered in assess the various stim Patient] anger [sic] and a actions that have her] anger response." " ups to identify feelings these two intervention -specific and not atement regarding t triggered the patient's social work job function ervention statements by of contact or whether a delivered in group or st: pups daily to explore seand coping skills for on." This intervention pecific groups that wou patient with psychiatric s. Since there was no ient's aggression in the | ist this s. ine and nuli the Staff and s. r the elf al and uld be e at the | B 122 | | | |

| | | D HUMAN SERVICES MEDICAID SERVICES | | | | | RM APPROVED IO. 0938-0391 |
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| B 122 | Continued From pag | e 33 | | B 122 | - | | |
| | following deficient interproblem of: "Out of C hearing voices that w | / | hiatric ports | | | | |
| | managing symptoms This problem statement function of prescribing non-specific and not is statement failed to ide used in the patient's to whether the physician the patient to provide | g medication and was | s." o be tate ith | | | | |
| | Registered Nurse: The to address this problem | here was no RN interve em. | ntion | | | | |
| | Social Work Staff: Th to address this proble | here was no SW interve em. | ntion | | | | |
| | soothing strategies an hallucinations." This i non-specific and not i identify the specific g | oups daily to explore se | was d to ered | | | | |
| | following deficient interproblem of: "Out of C | dated 5/16/19, included erventions for the psych ontact with Reality nal stimuli and disrobing | hiatric | | | | |
| | Physician: "Staff will provide ed | ucation on medications | | | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB | | A. BUILDING | CONSTRUCTION | (X3) DATE S COMPL | |
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| B 122 | prescribed." "Staff will staff on [Patient] report as needed." "Staff will importance of medical education [Patient] or related to medications usually assigned to the MD. They were non-set and failed to include to the patients and how delivered. The statem medications to be used information the physic patient regarding medications to be information the physic patient regarding medications to be information the physic patient and strategies and hallucinations." "Staff practicing skills when reality." These two infi- non-specific and not i intervention statement failed to name the spi- hallucinations. The in practicing failed to ide practiced. Also, the fr patient and whether to delivered in individual not identified. Social Work Staff: "Staff will review Patier report of psychosis." ' psychoeducation group and warning signs for hallucinations and de | I collaborate with medi ort of medication side er I provide education on ation compliance." "Stan potential side effects s." These interventions the RN, were assigned to specific, not individualiz the frequency of contact the interventions would the addity to explore set and coping skills for fiveling out of contact were individualized. The the regarding daily group ecific groups to address tervention regarding entify what skills would equency of contact with the intervention would be and the intervention would be the intervention would be and the intervention would be any sessions would the intervention would be any sessions would be any session sessio | ffects the ff will s, to the zed, ct with d be e ad elf with os s be h the pere elf ggers | B 122 | DEFICIEI | | |

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| B 122 | reviewing the self-rep social work function. groups failed to includ used to address hallu Recreational Therap "Staff will R.T. [sic] p activities to increase orientation." This inte non-specific, not indivinclude the frequency and whether the cont group sessions. B. Interviews 1. During an interview the MTP for Patient A She acknowledged th were not individualized interventions selected in the electronic media 2. During an interview the MTPs were review therapist (RT)1. RT1 not identify the specifi address the patients' the group topics were day and general prob 3. During an interview with the Director of N were reviewed. The D findings that nursing i non-specific and not i that most intervention | ort instrument was a re The statement regardin de the specific groups to incinations and delusion ist: rrovide [Patient] with lei concentration and reali rvention statement was vidualized, and failed to v of contact with the par- act would be in individu act would be in individu won 5/21/19 at 10:10 at 8 was reviewed with R hat nursing intervention ed and were mostly the d from the choices avai- ical record. v on 5/21/19 at 11:37 at wed with recreational agreed that interventio fic groups that would symptoms. RT1 report e based on the theme for lems of the patient gro v on 5/21/19 at 3:15 p.r. ursing (DON), the MTF DON did not dispute the interventions were individualized. She agr is were identical or sime 'The EMR is limited, so | ng to be is. isure ity s o tients ual or i.m., issame ilable i.m., ns did ted or the up. m. Ps e eed hilarly | B 122 | | | |

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| B 122 | Continued From page 36 | | | B 122 | | | |
| | Continued From page 36 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. | | | | | | |
| B 124 | medications to patients. TREATMENT PLAN CFR(s): 482.61(c)(1)(v) The written plan must include adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out. 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 | | | B 124 | | | |
| | | | nent ne A5, notes ctive d, the their I of ie | | | | |

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| B 124 | response to active treevaluating if there we the patients' condition plan when the patient treatment intervention Findings include: A. Record Review The master treatment patients were reviewe parentheses) for assi (4/25/19), A2 (5/12/19) (4/30/19), A5 (update (updated 5/16/19), A8 (5/16/19). Group treat interventions by RNs, through 5/20/19 were they lacked detailed i discussed and how the treatment intervention participation, behavio comments made duri interventions on the M no documented evide implemented. There we documentation about attempts to provide a interventions identifie participate in the grout 1. Patient A1 had the for the interventions of | eatment interventions, re measurable change h, and revising the treat t did not respond to hs. t plans for the following ed (dates of plans in gned interventions: A1 9), A3 (5/16/19), A4 ed 5/15/19), A6 (5/18/19 3 (5/16/19), and A9 tment notes for assigne , RTs, and SWs from 5 e reviewed and revealed nformation about the to he patient responded to hs, including the level of rs exhibited, and speci- ing interventions. For or ATPs, there was limited ence that they had been was no consistent the number of contact lternative active treatment d when patients did no up treatment program. following treatment no for the problem of "Pote aggressive behavior)": es | tment 9), A7 ed /15/19 d that opic of the ffic ther d or n s or lent t t tes ential | B 124 | | | |

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| B 124 | educate [patient] on t compliance" A review of treatment patient attended five of patient did not particin There was no docum alternative intervention recorded group treatr information about the patient's response to as the note dated 5/1 "Education Provided Diagnosis" without ex discussed. The note of "Minimal" engagement participation. The qua "Appropriate, attentive response to education There was no informate determined these evad documentation noted regarding medication b. RT Treatment Notes MTP interventions: "St daily to explore self s coping skills for aggres A review of treatment 5/20/19 revealed that group sessions were | tiety/anxiousness." "Stathe importance of media the importance of media to notes revealed that the of six group sessions." pate in the group on 5/ ented evidence that an on was provided. The fi ment notes lacked deta topic discussed and the the group interventions 5/19 which documente on - Mental Health kplaining precisely what reported that the patier nt and had "Active" ality of participation was e, and sharing," and the n was "Fully understan ation regarding how the aluations. There was no regarding patient educe compliance. Staff will facilitate group oothing strategies and ession, agitation, irritab thotes from 5/15/19 the four out of six possible documented. The patier these groups. There we e that alternative ovided. | cation e The The 17/19. ve iiled ne s such ed: t was nt had s ie ds." e staff o cation os iility." rough e ent | | | |

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| B 124 | daily to explore self secoping skills for depre- for the Geropsychiatri assigned to the thera "Seeking Safety Grout through Saturday at 1 Group" scheduled Su 1:30 p.m. A review of treatment 5/20/19 revealed that documented three two sessions. Three notes a.m. with two notes w ("Commitment") but r 10:28 a.m. respective topic of "Healthy Rela dated 5/16/19 at 7:52 5/20/19 at 8:06 a.m. confusing since there schedule at 7:52 a.m. was "Seeking Safety staff on the Geropsyc at 10:45 a.m. The pat groups recorded, and documented the follow notes, "[Patient] was attention given to pro- encourage communic " There was no doc regarding the duration response to the 1:1 in evidence that alternat were provided this pa- sessions not docume 2. Patient A2 had the | oothing strategies and ession." The group sche ic Unit showed two gro pists (social work staff) p" scheduled Sunday 0:45 a.m. and "Proces nday through Saturday notes from 5/15/19 thr social work staff o out of 12 possible gro swere dated 5/16/19 a rith the same topic ecorded at 9:04 a.m. a dy. The other group ha tionships" and was als a.m., and recorded on This documentation wa was no group on the u the first group on the " assigned to social wo hiatric Unit and schedu itent did not attend the the social worker wing statement in both offered 1:1 which inclu vide emotional support cation of feelings and n umented evidence n of contact or the patie tive treatment measure tive treatm | edule ups): ss / at rough oup it 7:52 nd d a co n ss unit unit ork uled two ded c and eeds ent's no es tment tes | B 124 | DEFICIEN | | |

