| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 295080 | A. Building<br>B. Wing | 11/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Care Center | 601 Adams Boulevard<br>Boulder City, NV 89005 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0655<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and document review, the facility failed to develop a baseline care plan for the use of an indwelling Foley catheter within 48 hours of a resident's admission for 1 of 20 sampled residents (Resident 82). This deficient practice posed potential risks, including increased likelihood of infection, catheter blockage, tissue damage, and inadequate monitoring of urinary output.<br><br>Findings include:<br><br>Resident 82 (R82)<br><br>R82 was admitted on [DATE] and readmitted on [DATE], with the diagnoses including urinary tract infection, acute kidney infection, unstageable pressure ulcer and urinary retention.<br><br>On 10/29/224 at 2:08 PM, R82 was in bed with eyes closed. R82 had Foley catheter 18 French (Fr) times (x) 5-10 milliliters (ml) water balloon. Few drops of urine observed in the urinary bag.<br><br>A Physician order dated 09/26/2024, documented Foley catheter 16 FR x 10 ml water balloon for neurogenic bladder related to urine retention.<br><br>The Readmit Screener dated 10/13/2024, documented R2 had indwelling/Foley catheter 16 Fr.<br><br>A Nursing Progress Notes dated 10/15/2024, documented R2 Foley catheter 16 Fr draining and in place related to urinary retention/neurogenic bladder.<br><br>On 10/30/2024 at 11:08 AM, a Licensed Practical Nurse (LPN) indicated the Foley catheter required an order and a baseline care plan upon resident's admission. The LPN confirmed there was no care plan in place for R82's Foley catheter.<br><br>On 10/30/2024 at 1:30 PM, the Unit Manager (UM) confirmed no care plan had been formulated for R82's Foley catheter use. The UM explained a baseline care plan should have been implemented within 48 hours following R82's admission. The UM indicated the Director of Nursing (DON) was on leave and unavailable for interview, with the Assistant Director of Nursing (ADON) assuming responsibilities.<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 295080 | A. Building<br>B. Wing | 11/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Care Center | 601 Adams Boulevard<br>Boulder City, NV 89005 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0655<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 10/31/2024 at 4:00 PM, the ADON explained the DON restricted others from handling the care plan, preferring to manage it personally. The DON was recently assigned and took on the responsibility of updating care plans. The baseline care plan supports the subsequent development of the comprehensive care plan. The ADON confirmed no care plan had been formulated for R82's Foley catheter.<br><br>The ADON further explained R82 who had a urinary catheter, was flagged as a significant concern. The ADON indicated despite the resident being on hospice, the need for a care plan was affirmed to ensure adherence to person-centered care standards. The ADON indicated care plan discrepancies had previously gone unaddressed due to the DON's restrictions on plan access.<br><br>A facility policy titled Care Plans-Baseline revised December 2106, documented a baseline plan of care to meet the resident's immediate needs should have been developed for each resident within forty-eight (48) hours of admission, to assure the resident's immediate care needs were met and maintained.<br><br>A facility policy titled Catheter Care, Urinary, dated September 2014, documented procedures intended to prevent catheter-associated urinary tract infections. The preparation included reviewing the resident's care plan to assess any special needs of the resident. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 295080 | A. Building<br>B. Wing | 11/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Care Center | 601 Adams Boulevard<br>Boulder City, NV 89005 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and document review, the facility failed to develop a comprehensive care plan for: 1) fall prevention for a resident at risk for fall (Resident #56), 2) and medication self-administration (Resident #79). The deficient practice had the potential to deprive the residents for receiving necessary care to prevent health complications.<br><br>Findings include:<br><br>Resident #56 (R56)<br><br>R56 was admitted on [DATE], with diagnoses including severe sepsis, neurocognitive disorder, history of alcoholism and drug abuse, weight loss, and cerebrovascular accident.<br><br>Initial fall risk assessment dated [DATE], revealed a score of 12, indicating R56 was at risk for falls. The assessment documented if the total score was 10 or greater, the resident should be considered at a high risk for potential falls and the prevention protocol should be initiated immediately and documented on the care plan. R56 was re-assessed for fall risk on 08/11/2024, scoring 14 (high risk).