

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 A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2022
NAME OF PROVIDER OR SUPPLIER TRUEWOOD BY MERRILL, HENDERSON		STREET ADDRESS, CITY, STATE, ZIP CODE 2910 W HORIZON RIDGE PARKWAY, HENDERSON, NEVADA ,89052	

(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	<p>Initial Comments</p> <p>Inspector Comments: This statement of deficiencies was generated as a result of a State Licensure complaint investigation conducted at your facility on 03/16/22, in accordance with the Nevada Administrative Code Chapter 449, Residential Facility for Groups. The facility is licensed for 116 beds for the elderly and disabled with endorsements to provide services to persons with chronic illness, assisted living services and/or Alzheimer Disease, Category II residents. The census at the time of the survey was 106. One complaint was investigated. Complaint #NV00065831 with four allegations was substantiated without deficiencies. Allegation #1 - Residents had to remain in their rooms during meals whether the person was positive or negative for COVID-19 was substantiated without deficiencies based on the facility was following the Bureau of Health Care Quality and Compliance Infection Preventionist staff (IP) recommendations to keep the dining area closed during a COVID-19 outbreak in the facility. The Administrator indicated the facility followed the recommendations to keep the dining room closed during the time any residents and staff were positive with COVID-19 to prevent the future spread of the virus. All resident meals were served in their rooms. Allegation #2 - The facility staff and residents must test negative for COVID-19 in order to re-open the dining room was substantiated without deficiencies based on the facility was following IP recommendations to keep the dining area closed during a COVID-19 outbreak in the facility until residents and staff tested negative for COVID-19 two weeks in a row. The Administrator indicated the facility followed the recommendations to keep the dining room closed during the time any residents and staff were positive with COVID-19 to prevent the future spread of the virus. The facility achieved two weeks of</p>	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: _____ Title: _____ Date: _____
 REPRESENTATIVE'S SIGNATURE

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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	<p>negative COVID-19 tests and re-opened the dining area on 03/16/22. The following allegations could not be substantiated. Allegation #3 - Residents were isolated and lonely was unsubstantiated based on interview with six residents who indicated family were allowed to visit in the residents' rooms, residents were able to leave the facility, and did not feel any more lonely than prior to the COVID-19 outbreak. The Administrator reported activities were provided from the resident doorways and residents were free to have guests in their room or leave the facility. Allegation #4 - Residents who were fully vaccinated were restricted to remain in their rooms was unsubstantiated based on interview with six residents who indicated family were allowed to visit in the residents' rooms and residents were able to leave the facility or go outside. The Administrator reported residents were free to have guests in their rooms or leave the facility at any time. Four letters were sent to residents and families updating them on the COVID-19 outbreak. Each letter documented the restrictions were the dining and activity room were remaining closed, activities were offered in resident apartments, guests were allowed in resident rooms, and residents were allowed to leave the community at any time. The investigation into the allegation included: Observation of residents walking through the facility, sitting outside, visiting with family, and participating in group activities. Interviews with six residents, Business Manager, Receptionist, and the Administrator. Document review of letters sent to the residents/families and IP guidance provided by state agency. 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. There were no regulatory deficiencies identified. No further</p>			

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	action is needed.			