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| B 124 | Continued From page | e 40 | | B 124 | | | |
| | a. RN Treatment Note | | | | | | |
| | | | | | | | |
| | MTP interventions: "S psychoeducational gr | | | | | | |
| | | signs for hopelessness | s." | | | | |
| | | atient] on the importance | | | | | |
| | | ce" "Staff will facilitat | ea | | | | |
| | system on triggers an | cate [Patient] support id warning signs" | | | | | |
| | A review of treatment | notes revealed that th | e | | | | |
| | | roup sessions. The six | | | | | |
| | group treatment notes | nation | | | | | |
| | about the topic discus | the | | | | | |
| | note dated 5/20/19 w | o interventions such as hich documented: | line | | | | |
| | | on - Activities of Daily I | _iving" | | | | |
| | without explaining pre | | | | | | |
| | - | at the patient had "Mini | | | | | |
| | engagement and had quality of participation | | | | | | |
| | and sharing," and the | | | | | | |
| | "Fully understands." (| - | | | | | |
| | | as no documented evid | | | | | |
| | | at the patient understoo did in the group to sho | | | | | |
| | • | here was no documen | | | | | |
| | • • | nily session to educate gers and warning signs | | | | | |
| | b. RT Treatment Note | 25 | | | | | |
| | MTP interventions: "S | Staff will facilitate group | s | | | | |
| | daily to increase reali | ty orientation." | | | | | |
| | | notes from 5/15/19 th | • | | | | |
| | | four of six group treati ted (5/15/19, 15/16/19, | | | | | |
| | |). The patient attended | | | | | |
| | of these groups on 5/ | | | | | | |
| | documented evidence | | | | | | |

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| B 124 | intervention was prov not participate in the s c. SW Treatment Not MTP interventions: "S psychoeducation grou and warning signs for will facilitate groups of strategies and coping A review of treatment 5/20/19 revealed that documented two grou possible sessions for on the Geropsychiatri were dated 5/16/19 a recorded on 5/20/29 a respectively. This doo since there was no gr 7:52. The patient did and the social worker in both notes, "[Patien included attention giv support and encourag feelings and needs documented evidence non-attendance, alter provided, duration of response to 1:1 interv worded interventions s patient A1. 3. Patient A3 had the for the interventions f Contact with Reality (| ided when the patient d groups. es Staff will facilitate ups daily to explore trigg anxiety/anxiousness" " laily to explore self soot skills for depression." notes from 5/15/19 through social work staff up treatment notes out of these two groups schere is Unit. The treatment not t 7:52 a.m. and both at 8:01 a.m. and 8:58 a. cumentation was confus roup on the unit schedul not attend these groups documented the follow nt] was offered 1:1 whice en to provide emotional ge communication of " There was no other e regarding the patient's native active treatment contact, or the patient's rentions. The identically statement was recorded following treatment not or the problem of "Out of VH [Visual Hallucination eing 'Ghosts' and 'Spirit aves to wall and reports | gers "Staff thing ough of 12 duled ootes .m. sing ile at s, <i>v</i> ing ch I s s s / I for tes of ns] of ts'; | DEFICIEN | | |

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| B 124 | Continued From pag | e 42 | | B 124 | | | |
| 0.2. | a. RN Treatment Note | | | 2.2. | | | |
| | | oups daily to explore signs for hallucinations ucation on the importan | | | | | |
| | A review of treatment notes revealed that the patient attended six group sessions. The fou group treatment notes lacked detailed inform about the topic discussed and the patient's response to the group interventions such as notes dated 5/15/19, 5/18/19, and 5/19/19, v all documented: "Education Provided on - C skills" without explaining precisely what was discussed. The note reported that the patien "Minimal" engagement and "Active" participa The quality of participation was "Appropriate 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 understoo about the education provided. The treatmen notes also reported that a handout was one modes of intervention but failed to indicate the content of the handout. | | ur nation the which oping in had ation. e," and d t of the | | | | |
| | MTP interventions: "S to increase reality orio | b. RT Treatment Notes MTP interventions: "Staff will provide groups to increase reality orientation related to hallucinations/delusions." | | | | | |
| | A review of treatment 5/20/19 revealed that were documented. The lacked detailed inform discussed and the pa | otes notes | | | | | |

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| B 124 | Continued From page | e 43 | | B 124 | | | |
| | interventions such as | the note dated 5/16/19 |), | | | | |
| | which documented: "I | • | | | | | |
| | | laining the specific topi | | | | | |
| | | s provided during the g | roup | | | | |
| | session. The note rep | apy" - "Alliance forming | " and | | | | |
| | | Active" participation wi | | | | | |
| | | recorded as "Appropr | | | | | |
| | | vention was "pt particip | | | | | |
| | | iate behaviors, pt socia | | | | | |
| | | There was no informat | tion | | | | |
| | regarding how the sta evaluations, such as | | | | | | |
| | forming, active partici | - | | | | | |
| | participation. | | | | | | |
| | c. SW Treatment Note | | | | | | |
| | MTP interventions: "S | | | | | | |
| | | ups daily to explore trig depression, aggressio | • | | | | |
| | agitation hallucinat | | | | | | |
| | will facilitate a family | | | | | | |
| | | ggers and warning sigr | | | | | |
| | related to patient's ad | verse symptoms." | | | | | |
| | A review of treatment | notoo from E/1E/10 thr | ough | | | | |
| | 5/20/19 revealed that | notes from 5/15/19 thr | ougn | | | | |
| | | x possible group treatn | nent | | | | |
| | | atment notes lacked de | | | | | |
| | | patient's response to t | | | | | |
| | group intervention, su | | | | | | |
| | 5/16/19 which reporte | | | | | | |
| | | py," "Participation Lev | ei | | | | |
| | was Minimal." "Partici recorded as "Resistar | | | | | | |
| | | how the staff determin | ed | | | | |
| | these evaluations, su | | | | | | |
| | minimal participation | | • | | | | |

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| IONTEVI | STA HOSPITAL | | 5900 WEST ROO LAS VEGAS, NV | CHELLE AVENUE / 89103 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUS | TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION) | | (EACH CORRECTI CROSS-REFERENCE | LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY) | (X5) COMPLETIO DATE |
| B 124 | for the interventions of for Self harm (SA [Su forearm with a knife). a. RN Treatment Note MTP interventions: "So on medication prescr education on the imp compliance." "Staff w potential side effects A review of treatment patient attended five The five groups that to treatment notes that a about the topic discus response to the group notes dated 5/15/19 a documenting: "Education skills" without explain discussed. The notes had "Minimal" engage quality of participation response to education The was no informati determined these evant description of active p patient understood all The treatment notes of was one of the mode indicate the content of did not attend the group There was no information the as no information the as no information the set of the mode indicate the content of did not attend the group There was no information the set of the mode | following treatment no for the problem of "Pote- icidal Attempt] by cuttin ": es Staff will provide educat ibed." "Staff will provide ortance of medication fill educate [patient] on related to medications." It notes revealed that the of the six group session the patient attended ha lacked detailed informa ssed and the patient's p interventions such as and 5/19/19 with both ation Provided on - Cop- ing precisely what was a reported that the patient ement and participation n was "Appropriate" and n was "Fully understan on regarding how the s aluations, such as a participation and what to bout the education prov- also reported that a han s of intervention but fai of the handout. The pati- pation regarding the topi r an alternative interver his patient. | ential ng left tion e " e ns. d tion the ing ent n. The d the ds." taff he vided. ndout led to ient 9. c | | | |
| | b. RT Treatment Note | es | | | | |