<br><br>The fall assessments were performed thereafter on 08/11/2024, 10/04/2024, 10/07/2024, and 10/9/2024. All of them scored 14 (High Risk)<br><br>A comprehensive care plan dated 03/25/2024, lacked approaches for the prevention of falls.<br><br>A nurses note dated 08/10/2024 revealed R56 was found lying face down on the floor, with a laceration on the forehead. The note did not document if fall prevention interventions were in place at the time the fall occurred.<br><br>A physician order dated 08/15/20204, documented floor mattress to be in place while resident on bed. The order was obtained five days after R56 sustained the fall.<br><br>On 10/31/2024 at 3:50 PM, a Nurse Manager explained when residents were admitted , a fall risk assessment was performed to identify potential factors that could increase their likelihood of falling, allowing the facility to implement preventative measures and create a personalized care plan to minimize the risk of injury from falls. The Nurse Manager acknowledged R56 was at high risk for fall and a comprehensive care plan should have been developed and implemented.<br><br>Resident 79 (R79)<br><br>R79 was admitted on [DATE], with diagnosis including polyneuropathy unspecified, osteoarthritis unspecified site, and abnormal posture.<br><br>On 10/31/2024 at 7:05 AM, a nurse revealed R79 was to self-administer Garlic 1000 MG 1 capsule by mouth every day, which was kept in R79's room.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 295080 | A. Building<br>B. Wing | 11/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Care Center | 601 Adams Boulevard<br>Boulder City, NV 89005 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A progress note dated 07/17/2024, documented a self-administration evaluation was completed and R79 was fully capable of administering a garlic capsule supplement.<br><br>Evaluation of Resident's Ability to Self-Administer Medications dated 07/20/2024, documented resident could safely self-administer medication.<br><br>A physician's order dated 07/20/2024, documented Garlic Oral Capsule 1000 MG 1 time a day, may self-administer medication, self-administration of medication evaluation completed.<br><br>The medical record lacked documented evidence R79's care plan was revised to reflect self-administration of medication.<br><br>On 10/31/2024 at 9:31 AM, the Assistant Director of Nursing acknowledged R79's care plan should have been updated to reflect self-administration of medication.<br><br>A facility policy titled Care Plans, Comprehensive Person-Centered revised 2016, documented assessments of residents were ongoing, and care plans were to be revised as information about the residents and the resident's conditions changed. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 295080 | A. Building<br>B. Wing | 11/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Care Center | 601 Adams Boulevard<br>Boulder City, NV 89005 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0690<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and document review, the facility failed to ensure the resident's Foley catheter was properly assessed and the correct Foley size was inserted or clarified for 1 of 20 sampled residents (Resident 82). This deficient practice had the potential to increase the risk of discomfort or pain, or urinary tract injury and complications.<br><br>Findings include:<br><br>Resident 82 (R82)<br><br>R82 was admitted on [DATE] and readmitted on [DATE], with the diagnoses including urinary tract infection, acute kidney infection, unstageable pressure ulcer and urinary retention.<br><br>A Physician order dated 09/26/2024, documented Foley catheter 16 FR x 10 ml water balloon for neurogenic bladder related to urine retention.<br><br>The Minimum Data Set, dated [DATE], documented R82 had indwelling catheter.<br><br>The Readmit Screener dated 10/13/2024, documented R2 had indwelling/Foley catheter 16 Fr.<br><br>A Nursing Progress Notes dated 10/15/2024, documented R2's Foley catheter 16 Fr draining and in place related to urinary retention/neurogenic bladder.<br><br>On 10/29/2024 at 2:08 PM, R82 was in bed with eyes closed. R82 had Foley catheter 18 French (Fr) times (x) 5-10 milliliters (ml) water balloon with urinary droplets on the urinary bag.<br><br>On 10/30/2024 at 10:45 AM, a Certified Nursing Assistant (CNA) indicated R82 was on Foley catheter since admission and under hospice care. The CNA indicated the Licensed Nurse was responsible for the assessment and insertion of the Foley catheter. The CNA confirmed R82's Foley size was French 18 x 5-10 ml water balloon.<br><br>On 10/30/2024 at 11:08 AM, a Licensed Practical Nurse (LPN) verified R82's Foley catheter as an 18 Fr x 5-10 ml water balloon. The LPN confirmed the Foley catheter order specified a 16 Fr x 10 ml water balloon, but the inserted Foley was larger than ordered. The LPN indicated the order should have been followed or clarified and acknowledged a lack of documentation regarding when the Foley catheter was changed.