

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Adams Boulevard Boulder City, NV 89005	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46265</p> <p>Based on interviews, record review and document review the facility failed to ensure a dependent, non-verbal resident was not left in a wet brief for an extended period of time for 1 of 5 sampled residents (Resident 1). The deficient practice had the potential to place the resident at risk for worsening of health conditions and psychosocial harm.</p> <p>Findings include:</p> <p>Resident 1 (R1)</p> <p>R1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including intellectual disabilities, dementia, cognitive communication deficit, and diabetes mellitus.</p> <p>A Brief Interview for Mental Status (BIMS; a tool used to screen and identify the cognitive condition of a resident) on 05/14/2024 documented a score of 03, which indicated a severe cognitive impairment.</p> <p>A report of neglect by a staff member was received by the state agency.</p> <p>On 06/25/2024 at 1:00 PM, the Assistant Administrator confirmed concern regarding neglect of resident by a Certified Nursing Assistant (CNA) at the facility. The Assistant Administrator verbalized a resident had made a complaint to the social worker on 05/10/2024 regarding R1 being neglected. The Assistant Administrator indicated the social worker followed the policy and contacted the abuse coordinator and an investigation was initiated.</p> <p>The Assistant Administrator confirmed being the abuse coordinator and initiated an investigation with the assistance of the Director of Nursing (DON). After interviewing five residents who, according to the assistant administrator three out of five residents confirmed the initial allegation of neglect. The abuse coordinator verbalized the employee of concern was interviewed and ultimately terminated for neglect and reported to the appropriate licensing board.</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Adams Boulevard Boulder City, NV 89005	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/25/2024 at 1:30 PM the DON explained the facility expectation was for staff to make rounds at least every two hours and check on all residents during the day shift and the night shift. The decision to terminate the employee of concern was related to multiple residents with the same complaint of the employee not responding to call lights or checking on resident during shift until it was time for the next shift to arrive.</p> <p>During the onsite investigation on 06/25/2024, the facility correction of the past non-compliance related to the incident occurred evidenced by:</p> <p>On 05/10/2024, the employee of concern was suspended pending investigation and ultimately terminated and reported to the appropriate licensing board on 05/15/2024.</p> <p>On 05/12/2024, an in-service was initiated for all staff regarding neglect education. The DON initiated a new program of documentation for CNA staff which included:</p> <ul style="list-style-type: none"> - a task list and rounding times expected. - the CNA would review at end of shift with oncoming CNA and both would sign off acknowledging the completion of specific tasks. - the unit nurse would also sign off on task form to confirm the completion of tasks by the CNA during the shift. <p>Complaint NV00071456</p>