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| | S FOR MEDICARE & N | MEDICAID SERVICES | | | | | . 0938-0391 |
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| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE 294009 | | | E CONSTRUCTION | (X3) DATE SURV COMPLETE R- 05/22 | D |
| | | | | RESS, CITY, STAT | | | |
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| MONTEV | STA HOSPITAL | | | EGAS, NV 89 | LLE AVENUE 103 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUS | TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION) | GULATORY | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY) | D BE | (X5) COMPLETION DATE |
| B 124 | MTP interventions: "S daily to explore self s coping skills for depre- thoughts." A review of treatment 5/20/19 revealed that sessions were docum 5/18/18, 5/19/19 (two 5/20/19). The five gro detailed information a and the patient's resp interventions, such as which documented: "I expression" without e discussed or activity of session. The note rep Engagement in Thera under participation - " the quality of participation relaxation and morale appropriately with per- information regarding these evaluations, su alliance forming, activity quality of participation activities were provide c. SW Treatment Note MTP interventions: "S practicing skills when suicidal." No specific assisting the patient t depressed. Although treatment intervention | Staff will facilitate group oothing strategies and ession and suicidal notes from 5/15/19 thr five of six group treatment nented (5/15/19, 15/16/ notes for 10:30 a.m.), up treatment notes lac boot the topics discuss onse to the group s the note dated 5/20/11 Focus of Group - Perso explaining the specific to offered during the group oorted under "Insight / apy" - "Alliance forming Active" participation, w ation recorded as sponse to intervention of the as a description of the participation, approp n, or what leisure art ed. es Staff will assist [Patient] feeling depressed and treatment notes address o practice skills when | ough hent 19, and ked sed 9 onal opics o " and ith was ease ed riate in ssed | B 124 | | | |

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Printed: 06/17/2019

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| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB | | | CONSTRUCTION | (X3) DATE S COMPL | |
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| | | 294009 | | | | | R-C 5/22/2019 |
| AME OF PF | ROVIDER OR SUPPLIER | | STREET ADDR | I DRESS, CITY, STATE, ZIP CODE | | | |
| IONTEV | ISTA HOSPITAL | | | EST ROCHELI GAS, NV 891(| | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUS | TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE | (X5) COMPLETIO DATE |
| B 124 | 5/15/19 through 5/20/ treatment notes lacket the patient's response such as the note date the patient's behavior Engagement in Thera and under "Participat "Participation Quality" "Appropriate." There regarding how the sta evaluations of the pat group session. 5. Patient A5 had the for the interventions of for Harm to Others (S behavior).": a. RN Treatment Note MTP intervention: "St groups daily to educa acceptable behavior of behavioral expectation A review of treatment patient attended six g groups had treatment information about the patient's response to such as the notes dat 5/18/19 all document - Coping skills" without skills were discussed patient was "Minimal" participation was "Act notes recorded the re "Fully understands." | (19. These four group ad detailed information e to the group intervent ad 5/15/19 which asses under "Insight / apy" as "Alliance formir ion Level" as "Active." " was recorded as was no information aff determined these tient's response during following treatment no for the problem of "Pote Sexually inappropriate as aff will have psych edu tie on boundaries and utilizing limit setting and ons." notes revealed that the proup sessions. The six t notes that lacked detain the group interventions ted 5/16/19, 5/17/19, and ing: "Education Provide ut explaining what copi . The notes reported the ' engaged, and the level tive." All of the treatme asponse to education a The was no information | tion, ssed ang" the the tes ential ucation d e c ailed the s, nd ed on ng hat the el of nt s | B 124 | DEFICIEN | | |

| | S FOR MEDICARE & N | MEDICAID SERVICES | | | | OMB NO. 0938-0 | |
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| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE | | | | (X3) DATE SURVEY COMPLETED R-C | |
| | | 294009 | | B. WING | | 05/22/2019 | |
| NAME OF PF | ROVIDER OR SUPPLIER | | STREET ADD | RESS, CITY, STAT | FE, ZIP CODE | | |
| MONTEV | ISTA HOSPITAL | | | EST ROCHE EGAS, NV 89 | LLE AVENUE 103 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUS | TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE COMPLETI | |
| B 124 | participation and what about the coping skill b. RT Treatment Note MTP interventions: "S participating in recreat A review of treatment 5/20/19 revealed two group sessions were treatment notes lacket the topic discussed a the group intervention 5/20/19 which docum Therapy" without exp discussed or activity of session. The note rep Engagement in Thera under "Participation" the quality of participa "Appropriate." The re "pt participated in gro behaviors, pt was soo was no information re determined these evad description of alliance participation, appropri or what art therapy ac c. SW Treatment Note MTP interventions: "S daily to identify feeling "Staff will facilitate a f positive plan for safet There were six out of documented by SW s 5/20/19. These six gr | t the patient understoo s discussed. Staff will assist [Patient] tional therapy groups." notes from 5/15/19 thr groups out of six possi documented. The two ed detailed information nd the patient's respon ns, such as the note da ented: "Focus of Group laining the specific topi offered during the group orted under "Insight / apy" - "Alliance forming - "Active" participation ation recorded as sponse to intervention up with appropriate cial towards others." The garding how the staff aluations, such as a e forming, active iate quality of participar ctivities were provided. es Staff will have process of gs and resulting behavior amily session to develop | in rough ible group about se to ted o - Art cs p " and with was le tion, group ior." op a sions gh cked | B 124 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Printed: 06/17/2019

FORM APPROVED

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE | | A. BUILDING | CONSTRUCTION | (X3) DATE S COMPL | |
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| | | 294009 | | B. WING | | 05 | /22/2019 |
| NAME OF PR | ME OF PROVIDER OR SUPPLIER | | | RESS, CITY, STATE, | ZIP CODE | | |
| MONTEVI | STA HOSPITAL | | | EST ROCHELI | | | |
| (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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE | (X5) COMPLETIO DATE |
| B 124 | 5/17/19 which assess under "Insight / Enga "Alliance forming" and as "Active." "Participa as "Appropriate, Attent was no information re- determined these eva- response during the g worksheet/handout w content of the handou session dated 5/14/19 inappropriate sexual note dated 5/18/19 re- family session was re- therapist being off." 6. Patient A6 had the for the interventions f for Self harm (Report worthlessness, and d months)": a. RN Treatment Note MTP interventions: "S practicing skills when hopeless, worthless." A review of treatment were no notes regard skills when depressed Three treatment note attended group sessi | tion, such as the note d sed the patient's behaving gement in Therapy" as d under "Participation L ation Quality" was recom- ntive, and Sharing." The garding how the staff aluations of the patient's group session. A vas indicated without the ut. There was one indiv 9 addressing the patient behavior. There was or eporting that the 5/20/19 escheduled "due to the following treatment no for the problem of "Pote s hopelessness, tepression for over 2 es Staff will assist [Patient] feeling depressed, "Staff will facilitate gro oothing strategies and ession, hopelessness, the notes revealed that the ling the patient practicing d, hopeless, or worthlet s showed the patient ons from 5/17/19 throu oup treatment notes law | ior Level" rded ere s e ridual ht's he 9 tes ential l in pups ere ng ss. gh cked | B 124 | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB | | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | | (X3) DATE SURVEY COMPLETED R-C | |
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| | | 294009 | - | B. WING | | 05 | /22/2019 |
| | OVIDER OR SUPPLIER STA HOSPITAL | | 5900 W | RESS, CITY, STATE, IEST ROCHELI EGAS, NV 891(| LE AVENUE | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUS | TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLETIO DATE |
| B 124 | interventions, such as documenting: "Educa skills" without explain discussed. The notes was "Minimal" engage participation was "Act quality was recorded response to education There was no informa determined these eva description of active p patient understood at discussed. b. RT Treatment Note MTP interventions: "S to vent feelings appro- functioning and impro- A review of treatment 5/20/19 revealed that possible group session The patient did not at no documented evide alternatives had been attended. c. SW Treatment Note MTP intervention: "St techniques as part of tailored skill set for re angry feelings when t schedule showed a "F | s the note dated 5/20/1 tion Provided on - Cop ing what coping skills w reported that the patie ed, and the level of tive." The participation as "Appropriate" and the n as "Fully understands ation regarding how the aluations, such as a participation and what to bout the coping skills es Staff will provide groups opriately, increase leisu we mood." notes from 5/17/19 the there were one out of ons documented on 5/2 tend this group. There ence showing that a provided for the groups es | ing were ent ne s." e staff he s daily ire rough three 20/19/ was os not e, / to uled | B 124 | | | |