<br><br>On 10/30/2024 at 1:30 PM, the Unit Manager (UM) confirmed the Foley order had not been followed. The UM noted R82 had been hospitalized for three weeks and indicated the hospital might have changed the Foley size before the resident's return. The UM indicated an assessment should have verified the Foley in place matched the order. The UM indicated, regardless of hospice status, the facility was responsible for ensuring the order was followed or clarified. The UM also identified a communication breakdown between hospice and facility staff, explaining that hospice documentation should have been cross-checked with facility records.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 295080 | A. Building<br>B. Wing | 11/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Care Center | 601 Adams Boulevard<br>Boulder City, NV 89005 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0690<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 11/01/2024 at 10:26 AM, a hospice RN confirmed R82 had been admitted to hospice on 10/13/2024 with a Foley catheter inserted at the hospital. The hospice nurse indicated upon R82's readmission, the hospice admission nurse documented a Foley catheter size of 16 Fr but may have missed checking or assessing the actual catheter in place. The hospice RN explained there was no documentation R82's Foley was changed in the facility; the Foley size order should have been followed or clarified for accuracy. The hospice RN verbalized the importance of using the correct Foley catheter size to prevent leakage or trauma.<br><br>A facility policy titled Catheter Care, Urinary, dated September 2014, documented procedures intended to prevent catheter-associated urinary tract infections. The preparation included reviewing the resident's care plan to assess any special needs of the resident. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 295080 | A. Building<br>B. Wing | 11/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Care Center | 601 Adams Boulevard<br>Boulder City, NV 89005 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide enough food/fluids to maintain a resident's health.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and document review, the facility failed to; 1) monitor weights for a resident with prescribed weight gain (Resident #67), and 2) ensure vulnerable residents' tube feeding free water flush (FWF) orders were followed and completely delivered as ordered for 1 of 5 sampled residents receiving continue hydration via gastrostomy tube (Resident #11). The deficient practice could have led to a potential risk of dehydration, electrolyte imbalance, kidney complications, and increased susceptibility to further health issues, thereby compromising the residents' overall well-being and recovery.<br><br>Findings include:<br><br>1) Weight monitoring:<br><br>Resident #67 (R67)<br><br>R67 was admitted on [DATE], with diagnoses including anxiety, acute psychosis, agitation, chronic obstructive pulmonary disease, hyperlipidemia, and dysphagia.<br><br>R67's weight records revealed weights were obtained three times during the last 120 days as follows:<br><br>04/10/2024: 151 pounds (lbs.)<br><br>07/11/2024: 145.8 lbs.<br><br>10/24/2024: 140.4 lbs.<br><br>Record revealed R67 had 7 % weight loss in 6 months. The 30 days weight changes could not be calculated due to lack of weight data in record.<br><br>A Dietitian progress note dated 04/21/2024, documented R67 was prescribed weight gain to achieve a body mass index (BMI) of 23. The progress note indicated the RD would monitor weight, labs, skin, and PO intake for any further changes.<br><br>A nutritional assessment dated [DATE], documented there was not an updated weight since R67 regularly refused weights. The last BMI was 20.3, slightly below the desired BMI (23).<br><br>Nutritional care plan dated 08/15/2023, documented R67 had potential nutritional problem related to multiple comorbidities, including cardiac disease, respiratory, kidney and liver failure, vitamin deficiency, and mechanical altered diet due to dysphagia. The care plan did not include approaches to monitor weight and the frequency of the dietitian assessment.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 295080 | A. Building<br>B. Wing | 11/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Care Center | 601 Adams Boulevard<br>Boulder City, NV 89005 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 10/31/2024 at 9:30 AM, the Registered Dietitian (RD) explained the weight for a resident with prescribed weight gain should be obtained weekly as well the performance of dietary assessment. The RD acknowledged R67's weight was not monitored as per the facility's policy because R67 refused weights. The RD verbalized weight refusal should have been documented in the medical record and the care plan should have been updated with new approaches since the prescribed BMI was not achieved.