

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

PRINTED: 05/07/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295089</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/05/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>MARQUIS CARE AT CENTENNIAL HILLS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6351 N FORT APACHE RD LAS VEGAS, NV 89149</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><b>INITIAL COMMENTS</b></p> <p>This Statement of Deficiencies was generated as a result of an investigation of a complaint and Facility Reported Incidents completed on March 05, 2020 in accordance with 42 Code of Federal Regulations (CFR), Chapter IV, Part 483 - Requirements for Long Term Care Facilities.</p> <p>The census at the time of the survey was 107.</p> <p>The sample size was 5.</p> <p>There were three Facility Reported Incidents investigated.</p> <p>1. Facility Reported Incident #NV00060365 regarding a resident to resident altercation was substantiated with no regulatory deficiency identified.</p> <p>2. Facility Reported Incident #NV00060240 regarding a resident to resident altercation was substantiated with no regulatory deficiency identified.</p> <p>The investigation into the incidents included:</p> <p>Observations included a tour of the facility, staff to resident interactions, resident's behavior in the activity area, dining area and residents of concerns rooms.</p> <p>Interviews were conducted with seven residents, a resident family member, two Certified Nursing Assistant's, Human Resources and Staffing Coordinator, two Activities Assistants, a Licensed Social Worker, the Director of Social Services, a Licensed Practical Nurse, a Charge Nurse, a</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 Resident Care Manager, and the Administrator.</p> <p>Medical Record Review included a review of two medical records including the resident of concerns medical record.</p> <p>Document Review included a review of the facility Incident Investigation, Resident Council minutes, Grievance Log, Abuse, Neglect, and Exploitation - Clinical Protocol policy, Resident to Resident Altercation and Abuse Prevention Program policy.</p> <p>2. Facility Reported Incident #NV00060131 regarding staff to resident abuse was substantiated with no regulatory deficiency identified.</p> <p>The investigation into the incidents included:</p> <p>Observations included staff to resident interactions.</p> <p>Interviews were conducted with seven residents, a resident family member, two Certified Nursing Assistant's, Human Resources and Staffing Coordinator, an Activities Assistant, a Licensed Social Worker, the Director of Social Services, a Licensed Practical Nurse, a Charge Nurse, a Resident Care Manager, and the Administrator.</p> <p>Medical Record Review included a review of two medical records including the resident of concerns medical record.</p> <p>Document Review included a review of the facility Incident Investigation, Resident Council minutes, Grievance Log, Abuse, Neglect, and Exploitation - Clinical Protocol policy, and Abuse</p>	F 000			

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F 000	<p>Continued From page 2 Prevention Program policy.</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			