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| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI | | | CONSTRUCTION | (X3) DATE S COMPL | |
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| | | 294009 | | | | | R-C |
| AME OF PF | ROVIDER OR SUPPLIER | | STREET ADDR | ESS, CITY, STATE, | ZIP CODE | | |
| IONTEV | ISTA HOSPITAL | | | EST ROCHELL GAS, NV 8910 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUS | TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | CTION SHOULD BE THE APPROPRIATE | (X5) COMPLETIO DATE |
| B 124 | from 5/17/19 through treatment note dated information about the group intervention, su evaluated under "Insi Therapy" as "Alliance "Participation Level a Quality" was recorded and Sharing." There was regarding how the state evaluations of the pate group session. 7. Patient A7 had the for the interventions f for Harm to Others (at family and peers at set a. RN Treatment Note MTP interventions: "S psychoeducation group and warning signs for aggression and agitat recognize consequent refrain from blaming of A review of treatment were no notes regard regarding consequent reported the patient at from 5/15/19 through treatment notes lacked the topic discussed at the group intervention 5/16/19, 5/18/19, and "Education Provided without explaining who | 5/20/19. This group 5/18/19 lacked detailed patient's response to to uch as the patient's ber- ght / Engagement in a forming" and under s "Active." "Participation d as "Appropriate, Atten- was no information aff determined these tient's response during following treatment no for the problem of "Pote ggressive [sic] towards chool).": es Staff will facilitate ups daily to explore trig anxiety/anxiousness, tion." "Staff help will pa- tices of [his/her] behavio others." a notes revealed that the ling the intervention ces. Six treatment note attended group session 5/20/19. The six group ed detailed information nd the patient's respon- ns, such as the notes d 15/20/19 all documention or - Medication Compl tat information about ce was discussed during | the navior on ntive, the the sector and sector and sector about isse to lated ing: "iance" ing | B 124 | | | |

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| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE | | A. BUILDING | CONSTRUCTION | | -С |
| | | 294009 | | B. WING | | 05/22 | /2019 |
| NAME OF PR | OVIDER OR SUPPLIER | | STREET ADD | RESS, CITY, STATE | E, ZIP CODE | | |
| MONTEVI | STA HOSPITAL | | | EST ROCHEL GAS, NV 891 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUS | TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL RE ENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | (X5) COMPLETION DATE |
| B 124 | participation during the participation quality w "Appropriate" and the "Fully understands" of was reported as "nee 5/20/19. There was no the staff determined to description of minimal participation quality, a understood about the regarding medication b. RT Treatment Note MTP intervention: "St to explore self soothin aggression, depression A review of treatment 5/20/19 revealed that sessions were document treatment notes lacked the patient's response such as the note date Group" was document description of what act provided regarding and behavior was listed u in Therapy" as "Allian "Participation Level" a Quality" was recorded was no information re determined these evant response to interveal group with appropriat appropriately with oth vague and gave no charts. | Minimal" engagement a ne group sessions. The vas recorded as e response to education on 5/16/19 and 5/18/19 eds reinforcement" on no information regarding these evaluations, such a participation, appropri- and what the patient a information provided o compliance. es taff will facilitate groups ing strategies coping sk on." t notes from 5/15/19 thr t five of six possible group ented. These five group ed detailed information e to the group intervent ed 5/15/18. The "focus of the as "Art Therapy" with civities or information with the apy. The patient's inder "Insight/ Engagem ince forming" and under as "Active." "Participation d as "Appropriate." The egarding how the staff aluations of the patient's | a as and g how h as a iate daily ills for rough up about ion, of vith no vas shent on ere s ted in ed as out | B 124 | | | |

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Printed: 06/17/2019

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| 294009 n. Wind R-C 0 06/22/201 WARE OF PROVIDER OR SUMPLIER STREET ADDRESS, CITY, STATE JP CODE 5900 WEST ROCHELLE AVENUE STREET ADDRESS, CITY, STATE JP CODE (M) ID PRETIX SUMAARY STATEMENT OF DEFICIENCIES (exch DEPRECIATION TO EXPIRED TO PLATE ROCHELLE AVENUE LAS VEGAS, NV 88103 PROVIDERS PLAN OF CORRECTION (EACH DEPRECIATION TO EXPIRED TO PLAN ROCHEMENT) D (M) ID PRETIX (exch DEPRECIATION TO EXPIRED TO PLAN ROCHEMENT) D PROVIDERS PLAN OF CORRECTION (EACH DEPRECIATION TALL ROCLATION) D (M) ID PRETIX (exch DEPRECIATION TALL ROCLATION) DEPRECIATION (EACH DEPRECIATION TALL ROCLATION) D PROVIDERS PLAN OF CORRECTION (EACH OPENDATION) D B 124 Continued From page 52 B 124 Continued From page 52 B 124 CONTINUE TO EXPIRED TO PLAN ROCLATION D B 124 Continued From page 52 B 124 CONTINUE TO PLAN ROCLATION D D B 124 Continued From page 52 B 124 CONTINUE TO PLAN ROCLATION D D B 125 Continued From page 52 IS 127 Staff will thoroughly assess the various statument holes D D D D D D D D <th></th> <th>OF DEFICIENCIES</th> <th>(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI</th> <th></th> <th></th> <th>CONSTRUCTION</th> <th>(X3) DATE S COMPL</th> <th></th> | | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI | | | CONSTRUCTION | (X3) DATE S COMPL | |
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| Preference Procession Procession Procession Construction Construction <thconstruction< th=""> <thconstruction< th=""></thconstruction<></thconstruction<> | | | | 5900 W | EST ROCHELL | E AVENUE | | |
| c. SW Treatment Notes MTP interventions: "Staff will thoroughly assess the various stimuli that have triggered (Patient) angerr 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 6:00 a.m. to 5:00 p.m. A review of treatment notes revealed there were five out of 15 possible group sessions documented by SW staff from 6/5/19 through 5/20/19. These group treatment notes lacked detailed information about the patient's response to the group intervolion, 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 "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 during the triggers. There was no information regarding how the staff determined these evaluations of the patient's response during the group. Session. The "Response during the triggers. There was no vague an gave no clarifying information or comments about what the patient identified as triggers or what coping skills." This stateme | PREFIX | (EACH DEFICIENCY MUS | T BE PRECEDED BY FULL RE | | PREFIX | (EACH CORRECTIVE ACT CROSS-REFERENCED TO | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETIO DATE |
| MTP interventions: "Staff will thoroughly assess the various stimuli that have triggered [Patient] angerr 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 4:00 p.m. to 6:00 p.m. 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 6/17/19. The "Gocus 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, 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 would use to address the triggers. There was no | B 124 | Continued From pag | e 52 | | B 124 | | | |
| the various stimuli that have triggered [Patient] angerr 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. 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 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 on 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 | | c. SW Treatment Not | es | | | | | |
| the various stimuli that have triggered [Patient] angerr 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. 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 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 on 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 | | MTP interventions: "9 | Staff will thoroughly ass | 2000 | | | | |
| angerr 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: "Coal Goal/Process Group" Monday Hrough Friday from 7:30 a.m. to 8:00 a.m., "Process Group" from 8:00 a.m. to 8:00 a.m., and "Process Group" from 4:00 p.m. to 5:00 p.m. 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 tored as triggers or what coping skills. The reation or comments about what the patient tored as triggers or what coping skills. There was no | | | • • | | | | | |
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| use to address the triggers. There was no | | | | | | | | |
| | | | | blu | | | | |
| information about the patient's non-attendance in | | | | nce in | | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB | | · , | CONSTRUCTION | (X3) DATE S COMPL | | | |
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| | | 294009 | | B. WING | | 05/22/2019 | | | |
| | OVIDER OR SUPPLIER STA HOSPITAL | | 5900 W | DDRESS, CITY, STATE, ZIP CODE WEST ROCHELLE AVENUE VEGAS, NV 89103 | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUS | TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETIO DATE | | |
| B 124 | the other scheduled g treatment measures of the duration of contact 8. Patient A8 had the for the interventions f Contact with Reality (wont [sic] stop).": a. RN Treatment Note MTP interventions: The interventions identifies statement. B. RT Treat MTP interventions: "S daily to explore self's coping skills for hallur [sic] provide [Patient] increase concentration A review of treatment 5/20/19 revealed that group sessions were did not attend these g was no documented of intervention was provide c. SW Treatment Note MTP interventions: The interventions for this p group schedule show therapist Sunday thro Unit: "Illness Recover 1:00 p.m. and "Proce 2:00 p.m. | groups; if alternative ac were offered; and if pro ct and patient's respons following treatment no for the problem of "Out Reports hearing voices es here were no RN d for this problem atment Notes Staff will facilitate group oothing strategies and cinations." "Staff will R. with leisure activities to on and reality orientatio and reality orientatio in the four out of five possible documented. The patie group sessions, and the evidence that an altern rided. es here were no SW problem statement. The red two groups led by a bugh Saturday on the A ry Group" from 12:00 p ss Group" from 1:00 p. | e a dult to n. to at out | B 124 | | | | | |

