

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

PRINTED: 05/02/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295081</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/18/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEVADA STATE VETERANS HOME - BOULDER CITY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 VETERANS MEMORIAL DR</b> <b>BOULDER CITY, NV 89005</b>		
(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
F 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a Complaint and Facility Reported Incident (FRI) Investigations conducted in your facility on 04/17/2024 through 04/18/2024, in accordance with 42 Code of Federal Regulations (CFR) Chapter IV, Part 483, Requirements for Long Term Care Facilities.</p> <p>The census was 171.</p> <p>The sample size was nine.</p> <p>There was one complaint and seven facility reported incidents (FRI) investigated:</p> <p>Substantiated without deficient practice: 1. Complaint #NV00070687 was substantiated. No regulatory deficiencies were identified.</p> <p>Unsubstantiated: 2. FRI #NV00070307 could not be substantiated. No regulatory deficiencies were identified. 3. FRI #NV00070347 could not be substantiated. No regulatory deficiencies were identified. 4. FRI #NV00070494 could not be substantiated. No regulatory deficiencies were identified. 5. FRI #NV00070751 could not be substantiated. No regulatory deficiencies were identified. 6. FRI #NV00070767 could not be substantiated. No regulatory deficiencies were identified. 7. FRI #NV00070786 could not be substantiated. No regulatory deficiencies were identified. 8. FRI #NV00070834 could not be substantiated. No regulatory deficiencies were identified.</p> <p>The investigation of the complaints included:</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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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F 000	<p>Continued From page 1</p> <p>Observations of the general appearance of residents, resident and staff interactions, residents participating in activities, and tour of facility.</p> <p>Interviews were conducted with residents, Activity Technicians, Certified Nursing Assistants, Licensed Nurses, Social Services Director, and the Director of Nursing.</p> <p>Clinical record review of residents, which included the residents of concern.</p> <p>Document review included facility policies and procedures, resident council minutes, grievance logs, and facility reports.</p> <p>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.</p> <p>There were no regulatory deficiencies identified. No further action necessary. Please retain a copy for your records.</p>	F 000			