

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  <b>04/22/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>VILLA COURT ASSISTED LIVING AND MEMORY CARE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE  <b>3985 SOUTH PEARL STREET, LAS VEGAS, NEVADA ,89121-7205</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
0000	Initial Comments  Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed at your facility on 04/22/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was 62. The sample size was five resident files and five employee files. The facility received a grade of A. There was one complaint investigated: Substantiated without deficient Practice: 1. Complaint #NV00070728 was substantiated with no deficient practice. The investigation of the complaint included: Observations included a tour of the facility, no odors in the facility, grooming and physical appearance for residents, cleanliness of the rooms, and the overall facility and residents receiving care and assistance. Interviews were conducted with the resident of concern, residents, three Caregivers, the Wellness Director, and the Administrator. Clinical Record Review of five resident records, which included the resident of concern. Document review included facility policy and procedures, invoices, resident council meeting minutes, and recent incident reports. 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 deficiencies were identified:			0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: MARCUS PEGROSS Title: Executive Director Date: 05/24/2024  
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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0740 SS= D	<p>Residents Requiring Indwelling Catheter - NAC 449.272 Residents requiring use of indwelling catheter. (NRS 449.0302) 1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver; (b) Irrigation of the catheter is performed in accordance with the physician 's orders by a medical professional who has been trained to provide that care; and (c) The catheter is inserted and removed only in accordance with the orders of a physician by a medical professional who has been trained to insert and remove a catheter.</p> <p>Inspector Comments: Based on observation, record review and interview, the facility failed to obtain a medical exemption to maintain a resident who had a urinary catheter for 1 of 5 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 03/01/23 with diagnoses including hypertension and chronic kidney disease. On 04/22/24 in the morning, R1 was observed to have a urinary catheter. R1 reported being unable to care for the catheter and stated facility staff provided care for all aspects of the urinary catheter. R1's file lacked documented evidence of a medical exemption waiver for the urinary catheter. On 04/22/24 in the morning, the Employee #1 (E1) confirmed R1 was not capable of caring for all aspects of the catheter independently. On 04/22/24 in the afternoon, the Administrator confirmed the facility had not submitted for approval to the Bureau a medical exemption waiver for the urinary catheter. Severity: 2 Scope: 1 Complaint# NV00070728</p>	0740	<p>Tag 0740</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Reevaluation of resident was completed by wellness director on 4/23/24. Waiver submitted for Indwelling Catheter to DPBH on 5/11/24 and approved. Resident was on Hospice and has passed away.</p> <p>What measures or systemic change will be put into place to ensure the deficient practice does not reoccur.</p> <p>The Wellness Director will conduct an evaluation of incoming residents to make sure resident is physically and mentally able to care for indwelling catheter. Wellness director will re eval bi-annually and whenever resident has change of condition to ensure resident is still able to care for foley catheter.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not reoccur.</p> <p>Preadmission evaluation will be conducted prior to move in by wellness or designee. Audits will be conducted by wellness director or designee bi-annually or with change in condition for any residents with foley catheters to verify if they are able to care for catheter.</p>	05/24/2024