If continuation sheet Page 54 of 79

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE | | . , | CONSTRUCTION | (X3) DATE S COMPL | | | |
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| | | 294009 | | B. WING | | 05 | K-C 5/22/2019 | | |
| | OVIDER OR SUPPLIER STA HOSPITAL | L | 5900 WE | DRESS, CITY, STATE, ZIP CODE WEST ROCHELLE AVENUE /EGAS, NV 89103 | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATO OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETIO DATE | | |
| B 124 | were documented, or 1:00 p.m. showing the group sessions. Thes notes for this patient. SW reported that the handout. 9. Patient A9 had the for the interventions f Contact with Reality (stimuli and disrobing a. RN Treatment Note MTP interventions: "S daily to explore self's coping skills for hallue [Patient] in practicing contact with reality." Four out of five group that the patient did no held on 5/16/19, 5/17 There were no treatment that the RN met with "practicing skills." The evidence that alternation sessions were offered documentation of the patient, duration of con interventions. b. RT Treatment Notes MTP intervention: "St [Patient] with leisure a concentration and reat | a 5/16/19 at 10:00 a.m. e patient did not attend se were the only treatm In both circumstances, patient was given a following treatment no or the problem of "Out Responding to internal in public": es Staff will facilitate group oothing strategies and cinations." "Staff will as skills when feeling out o treatment notes revea of attend the group sess /19, 5/18/19, and 5/19/ nent notes found showin the patient to help with are was no documenter tive individual intervent d, and if provided RN's discussion with th portact, and response to es aff will R.T. [sic] provid activities to increase ality orientation." | the ent , the tes of s sisist of led sions 19. ng d ion he o the e | B 124 | | | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB | | . , | CONSTRUCTION | (X3) DATE S COMPL | |
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| | | 294009 | 9 B. WING | | | R-C 05/22/2019 | |
| AME OF PR | OVIDER OR SUPPLIER | | STREET ADD | RESS, CITY, STATE | , ZIP CODE | | |
| | STA HOSPITAL | | 5900 W | EST ROCHEL | LE AVENUE | | |
| | | | LAS VE | EGAS, NV 891 | 03 | | |
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| B 124 | Continued From pag | | | B 124 | | | |
| | • | documented. The patie | | | | | |
| | - | group sessions on 5/17 | | | | | |
| | | asium] time") and 5/18 | | | | | |
| | · · | "). The notes reported | | | | | |
| | provided alt. [alternative] coloring poster 5/17/19 and "was provided an alternative activity" on 5/18/19. However, there was | | | | | | |
| | | | t | | | | |
| | - | | ion | | | | |
| | | the RT staff's discussion of the contacts | | | | | |
| | with the patient, the duration of the contact art activity was provided, or how the patie | | , what | | | | |
| responded to these contacts. The group | | | sion | | | | |
| | | acked detailed informa | | | | | |
| | about the patient's re | | | | | | |
| | intervention. The "foc | | | | | | |
| | documented as "Health and fitness" with no | | | | | | |
| | descriptive informatio | ussed | | | | | |
| | regarding health and | regarding health and fitness. The patient's | | | | | |
| | behavior under "Insig | ht / Engagement in Th | erapy" | | | | |
| | | and under "Participation | | | | | |
| | | articipation Quality" was | 5 | | | | |
| | recorded as "Withdra | | | | | | |
| | ••• | how the staff determin | | | | | |
| | | these evaluations of the patient's response duri | | | | | |
| | the group session. Th | | | | | | |
| | intervention" was "pt | | ation | | | | |
| | | movement and socializ Pt. required no redired | | | | | |
| | | p internal stimuli." This | | | | | |
| | | and gave no clarifying | | | | | |
| | • | patient's behaviors or | | | | | |
| | | ng the group session. | | | | | |
| | | | | | | | |
| | c. SW Treatment No | tes | | | | | |
| | MTP interventions: "S | Staff will facilitate | | | | | |
| | psychoeducation gro | ups daily to explore trig | gers | | | | |
| | | anxiety/anxiousness, | | | | | |
| | | lusions." "Staff will rev | iew | | | | |
| | Patient Self Inventory | | | 1 | | | 1 |

| | - | D HUMAN SERVICES MEDICAID SERVICES | | | | | M APPROVED 0. 0938-0391 |
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| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE | | · / | E CONSTRUCTION | (X3) DATE SU COMPLET | ED |
| | | 294009 | | B. WING | | | २-C 2/2019 |
| | OVIDER OR SUPPLIER STA HOSPITAL | | 5900 W | RESS, CITY, STAT EST ROCHE GAS, NV 89 | LLE AVENUE | | |
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| B 124 | There were no treating group or individual set the patient's current lepsychoeducation group an interview set the treatment notes were electronic medical receivent RN6. RN6 agreed did not contain enough topic discussed and the group sessions. | tent notes for the assignessions documented. G evel of functioning, the up was inappropriate. w on 5/21/19 at 10:10 a. were reviewed in the cord (EMR) for Patient <i>J</i> and that group treatment by information about the he patient's response of w on 5/21/19 at 11:37 a. E EMR were reviewed w ged that notes did not mation about topics up sessions. RT1 agree t alternative intervention he patient responded to ation of contact. 5/21/19 at 11:00 a.m., w up notes were discussed | iven im., A8 notes bluring .m., vith ed ns the vith ed. s the to n. s he | B 124 | | | |
| B 125 | TREATMENT PLAN CFR(s): 482.61(c)(2) | | | B 125 | | | |

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| | | 294009 | | B. WING | | ——— R-C ——— 05/22/20 | |
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| B 125 | Continued From pag | je 57 | | B 125 | | | |
| | The treatment received by the patient must be documented in such a way to assure that all active therapeutic efforts are included. This Standard is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure that acti- treatment measures such as group and indiv- treatment were provided for two (2) out of tw active sample patients on the Geropsychiatri Unit (A1 and A2). Specifically, these two (2) patients did not consistently attend their scheduled treatment groups, and the MTPs of not include alternative active treatment interventions. There was a lack of structured activities, and as a result, the patients spent watching television or sitting in the day room facility also failed to provide active treatment groups in a setting conducive to privacy, with noise and interruption by other patients, so the participating patients could understand the content and participate in the group discussis. This lack of active treatment potentially leads patients being hospitalized without all interventions for recovery being delivered to in a timely fashion, potentially hindering their improvement and extending hospitalization. (Refer to B125). | | | | | | |
| | | | vidual vo (2) ic did d time t. The t. hout he ions. s to them | | | | |
| | Findings include: | reatment: Specific Pati | ent | | | | |
| | Findings | reatment. Opcollo r'all | | | | | |
| | A. Document Review | , | | | | | |
| 1. Patient A1: | | | | 1 | | | |

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| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI | | 、 <i>,</i> | CONSTRUCTION | (X3) DATE S COMPL | |
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| B 125 | Continued From pag | e 58 | | B 125 | | | |
| | 4/27/19 identified Par potential Levy Body I were not addressed in interventions identifie with the patient's level the psychiatric evalua addition, the MTP wa before the psychiatric the medical record. b. Review of group the of 5/15/19 through 5/2 regarding group atter Registered Nurse Gr The patient attended The patient did not pa 5/17/19. There was n an alternative interver recorded group treatri information about the patient's response to as the note dated 5/1 "Education Provided Diagnosis" without ex discussed. The note a "Minimal" engagement participation. The qua "Appropriate, attentive response to education There was no information determined these eval diagnosis of Dementi to record precisely whand what the patient of active participation. The | Dementia. These diagn in the treatment plan. T d below were inconsist el of functioning describ ation dated 4/27/19. In s formulated on 4/25/1 e evaluation was entered eatment notes for the of 20/19 revealed the follo dance: roups five of six group session atticipate in the group of o documented evidence ntion was provided. The nent notes lacked deta topic discussed and the the group interventions 5/19 which documented on - Mental Health explaining precisely what reported that the patient at and had "Active" ality of participation was e, and sharing," and the n was "Fully understan ation regarding how the aluations, given this pat a. The documentation the the group to show there was no document of the evas no document of the evas no document and education regarding | the tent bed in 9 9 ed into 4 ates bwing brs. br brs. br br brs. br | | | | |