<br><br>The facility's policy titled Weight Assessment and Intervention dated September 2008, documented nursing staff would measure resident's weight on admission, the day after resident was admitted , and weekly for two weeks thereafter. The policy indicated if no weight concerns were identified, the weight would be obtained in a monthly basis.<br><br>2) Hydration:<br><br>Resident #11 (R11)<br><br>R11 was admitted on [DATE], with diagnoses including dysphagia, dementia, and seizure disorder. The resident had a gastrostomy tube (G-tube used as artificial route to provide enteral nutrition directly to the stomach).<br><br>Physician's order dated 10/04/2023, documented water flushes at 30 ml/hr via G-tube, for a total of 720 ml in 24 hours.<br><br>On 10/30/2024 in the morning, a review of the enteral pump 72 hours memory history revealed 1,951 ml of water were delivered over 72 hours. This amount had a discrepancy with the physician's order since 2,160 ml should had been administered (30 ml multiplied by 72 hours), indicating R11 did not receive about 209 ml of water.<br><br>On 10/31/2024 in the morning, the RD confirmed R11's water flush order was not followed, and the prescribed volume was not completely delivered, with a deficit of 209 ml, impacting the daily water requirements.<br><br>A facility policy titled Enteral Nutrition revised February 2008, documented adequate nutritional support through enteral nutrition was provided to residents as ordered.<br><br>A facility policy revised February 2008 documented the adequate nutritional support through enteral nutrition was provided to residents as ordered. Examples of potential benefits from using a feeding tube included addressing malnutrition and dehydration, promoting wound healing, allowing residents to regain strength, and enabling a transition back to oral nutrition. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 295080 | A. Building<br>B. Wing | 11/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Care Center | 601 Adams Boulevard<br>Boulder City, NV 89005 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0693<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Resident #11 (R11)<br><br>R11 was admitted on [DATE], with diagnoses including dysphagia, dementia, and seizure disorder. The resident had a gastrostomy tube (G-tube used as artificial route to provide enteral nutrition directly to the stomach).<br><br>Physician's order dated 10/04/2023, documented enteral feed formula Glucerna 1.2 calories (Cal) per milliliter (ml) to be administered at 60 milliliters per hour (ml/hr) for 24 hours, for a total of 1,440 ml.<br><br>On 10/30/2024 in the morning, a review of the enteral pump 72 hours memory history revealed 3,666 ml of formula was delivered in the previous 72 hours. This amount had a discrepancy with the physician's order since 4,320 ml should had been administered (60 ml X 72 hours = 4,320 ml/h), indicating R11 missed about 654 ml of formula (750 Cal).<br><br>On 10/31/2024 in the morning, the RD confirmed R11's enteral nutrition order was not followed, and the prescribed volume was not completely delivered, with a deficit of 654 ml of formula (750 Cal), impacting the prescribed calorie requirements.<br><br>Based on observation, interview, record review, and document review, the facility failed to ensure residents' tube feeding (TF) orders were followed and completely delivered as ordered for 3 of 5 sampled residents (Residents 54, 48, and 11). The deficient practice could have led to a potential risk of malnutrition, dehydration, and inadequate caloric intake, compromising residents' health and increasing susceptibility to further medical complications.<br><br>Findings include:<br><br>A facility policy titled Enteral Nutrition revised February 2008, documented adequate nutritional support through enteral nutrition was provided to residents as ordered.<br><br>A facility policy revised February 2008 documented the adequate nutritional support through enteral nutrition was provided to residents as ordered. Examples of potential benefits from using a feeding tube included addressing malnutrition and dehydration, promoting wound healing, allowing residents to regain strength, and enabling a transition back to oral nutrition.<br><br>Resident 54 (R54)<br><br>R54 was admitted on [DATE] and readmitted on [DATE], with diagnoses including dementia, vitamin deficiency and gastro-esophageal reflux disease.<br><br>A Physician order dated 05/18/2024 documented Glucerna 1.2 at 60 milliliters per hour (ml/hr), with free water flush (FWF) at 30 ml/hr, to run for 21 hours, providing 1,512 kilocalories (kcal), 76 grams of protein (1, 014 + 630), and 1,644 ml of water per day. Off at 10:00 AM, on at 1:00 PM.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 295080 | A. Building<br>B. Wing | 11/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Care Center | 601 Adams Boulevard<br>Boulder City, NV 89005 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0693<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | A Care Plan dated 08/22/2023. documented R54 had bowel/gastrointestinal disorders or diseases, including bowel incontinence, decreased mobility, dysphagia, gastrostomy tube (GT) for nutrition, gastroesophageal reflux disease, risk of dehydration, and potential fluid deficit. Interventions included administering medications as ordered.