

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295079	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Koontz Lane Carson City, NV 89701	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31739</p> <p>Based on observation, clinical record review, interview, and document review, the facility failed to ensure the safety of a resident with wandering behaviors from elopement from the facility for 1 of 16 sampled residents (Resident #13). The deficient practice had the potential for physical and psychosocial harm to the resident.</p> <p>Findings include:</p> <p>Resident #13</p> <p>Resident #13 was admitted to the facility on [DATE], with diagnoses including memory deficit following other cerebrovascular disease, unspecified dementia, unspecified severity, with other behavioral disturbance, and cognitive communication deficit.</p> <p>Elopement Risk Evaluation dated 03/04/2025, documented Resident #13 had a history of wandering, had verbalized the desire to leave the facility, and was seeking out family members placing the resident at significant risk of an unsafe situation related to the resident's diagnosis of dementia with behaviors.</p> <p>Care Plan dated 03/06/2025, documented Resident #13 was an elopement risk, wandered aimlessly related to impaired safety awareness, and required a secured unit.</p> <p>A Facility Reported Incident (FRI), documented on 03/11/2025, Resident #13 was seen walking through the main entrance of the facility from the outside. The resident resided in a secured unit and was last seen by staff at approximately 3:10 PM and not seen again until approximately 3:45 PM. The resident was wearing appropriate clothes for outside weather.</p> <p>On 03/13/2025 at 1:00 PM, the Executive Director confirmed Resident #13 had eloped from the facility on 03/11/2025, and was unable to determine how the resident left the facility. The Executive Director confirmed Resident #13 was in a locked unit due to the resident's diagnoses and related lack of safety awareness.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy titled, Elopement/Wandering, updated February 2025, documented an elopement had occurred when a resident exited the facility without staff knowledge, and residents assessed at risk for elopement residing a locked unit were to be accompanied by a staff member while outside the facility to ensure resident safety.</p> <p>FRI #NV00073658</p>