If continuation sheet Page 59 of 79

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE | | . , | CONSTRUCTION | (X3) DATE S COMPL | |
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| B 125 | Continued From pag | e 59 | | B 125 | | | |
| | 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. 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. 2. Patient A2: 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. | | 12 , attend ch al nented or the | | | | |
| | | | le osis ntial n did n the goals o the | | | | |

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| B 125 | to educate [Patient Nat triggers and warning a be oriented to time or facilitate a family sess plan for safety." How assessment indicated have a family, only a b. Review of group tre of 5/15/19 through 5/2 findings regarding gro Recreational Therapis RT staff documented sessions. The patient on 5/20/19. There wa that an alternative inter when the patient did r Social Worker Groups The interventions on the were "Staff will facilitat daily to explore trigge anxiety/anxiousness" daily to explore self se coping skills for depre- not appropriate given dated 5/11/19 stating "oriented to person" a 0-3 [missing all three staff documented two sessions. The patient groups, and the social both sessions, "[Patie included attention gives support and encourage | will facilitate a family se ame] support system of signs related to inability place" and "staff will sion to develop a positi rever, the social work d that the patient did no dog. eatment notes for the of 20/19 revealed the follo oup attendance: st Groups four of six possible group attended one group se s no documented evide ervention was provided not participate in the group st he MTP, dated 5/10/19 ate psychoeducation gr rs and warning signs fe "Staff will facilitate group oothing strategies and ession." These groups the psychiatric evalua that the patient was or and memory was "not in words given]." Social w o of 12 scheduled group did not attend these al worker documented fe ent] was offered 1:1 wh en to provide emotiona | on y to ive ot lates owing oup ession ence toups or oups or oups or oups were tion hly ntact, vork o or ich al | B 125 | | | |

| | | | | (X2) MULTIPI F | CONSTRUCTION | | 10. 0938-03 |
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| B 125 | Continued From pag | | | B 125 | | | |
| | | ad the same wording a | IS | | | | |
| | recorded for patient A | A1. | | | | | |
| | B. Observation | | | | | | |
| | | | | | | | |
| | 1. Observation of the | social work group on | | | | | |
| | | on "Honesty" revealed t | that | | | | |
| | | g in the day room away | | | | | |
| | | roup was held. When a | | | | | |
| | | e] wanted to attend, the | | | | | |
| | | staff did not encourage | | | | | |
| | | in this group. Also, duri le patient was not part o | - | | | | |
| | | g in a chair not facing the | | | | | |
| | group; therefore [s/he | | | | | | |
| | participate in the grou | | | | | | |
| | | | | | | | |
| | | ation of the same social | | | | | |
| | | :30 p.m. in the dayroor | | | | | |
| | | art of the group circle, s | | | | | |
| | | he group. Therefore, th ly participate in the grou | | | | | |
| | | tempts to encourage the | • | | | | |
| | | up. One non-sample pa | | | | | |
| | | nd came in and out of t | | | | | |
| | | social worker had a di | | | | | |
| | time maintaining the | group process. | | | | | |
| | | | | | | | |
| | | rector of Recreation too | | | | | |
| | | ients to the gymnasium | | | | | |
| | | There were no alternative difference of the diff | | | | | |
| | - | ho remained on the un | - | | | | |
| | were unwilling or una | | | | | | |
| | | | | | | | |
| | C. Interview | | | | | | |
| | In an interview with th | ne Director of Recreatio | n on | | | | |
| | | , the Director stated that | | | | | |
| | there was one recrea | | | | | | |
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Printed: 06/17/2019

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| AME OF PR | OVIDER OR SUPPLIER | | STREET ADDRESS, CITY, STA | TE, ZIP CODE | | |
| | STA HOSPITAL | | 5900 WEST ROCHE LAS VEGAS, NV 89 | | | |
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| B 125 | Continued From pag | ie 62 | B 125 | | | |
| - | | t held on each hospital | | | | |
| | II. Lack of environment for active treatment | | | | | |
| | A. Observation | | | | | |
| 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. | | s not for ounit. unit or oom ate on ther nts on and up led it group, o other pustics | | | | |
| | | noise level even highe | | | | |

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| ME OF PR | OVIDER OR SUPPLIER | | STREET ADDRESS, CITY | , STATE, ZIP CODE | | | |
| | STA HOSPITAL | | 5900 WEST RO LAS VEGAS, N | CHELLE AVENUE V 89103 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUS | TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL RE ENTIFYING INFORMATION) | | X (EACH CORRECTI CROSS-REFERENCE | LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY) | (X5) COMPLETIO DATE | |
| B 125 | asked several times of begin, the MHT led the patients and presenter Management. It was short attention spans problems in addition participate in this group 3. There was no indic schedule for this unit groups planned for pa- confusion, psychosis who were unable to the treatment sessions. B. Interview 1. On 5/21/19 at 3:45 the Director of Activiti (3) patients to the gyr Approximately 14 pat watching television, s their bedrooms. Patie of the group taken to group activities, the s the unit away from the itself, and the gym. T confirmed that there of that filtered out the no- | 200 p.m. After the surve when the group was to be group of approximate ed a pamphlet on Ange difficult for patients with a dementia, or medical to psychiatric problems up of 17 patients. Also, was not recreational. cation on the activity that there were smalle atients with dementia, , and short attention sp olerate large group 6 p.m., the surveyor me ies after he had taken t mnasium at 10:00 a.m. tients were either on the sitting in the dayroom, of ents A1 and A2 were no the gym. He stated the staff used the back part e dayroom, the dayroo he Director of Activities was no group room to to oise level or assist in in wandering or leaving | eyor ely 17 r to to the r an t with hree e unit or in ot part at for of m s use the | 125 | | | |
| | Progress notes must worker responsible for | be recorded by the so | | | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB | | · / | CONSTRUCTION | (X3) DATE S COMPL | |
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| NONTEV | ISTA HOSPITAL | | | EST ROCHELI GAS, NV 891 | | | |
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| B 128 | This Standard is not Based on document r facility failed to ensur progress notes for nir sample patients (A1, and A9). Although so treatment notes, there evidence showing the of progress toward tre psychiatric problems. comprehensive docum progress prevented a pertinent changes in f condition or response interventions. Findings include: A. Document Review 1. The facility's policy Treatment Plan" date "Each objective and g basis and progress is staff did not follow thi 2. A review of the Ele revealed that there w regarding whether the not toward the specifi addressed by social w B. Interviews 1. In an interview on 8 was unable to locate for Patient A5, A6, an | met as evidenced by: review and interview, the e that social work staff ne (9) of nine (9) active A2, A3, A4, A5, A6, A7 cial work staff wrote grade was no documented e patient's progress or leatment goals or prese The absence of mentation of each patien in up-to-date picture of the patient's psychiatric es to social work | wrote Y, A8, pup ack nting ent's c t egular work d ess or SW4 otes pow | B 128 | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE | | . , | CONSTRUCTION | (X3) DATE S COMPL | |
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| ND FLAN OF | ORRECTION | 294009 | _ K . | | | R-C | |
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| IONTEVI | STA HOSPITAL | | | EST ROCHELI GAS, NV 8910 | | | |
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| B 128 | Continued From pag | e 65 | | 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 136 | | | | B 136 | | | |
| | | | alized ive | | | | |
| | Based on document interview, the facility social work staff to pr comprehensive asses | | | | | | |
| | 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 | | ated was a tly ee (3) | | | | |
| | and A7). Also, two (2 patients on the Gerop did not consistently re active treatment. This |) of two (2) active samp osychiatric Unit (A1 and eceive clinically indicate s failure resulted in a la nosocial assessments t | ble d A2) ed ck of | | | | |

If continuation sheet Page 66 of 79

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE 294009 | | | CONSTRUCTION (X3 | DATE SURVEY COMPLETED R-C 05/22/2019 | | |
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| | OVIDER OR SUPPLIER STA HOSPITAL | | 5900 W | DDRESS, CITY, STATE, ZIP CODE WEST ROCHELLE AVENUE VEGAS, NV 89103 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUS | TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION) | GULATORY | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | | |
| B 136 | individual and group f absence of detailed of treatment. (Refer to E B152). II. Provide either a Di Services who posses (MSW) or assign an M social work practices practice duties, functi the Director of Social for non-MSW staff wh functions such as cor assessments, conduc planning aftercare res directed or designed entire facility. (Refer the MEDICAL STAFF CFR(s): 482.62(b)(2) The director must mo quality and appropriat treatment provided by This Standard is not Based on record revie Medical Director faile sufficient oversight, a ensure appropriate as quality psychiatric tre (9) active sample pati A9, A10, A13, and A1 Director failed to: I. Assure comprehense treatment plans base patients for nine (9) o patients (A1, A2, A3,4) | treatment, and in the locumentation of active 3108, B124, B125, and rector of Social Work sed a master of social w MSW to provide oversig and fulfill the clinical ons, and responsibilitie work. This lack of over no perform social work mpleting psychosocial cting social work groups sults in no professionall social work services for to B154). | work pht of s of sight s, and y the ons to and ine x8, edical ds of | B 136 | | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES

