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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295094 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/06/2025 |
| NAME OF PROVIDER OR SUPPLIER Spanish Hills Wellness Suites | | STREET ADDRESS, CITY, STATE, ZIP CODE 5351 Montessouri Street Las Vegas, NV 89113 | |

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

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51396</p> <p>Based on interview, record review and document review, the facility failed to ensure a report submitted to the state agency (SA) regarding an allegation of sexual abuse was thoroughly completed for 1 of 6 sampled residents (Resident 2). The deficient practice had the potential to compromise the safety of residents.</p> <p>Findings include:</p> <p>Resident 2 (R2)</p> <p>R2 was admitted on [DATE] with diagnoses including closed fracture of the right femur, schizoaffective disorder, major depressive disorder, and an anxiety disorder.</p> <p>An initial report of the Facility Reported Incident (FRI) submitted to the SA on 01/22/2025, revealed R2 alleged being touched inappropriately by a staff member described as a white male wearing a ponytail.</p> <p>A final report of the FRI submitted to the SA on 01/28/2025, revealed the facility was not able to substantiate R2's allegation of sexual abuse due to the description of the alleged male R2 provided did not match any of the staff members in the facility.</p> <p>On 03/06/2025 at 1:50 PM, a Restorative Nurse Assistant (RNA) with a beard and a ponytail indicated was familiar with R2. The RNA conveyed having provided restorative services to R2 alongside another staff member, but the RNA had not been alone with the resident at any given time. The RNA reported being suspended for one day due to an incident involving R2, but the reason for the suspension was not made clear to the RNA.</p> <p>On 03/06/2025 at 2:00 PM, the Director of Nursing (DON) confirmed the RNA's suspension on 01/22/2025 was related to R2's sexual abuse investigation. The DON acknowledged the RNA was suspended because the RNA was the only male staff member who wore a ponytail.</p> <p>The facility report (initial and final) lacked documentation of the RNA's suspension due to the staff member fitting the description provided by R2.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 03/06/2025 at 3:09 PM, the DON reviewed the facility report and conveyed the report contained inaccurate information regarding there not being any staff members who fit the description of the alleged staff member. The DON indicated the suspension of the RNA was part of the facility's abuse protocol and investigation and should have been included in the final report. The DON explained the former abuse coordinator completed the report which was submitted to the SA. The DON could not speak to why the RNA's suspension was excluded from the facility report.</p> <p>On 03/06/2025 at 3:15 PM, the Abuse Coordinator indicated being employed on 02/06/2025 and could not speak to R2's incident which occurred in January 2025.</p> <p>The policy titled Abuse, Neglect, Exploitation, or Mistreatment revised on 11/1/2027 documented the facility would conduct an internal investigation of the allegation and report the results of the investigation to enforcement agencies which includes the State Agency. Investigations were to be prompt, comprehensive, responsive to the situation and contain founded conclusions.</p> | | |