<br><br>A Care Plan dated 08/22/2023, documented R54 required tube feeding related to at risk for dehydration, at risk for potential fluid deficit, CVA, dysphagia, swallowing problem. The interventions included to administer TF and water flushes per MD orders. The goal included R54 would maintain adequate nutritional and hydration status AEB weight stable, no s/s of malnutrition through review date.<br><br>The Nutritional assessment dated [DATE], documented R52 was on TF Glucerna 1.2 at 60 ml/hr x 21 hrs., via gastrostomy tube (GT) to provide 1512 kcals, 76 g protein, 1650 ml water total. FWF at 30 ml/hr x 21 hrs. ; off at 10 AM on at 1:00 PM. R54 was slightly overweight, and weight maintenance was desired.<br><br>On 10/29/2024 at 11:31 AM, R54 was in bed, awake, non-verbal and incoherent. Enteral pump was at bedside, no tube feeding (TF) was infusing at this time. The gastrostomy site (GT) was covered with a dressing.<br><br>On 10/31/2024 at 10:05 AM, the tube feeding (TF) of Glucerna 1.2 was infusing at 60 ml and free water flush (FWF) at 30 ml. A Licensed Practical Nurse (LPN) entered R54's room and turned off the enteral pump. The LPN indicated the TF should have been turned off at 10:00 AM and turned back on at 1:00 PM. The LPN verified the enteral pump history, reviewing the total TF volume delivered, and revealed the following:<br><br>-12 hours: TF 686 ml, FWF 360 ml<br><br>-24 hours: TF 1241 ml, FWF 660 ml<br><br>-48 hours: TF 2251 ml, FWF 1237 ml<br><br>-72 hours: TF 3414 ml, FWF 1867 ml<br><br>On 10/31/2024 at 10:09 AM, a Registered Dietitian (RD) indicated R54 was on nothing by mouth and prescribed a continuous TF of Glucerna 1.2 at 60 ml/hr, with supplemental water at 30 ml/hr, scheduled to run for 21 hours, pausing at 10:00 AM and resuming at 1:00 PM. The RD confirmed R54 was tolerating the TF well, maintaining a stable weight and showing a body mass index (BMI) of 28.1, which indicated a slight excess but no significant changes in weight.<br><br>The RD confirmed R54's TF orders were not followed, and the prescribed volume was not fully delivered, increasing the potential risk of nutritional deficits. The RD indicated R54 was supposed to receive 3,780 ml over 72 hours; a shortage of 366 ml represented a significant dose and exceeded the lower end of R54's daily requirements.<br><br>Resident 48 (R48)<br><br>R48 was admitted on [DATE], with diagnoses including dysphagia (difficulty swallowing), gastrostomy, and dementia.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 295080 | A. Building<br>B. Wing | 11/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Care Center | 601 Adams Boulevard<br>Boulder City, NV 89005 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0693<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | A Physician order dated 04/28/2024 documented Jevity/Isosource 1.5 at 55 ml/hr and FWF at ml/hr to run for 21 hours. Off at 8:00 AM and on at 11:00 AM.<br><br>The Nutritional assessment dated [DATE], documented R48 was on TF Jevity 1.5 at 55 ml/hr x 21 hrs., via gastrostomy tube (GT) to provide 1733 kcals, 73 grams protein, and (878 + 945), 1823 ml water. The goal was to maintain body weight and continue to meet R48's daily needs.<br><br>A Care Plan dated 11/03/2023, documented R48 required tube feeding related to at risk for dehydration, potential fluid deficit, and dysphagia. The interventions included administering the feeding as ordered. On 10/31/24 11:07 AM, R48 was in bed with eyes closed, and TF Jevity 1.5 was infusing at 55 ml/hr. The LPN confirmed the TF pump history for 72 hours, indicating a total volume delivered of 3062 ml.<br><br>On 10/31/2024 at 11:15 AM, the RD verified R48's TF pump history and noted the total dose delivered was only 3062 ml, while 3465 ml was intended for 72 hours. The RD indicated a discrepancy of 403 ml over 72 hours, representing a significant dose that exceeded the lower end of R48's daily requirements. The RD indicated this discrepancy could potentially lead to nutritional deficits over time and verbalized the TF order should have ensured complete delivery of the TF dose. The RD indicated R48 had no significant weight change for the last 60 days.<br><br>On 10/31/2024 at 2:57 PM, the Nurse Practitioner (NP) indicated being unaware the resident's TF dose was not fully administered. The NP indicated the TF orders should have been administered as ordered to ensure adequate nutrition. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 295080 | A. Building<br>B. Wing | 11/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Care Center | 601 Adams Boulevard<br>Boulder City, NV 89005 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation and interview, the facility failed to label, and date open stored food products, and maintain sanitary conditions in the kitchen. The deficient practice could potentially expose residents to foodborne illnesses.