If continuation sheet Page 67 of 79

Printed: 06/17/2019

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| R-C 05/22/20 Rec 1 ADME OF PROVIDER OF SUPPLIER MONTEVISTA HOSPITAL STREET ADDRESS. CITY, STATE, ZP CODE 5000 WEST ROCHELLE AVENUE LAS VECAS, NV 83103 (MAID OF CONSECTION REET NOT OF LISCIDENTFINIS INFORMATION) IN PROVIDER'S PLAN OF CORRECTION OR LISCIDENTFINIS INFORMATION) PRETX CACH OBERICANY STREEMENT OF DEPICIENCIES CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY IN THE APPROPRIATE IN THE APPROPRIATE APPROPRIATE DEFICIENCY IN THE APPROPRIATE DEFICIENCY INTERNATION INTO A THE APPROPRIATE DEFICIENCY IN THE APPROPRIATE APPROPRIATE DEFICIENCY IN THE APPROPRIATE APPROPRIATE DEFICIENCY INTERNATION INTO A THE APPROPRIATE DEFICIENCY INTERNATION INTO A THE APPROPRIATE DE | | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB | | . , | | (X3) DATE S COMPL | |
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| ADNTEVISTA HOSPITAL S900 WEST ROCHELLE AVENUE LAS VEGAS, NV 89103 (XM) ID PREFIX TAG ULACH DEFICIENCY MUST BE PRECIDED BY FULL REGULTORY OR LSC IDENTIFYING INFORMATION) ID PREFIX PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE (EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULTORY OR LSC IDENTIFYING INFORMATION) ID PREFIX PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE (EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULTORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG B 144 Continued From page 67 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 iteam members and failure to include all active treatment measures on MTPs results in the potential to compromise patients' opportunity to receive appropriate treatment 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: 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: II. Assure comprehensive by the facility) to be used as the basis for developing treatment plans. (Refer to B119). ID Observable and measurable goals based on each patient's presenting psychiatric symptoms and needs. (Refer to B121). ID 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. III Individualized active treatment interventions with a method of de | | | 294009 | | B. WING | | 05 | - |
| LAS VEGAS, NV 89103 (x) (p) PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE FRECENCIED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY) BACTING AND DE BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 00 B 144 Continued From page 67 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 B118-1). B 144 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: 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). B. Observable and measurable goals based on each patient's presenting psychiatric symptoms and needs. (Refer to B121). 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. II. Assure contract, and focus of treatment based on each patient's presenting psychiatric symptoms and needs. | AME OF PR | OVIDER OR SUPPLIER | | STREET ADDR | RESS, CITY, STATE | , ZIP CODE | | |
| Preferx Tag (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX Tag (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) B 144 Continued From page 67 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 B118-1). B 144 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: 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). B. Observable and measurable goals based on each patient's presenting psychiatric symptoms and needs. (Refer to B121). 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. | IONTEVI | ISTA HOSPITAL | | | | | | |
| 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 B118-1). 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: 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). B. Observable and measurable goals based on each patient's presenting psychiatric symptoms and needs. (Refer to B121). 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. | PREFIX | (EACH DEFICIENCY MUS | T BE PRECEDED BY FULL RE | | PREFIX | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE | I SHOULD BE | (X5) COMPLETIC DATE |
| 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). | B 144 | input and clinical assider A registered nurse for at the time of admisside team disciplines. This members and failure treatment measures of potential to comproming the appropriate the to B118-I). II. Assure comprehent Plans (MTPs) that we included all required on the following component of the follo | essments of all disciplin rmulated the treatment ion rather than the treat is lack of input by all tea to include all active on MTPs results in the ise patients' opportunit reatment measures. (R asive Master Treatment ere individualized and components for nine (9 e patients (A1, A2, A3, A9). The MTPs were m ents: riptive strength and dis oblems by the facility) f developing treatment p reasurable goals based atting psychiatric sympto B121). we treatment intervention very, frequency of cont at based on each patie c symptoms and needs ster Treatment Plans w e required components bility to provide coordir potentially resulting in | plan tment am y to efer 4 9) of A4, issing ability to be plans. 4 on oms ons act, nt's 5. ere hated | B 144 | DEFICIENCY) | | |

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| IONTEVI | STA HOSPITAL | | | 900 WEST ROCHELLE AVENUE AS VEGAS, NV 89103 | | | | | |
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| B 144 | Continued From pag | e 68 | | B 144 | | | | | |
| | 4 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) | | nts ative lack ting ovide ve to her e hent ed | | | | | | |
| B 148 NURSING SERVICES 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: | | rsing t tric nd sing | B 148 | | | | | | |
| | I. Review to ensure the formulated by the reg | - | udad | | | | | | |

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| IONTEVI | STA HOSPITAL | | | EST ROCHELI GAS, NV 8910 | | | | |
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| B 148 | were comprehensive sample patients (A1, A9). (Refer to B118-I) II. Ensure that RNs in listed strengths and d descriptive terms for sample patients (Refe III. Ensure that the RI short-term goals base assessments for each specific problems for sample patients. (Ref IV. Assure that nursin interventions that wer problems and goals for sample patients. (Ref V. Ensure compreher were specific to the n nursing groups the pa nine (9) active sample hindered the treatment patient's response to interventions, evaluat changes in the patient B124). Findings include: | ata from all disciplines for nine (9) of nine (9) A2, A4, A5, A6, A7, A8 | active active lan active their tive fied active hat id the e (9) of ng the urable ing o | B 148 | DEFICIEN | | | |
| | 5/21/19 at 3:15 p.m., agreed that the regist | the Director of Nursing ered nurse when nent plan was just usin | g | | | | | |

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| | OVIDER OR SUPPLIER STA HOSPITAL | | 5900 WE | ST ROCHELL SAS, NV 8910 | E AVENUE | | |
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| B 148 | give the facility the Tr | e 70 uter program would nev eatment Plan wanted. nent plan needs more | She | B 148 | | | |
| B 152 | | | | B 152 | | | |
| | monitors and evaluat | ctor of social services we es the quality and ocial services furnished | - | | | | |
| | This Standard is not met as evidenced by: Based on medical record review and staff interview, the Director of Social services fai | | ed to: | | | | |
| | staff deployed to prov stipulated in the Plan 3/14/19. Specifically, Treatment Facility chi deploy enough social clinical treatment occ maintain the 1 to 15 s patient ratio establish This ratio was establish This ratio was establish group and individual f patients with sexual a facility failed to deplo on the Geropsychiatr services. The failure f work staff to provide of results in patients not | was sufficient social wo vide clinical treatment a of Correction (POC) da the Psychiatric Reside ild/adolescent unit faile work staff to ensure the urred consistently and social services therapis ued by the facility in the shed to ensure that the ork staff to provide bott treatment, especially for abuse issues. In addition y sufficient social work ic Unit to provide social to deploy adequate social clinical treatment potent a receiving clinically ind thus hinder their recover | ated ntial ntial d to nat to to to POC. ere n or on, the staff I work cial tially icated | | | | |
| | Findings include: | | | | | | |
| | A. Psychiatric Reside | ntial Treatment Facility | · | | | | |
| | 1. A review of the doo | umont titled "Thorania | + | | | | |

