Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7213	A. BUILDING _____ B. WING _____	12/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VEGAS CHATEAU FOR SENIORS	4175 N TOMSIK ST, LAS VEGAS, NEVADA ,89129

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of the State Licensure Grading survey conducted at your facility on 12/09/21 through 12/10/21, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses Category I residents, and a separate secured unit for five residential facility beds which provide care for persons with Alzheimer's Category II residents. The census at the time of the survey was four. Four resident records and three employee records were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiency was identified:	0000		
0820 SS= D	Tracheostomy or Open Wound - NAC 449.2734 Residents having tracheostomy or open wound requiring treatment by medical professional; residents having pressure or stasis ulcers. (NRS 449.0302) 1. A person who has a tracheostomy or an open wound that requires treatment by a medical professional must not be admitted to a residential facility or be permitted to remain	0820	A) The resident in mention has been seen by the appropriate authorities for treatment and plan of continuous treatment.The facility will inquire from the place of discharge upon future arrivals whether patients have wounds and treatment plans if needed, before day of discharge and respond accordingly.	12/10/2021

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	as a resident of a residential facility unless: (a) The wound is in the process of healing or the tracheostomy is stable or can be cared for by the resident without assistance; (b) The care is provided by or under the supervision of a medical professional who has been trained to provide that care; or (c) The wound is the result of surgical intervention and care is provided as directed by the surgeon. Inspector Comments: Based on observation, interview, and record review, the facility admitted a resident with an open wound for which there was no documentation the wound was in a healing condition and there was no treatment plan of the wound for 1 of 4 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 12/08/21 from a skilled nursing facility. The skilled nursing facility progress note dated 12/06/21 documented R1 had diagnoses of chronic kidney disease - stage 4 on dialysis, and diabetes mellitus II with a left foot ulcer. There was no documentation of the wound treatment orders or a treatment plan. There was no documentation the wound was in a healing condition. On 12/09/21 at 1:45 PM, the House Manager verified R1 was discharged from the skilled nursing facility and admitted to the facility without documentation of a wound assessment. The House Manager indicated not being aware of a treatment plan for the left foot wound, and stated the Home Health Nurse would not be at the facility until 12/10/21 to assess and dress the left foot wound. The Administrator acknowledged there was no documented evidence the wound was in a healing condition. The facility did not obtain a wound treatment plan prior to admission. The Administrator indicated it was the facility's policy that a resident with a wound in a non-healing condition should not be admitted. On 12/09/21 R1's left foot was wrapped with gauze open at the top of the foot. R1's toenails appeared ragged, sharp, and dirty. R1 verbalized the wound had not been treated and dressed since Tuesday, 12/07/21 at the skilled nursing facility. R1 and R1's family member indicated not knowing what the treatment plan was,		B)The facility will inquire from the place of discharge upon future arrivals whether patients have wounds and treatment plans if needed, before day of discharge and respond accordingly. C) Along with the forementioned correction we will consult with the Administrator for future occurrences. D) The Staff and Administrator. E) 12/10/2021	

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	including how often the wound should be treated and dressed. Severity: 2 Scope: 1			