<br><br>Findings include:<br><br>On 10/29/24 at 8:15 AM, an inspection was conducted in the kitchen with the kitchen manager.<br><br>The following issues were identified:<br><br>-The coffee machine and the iced tea dispenser had visible ground coffee residue and appeared dirty.<br><br>- Two ovens were visibly soiled with substantial accumulations of grease and burned food debris. The kitchen manager indicated the ovens were scheduled to be deeply cleaned and acknowledged the ovens should had been cleaned more often.<br><br>- Two trays and a cart containing cartons of milk and chocolate milk were visibly soiled with dairy matters.<br><br>- The kitchen floor, including the food preparation area, under the steam table, stove, and dishwashing area, was visibly soiled with food debris and grease. The kitchen manager admitted the kitchen was cleaned every two weeks and acknowledged it should have been cleaned more frequently.<br><br>The following issues in food products were identified:<br><br>- A bag of lettuce dated 10/11/2024, was visibly mushy and had turned a yellowish color, indicating the lettuce was no longer fresh. The kitchen manager indicated the lettuce should have been disposed after two weeks upon received.<br><br>- Two glasses of non-dairy milk not dated.<br><br>- An open bag of shredded cheddar cheese was not dated.<br><br>- An open gallon of whole milk was not dated.<br><br>- An open half gallon of reduced fat milk lactose free was not dated.<br><br>- An open container of chopped garlic, 2 pounds was not dated.<br><br>The kitchen manager confirmed the observations and verbalized open food products should have been labeled and dated upon initiated.<br><br>The facility policy titled Food Storage: Cold Foods, dated April 2018, documented all foods would be stored labeled and dated.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 295080 | A. Building<br>B. Wing | 11/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Care Center | 601 Adams Boulevard<br>Boulder City, NV 89005 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | The facility policy titled Environment dated September 2017, indicated all food preparation areas, food service areas, and dining facilities would be maintained in a clean and sanitary conditions. The policy stated the Dining Services Director (kitchen manager) would ensure the kitchen was maintained in clean and sanitary manner, including floors, walls, ceilings, lighting, and ventilation. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 295080 | A. Building<br>B. Wing | 11/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Care Center | 601 Adams Boulevard<br>Boulder City, NV 89005 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and document review, the facility failed to ensure:<br><br>1) Signage for Enhanced Barrier Precaution (EBP) was posted for a resident with a urinary catheter and an unstageable wound, and personal protective equipment (PPE) was available (Resident 82),<br><br>2) Gown was used by staff when providing direct care to residents on precautions, and hand hygiene was performed after removing the used gloves (Resident 63); and<br><br>3) a policy was in place regarding the reuse of gowns after use.<br><br>This deficient practice had the potential to increase the risk of cross-contamination, the spread of healthcare-associated infections, and compromise infection control measures.<br><br>Findings include:<br><br>1) Resident 82 (R82)<br><br>R82 was admitted on [DATE] and readmitted on [DATE], with the diagnoses including urinary tract infection, acute kidney infection, unstageable pressure ulcer and urinary retention.<br><br>On 10/30/2024 at 10:45 AM, R82 was in bed with eyes closed, a Foley catheter was covered yet visible from the doorway. There was no EBP sign posted in R82's room, nor was any personal protective equipment available by the door. A Certified Nursing Assistant (CNA) indicated R82 had been on a Foley catheter since admission and was under hospice care. The CNA indicated R82 had open wounds, which were being treated by the Wound Care Treatment Nurse (WCTN).<br><br>On 11/01/2024 at 10:15 AM, a hospice Registered Nurse (RN) was inside R82's room, providing care with a surgical mask and gloves but without a gown. The hospice RN confirmed providing direct care by obtaining vital signs, conducting a body assessment, checking the Foley catheter, and assisting R82, all without a gown. The hospice RN explained being unfamiliar with the facility protocol regarding EBP and provided care without a gown due to the absence of signage and no available gown. The hospice RN indicated a precaution sign and PPE should have been readily available for compliance and to prevent cross-contamination.<br><br>2) Resident 63 (R63)<br><br>R63 was admitted in 11/02/2022, with diagnoses including dementia and pressure ulcer stage 4.