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| B 152 | the two social work si child/adolescent unit each. On the day of the was covering the 36 p unit. 2. A review of the me social work staff on the not consistently docu group treatment notes attendance in group si active sample patient treatment notes from revealed the following a. Patient A6 was addr diagnosis of "Major D Work staff documents group sessions on the The group schedule si scheduled Monday - 1:00 p.m. and 1:00 p. Group was also sche Sunday from 2:30 p.r group treatment note detailed information at to the group intervent behavior evaluated ut in Therapy" as "Allian "Participation Level a Quality" was recorded and Sharing." There we regarding how the stat evaluations of the pati- groups, if alternative at | All Inpatients" revealed taff (therapists) on the were assigned 18 patie he survey, one social w patients on child/adoles dical records revealed he child/adolescent unit ment a sufficient numb s to show each patient' sessions for two of three is (A6 and A7). A review 5/15/19 through 5/20/1 g findings: mitted 5/17/19 with a pepressive Disorder." Se d one out of six possible child/adolescent 400 showed a "Process Gro Friday from 12:30 p.m. m. to 1:30 p.m. A "Proc duled on Saturday and n. to 3:00 p.m. This one dated 5/18/19 lacked about the patient's resp- tion, such as the patien nder "Insight / Engager the forming" and under s "Active." "Participation d as "Appropriate, Atter was no information the naff determined these tient's response during was no information the nce in five other possib active treatment measu rovided the duration of | ents vorker scent that did er of s e v of 9 ocial ble unit. up" to cess e onse t's nent n tive, the e le ures | B 152 | | |

Printed: 06/17/2019

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| MONTEVI | STA HOSPITAL | | | EST ROCHEL GAS, NV 891 | | | |
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| B 152 | Continued From pag | e 72 | | B 152 | | | |
| | Disorder, unspecified Disorder, unspecified document five out of on the child/adolesce schedule showed thre therapist: "Goal Goal a.m. to 8:00 a.m., "Pr a.m. to 8:30 a.m., and p.m. to 5:00 p.m. The dated 5/18/19 lacked the patient's response such as the patient's "Insight / Engagement forming" and under "I "Active." "Participatio "Appropriate, Attentive no information regard determined these eva response during the g was no information a non-attendance in the alternative active treat offered, and if provide and the patient's resp 3. An interview was h with the Director of C also responsible for s dispute the findings a three social workers fo on child/adolescent un census, we need four Director of Clinical Se workload was heavy child/adolescent unit them to do up to two | on-deficit, Hyperactivity I, Pervasive Development 1" Social Work staff 15 possible group sessent 200 unit. The group ee groups to be led by /Process Group" from 8:0 d "Process Gr | ental sions the 7:30 00 n 4:00 notes bout tion, der nce d as e was sere ups, if act, a.m. vas id not t least ratios r full the ers on s for nent | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIEI AND PLAN OF CORRECTION IDENTIFICATION NUM | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | | (X3) DATE SURVEY COMPLETED | | |
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| B 152 | Continued From pag | | | B 152 | | | |
| | complete psychosoci | | | | | | |
| | B. Geropsychiatric U | nit | | | | | |
| | 1. A review of the me social work staff on the not consistently docu group treatment note attendance in group s active sample patient schedule for the Gero groups assigned to the staff): "Seeking Safet through Saturday at 7 Group" scheduled Su 1:30 p.m. A review of 5/15/19 through 5/20/ findings: | t did her of 's oup ed two ork unday ss y at | | | | | |
| | a. Patient A1 was admitted 4/25/19 with a diagnosis of "Unspecified psychosis not due substance or known physiology." The psych evaluation dated 4/27/19 also identified Parkinson's disease and potential Levy Body Dementia. Social Work staff documented throut of 12 scheduled group sessions during the review period of 5/15- 5/20/19. The patient of 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 docume evidence regarding the duration of contact of patient's response to these individual interversessions. There was also no other document interventions were provided for groups the p did not attend. | | v ree the did not ch al nented or the ention ntation | | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED R-C | |
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| B 152 | diagnosis of "Unspec behavioral disturband documented two of 1. The patient did not at the social worker doc offered 1:1 which incl provide emotional sur communication of fee was no documented duration of contact or this 1:1 intervention. documentation reflect treatment intervention the group sessions at 2. In an interview with approximately 1:00 p reported there had no worker to help with cl month ago. The socia responsible for a cen Capacity 20 and Cen survey) of which appr needed nursing home that it was challengin such as to conduct gr and provide individua 17 patients. II. Ensure that the Ps included a comprehe conclusion and recon nine (9) active sample A5, A6, A7, A8, and A not document detaile conclusions and reco social evaluation of d psychiatric problems, issues, anticipated ne | ified Dementia with ces." Social work staff 2 scheduled group ses tend these two groups, umented, "[Patient] wa uded attention given to pport and encourage slings and needs" The evidence regarding the the patient's response There was also no othe ting alternative active as were provided instea ssigned. MSW1 on 5/20/19 at .m., the social worker of been another social inical work since about al worker stated she was sus of I7 patients (Unit sus was I7 during the roximately four patients e placement. She agre g to provide active treat roups, write treatment r I therapy with a caselo ychosocial Assessment nsive statement of mendations for nine (S e patients (A1, A2, A3, A9). These assessment d summarized informated mmendations regardin | , and is here to er ad of ta as seed itment notes, ad of its 9) of A4, ts did tion or g the harge | B 152 | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED R-C | |
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| B 152 | treatment during host assessments for five patients (A4, A6, A7, by non-Master of Soc no documented evide reviewed by MSW lev comprehensively ass psychosocial needs p suboptimal inpatient discharge care plans III. Ensure the develor treatment plans which work interventions to problems and assist treatment goals for ni sample patients (A1, and A9). Specifically, (MTPs) included rout functions written as a interventions. Also, th active treatment inter delivery, frequency of treatment based on e psychiatric symptoms potentially results in s able to provide consist treatment. (Refer to E IV. Ensure that social comprehensive treatment identified in the Master for nine (9) of nine (9) A2, A3, A4, A5, A6, A hindered the treatment patient's response to interventions, evaluation changes in the patient | pitalization. Also, the (5) of nine (9) active sa A8, and A9) were com cial Work (MSW) staff v ence that they had been vel staff. This failure to ess the patient's potentially resulted in progress and inadequa . (Refer to B108). opment of individualized h clearly delineated so address specific patier patients in accomplishing ine (9) of nine (9) active A2, A3, A4, A5, A6, A7 Master Treatment Plan ine and generic social to citive treatment he facility failed to inclu- ventions with a method f contact, and focus of each patient's presenting s and needs. This defic social work staff not beis stent and focused active B122). I work staff wrote ment notes for interven er Treatment Plans (MT) active sample patient A7, A8, and A9). This fan in team from determining active treatment ing if there were meas its' condition, and revis hen the patient did not | pleted vith n te d cial nt ng e 7, A8, ns work de d of g iency ing re tions TP) s (A1, iilure ng the urable ing | B 152 | | | |

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| AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE | | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| B 152 | 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) | | ied s. ne of date work work | | |
| | The director of the so service must have a accredited school of qualified by education social services needs director does not hold | ocial work department o master's degree from a social work or must be n and experience in the s of the mentally ill. If th d a master's degree in s aff member must have th | n ne social | | |

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| B 154 | This Standard is not Based on record revie failed to provide eithe services who possess (MSW) or assign an I social work practices functions, and respon social work. The lack staff who perform soc completing psychoso conducting social work facility. Findings include: Interviews 1. An interview was h approximately 4:15 p Officer (CEO). He sta with an MSW had be oversight of social wor reported that these so completing audits on social work practice. was unable to provide showing any reviews non-MSW social work 2. During an interview the Director of Clinical social work staff, did 3. In an interview on S 12:30 p.m., SW2 and Licensed Clinical Soc | met as evidenced by: ew and interview, the fa- er a director of social we sed a Master of Social MSW to provide oversig and fulfill the duties, hsibilities of the director of oversight for non-M cial work functions such cial assessments, rk groups, and planning o professionally directe services for the entire entire with Chief Executive ted that three social we en assigned to provide ork practice. He also ocial workers were non-MSW staff involve However, on 5/22/19, the documented evidence of social work practice x staff. w on 5/22/19 at 9:35 a.r al Services, who supervised SJ22/19 at approximate SJ22/19 at approximate SJ23 State State State SJ23 State SJ23 State State State SJ23 State SJ2 | ork Work ght of r of SW n as g d or re orkers ed in ne e by m., <i>v</i> ised s. ely t they | B 154 | | | |

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| | | D HUMAN SERVICES MEDICAID SERVICES | | | | | RM APPROVED NO. 0938-0391 |
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| NAME OF PROVIDER OR SUPPLIER MONTEVISTA HOSPITAL | | | 5900 W | EST ROCHE GAS, NV 89 | LLE AVENUE | | |
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| B 154 | they had received a r | new job description that onsibilities and voiced | | B 154 | | | |