DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**05/05/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA SEVILLE	**2000 N RAMPART, LAS VEGAS, NEVADA ,89128**

(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 Complaint Investigation initiated at your facility on 04/27/21 and completed on 05/05/21, in accordance with Nevada Administrative Code Chapter 449, Residential Facilities for Groups. The facility is licensed for 144 Residential Facility for Group beds which provide assisted living services for elderly and disabled persons, and/or persons with mental illnesses, and/or persons with chronic illnesses, 103 Category I and 41 Category II residents. The census at the beginning of the survey was 73. The facility received a grade of A. One complaint was investigated. Complaint #NV00063485 with two allegations was substantiated: Allegation #1: A resident had a pressure sore and the responsible party was not notified of the resident's change in condition was substantiated. (See Tag Y0850) The investigation into these allegations included: Observations of facility environment. Interviews were conducted with the Administrator, the Wellness Director, three residents, a Registered Nurse and the Physician. Document review of Incident reports, Progress notes and Home Health Care Plan. 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiency was identified:	0000		
0850 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 1. If a resident of a residential facility becomes ill or is injured, the resident ' s physician and a member of the resident '	0850	Atria Seville Plan of Correction Regarding Visit 04/27/2021	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MICHAEL MASICH Title: Executive Director Date: 05/26/2021

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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	s family must be notified at the onset of illness or at the time of the injury. The facility shall: (a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident if the resident ' s physician is not available; and (b) Request emergency services when such services are necessary. Inspector Comments: Based on record review, interview and document review, the facility failed to follow their policy regarding notification of a change in condition to the responsible party for 1 of 5 sampled residents (Resident #1) Findings include: Resident #1 (R1) R1 was admitted on 11/14/18, with diagnoses including cancer and Stage 2 pressure ulcer. A Home Health Plan of Care dated 5/22/20-7/20/20, documented R1 had a Stage 3 pressure ulcer on the right buttocks. A wound care visit dated 07/31/20, documented R1 had cognitive impairment and a Stage 4 pressure ulcer of the buttock's region. The facility's Assessment policy dated 01/06/20, documented the following if there was a change in the resident's level of care: - If a resident is their own responsible party, review the Assessment and Service Plan. -If there is a responsible party involved, schedule a meeting time to review the Assessment and Service Plan. On 5/5/21 at 11:30 PM, the Resident Services Director indicated being unaware if the facility notified the responsible party of R1's change in condition, from a Stage 2 pressure ulcer to a Stage 3 pressure ulcer, or from a Stage 3 pressure ulcer to a Stage 4 pressure ulcer. At 2:21 PM by via email, the Resident Services Director, acknowledged there was no documented evidence available for review showing R1's responsible party was notified of R1's change in condition. Severity: 2 Scope: 1 Complaint # NV00063485		The Executive Director, Resident Services Director, and Divisional Director of Care Management were reeducated on notification requirements of a change in a resident’s condition. Random audits of changes in condition will take place for the next four weeks to ensure process is in place.	