<br><br>On 11/01/2024 at 11:05 AM, signage for EBP was posted in R63's room door, with two cloth gowns hung on a wall hook labeled #1 and #2. Certified Nursing Assistant 1 (CNA 1) and Certified Nursing Assistant 2 (CNA 2) were providing incontinence care to R63 with a draining wound and a Foley catheter. Both CNAs wore gloves but did not wear gowns. Both confirmed no gown was worn while cleaning R63. CNA 1 removed the gloves but did not perform hand hygiene. CNA 1 confirmed hand hygiene was not performed after glove removal.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 295080 | A. Building<br>B. Wing | 11/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Care Center | 601 Adams Boulevard<br>Boulder City, NV 89005 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 3) On 10/29/2024 and 11/01/2024 in the morning, CNAs and WTCN were observed providing care and reusing the yellow cloth gowns hung on the wall numbered # 1 and # 2.<br><br>On 11/01/24 at 10:38 AM, the WCTN, indicated the EBP room contained recycled used gowns for staff providing care, such as wound care and incontinence care. The WCTN expressed despite being uncomfortable reusing used gowns, compliance with facility protocol was maintained. The WCTN indicated the yellow gowns were designated for day shift staff, while green gowns were for the night shift.<br><br>The WCTN explained the EBP room had two gowns per each resident with #1 assigned to licensed nurses and #2 to CNAs, and gowns were used throughout the entire day shift and replaced at night.<br><br>The WCTN acknowledged the risk of unseen organisms and verbalized reusing used gowns after providing direct care could have led to potential cross-contamination.<br><br>On 11/01/24 11:31 AM, the Director of Environmental Services (EVS) indicated sufficient supplies of washable gowns were available if additional gowns were required during care provision, and the laundry could meet the demand. The EVS Director noted that yellow gowns were supplied daily and replaced by green gowns for the night shift.<br><br>On 11/01/2024 at 2:00 PM, the Infection Preventionist (IP) indicated no policy was in place in the EBP rooms for reusing used gowns after high-contact resident care activities, such as wound treatment, turning and repositioning, incontinence care, and changing soiled linens. The Administrator explained the facility did not procure disposable gowns due to cost considerations; however, washable gowns were being utilized.<br><br>A facility policy titled Isolation -Categories of Transmission-Based Precautions, revised October 2018, documented EBP expand the use of PPE and referring to the use of gowns and gloves during high contract resident care activities that provide opportunities for the transfer of MDRO's to staff hands and clothing. During these high-contact care activities, residents may indirectly transfer MDROs to one another. Residents with wounds and indwelling medical devices were at especially high risk of both acquisition of and colonization with MDRO's. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 295080 | A. Building<br>B. Wing | 11/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Care Center | 601 Adams Boulevard<br>Boulder City, NV 89005 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0908<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Keep all essential equipment working safely.<br><br>Based on observation, interview and document review, the facility failed to maintain essential kitchen equipment in good repair. The deficient practice had the potential to affect the quality and safety of the ice produced, and the lack of reliable temperature monitoring posed a risk to food safety, as it prevents accurate assessment of the freezer's ability to maintain appropriate food storage temperatures.<br><br>Findings include:<br><br>On 10/29/24 at 8:15 AM, an inspection was conducted in the kitchen with the kitchen manager.<br><br>The following issues were identified:<br><br>- Six steam table pans were observed with significant staining, exhibiting brown and white matter build-up. The discoloration and residue suggested possible water damage and inadequate cleaning practices.<br><br>- The ice machine exhibited significant white mineral deposits both on its exterior and interior surfaces. The kitchen manager reported ongoing issues with the ice machine's performance, despite previous repairs.<br><br>- A freezer had its manufacturer's thermometer out of service, and the internal thermometer was not functioning. The kitchen manager confirmed this observation and indicated that the thermometer was under repair and awaiting a new part. The kitchen manager verbalized despite the internal thermometer not working, the staff were checking the meal products manually to ensure they were hard frozen. The kitchen manager acknowledged the temperature of the freezer should have been monitored twice daily and documented in the log.<br><br>The temperature log documented the last recorded temperatures as follows:<br><br>- 10/01/2024 AM: 50.5°F<br><br>- 10/03/2024 PM: 67.5°F<br><br>- 10/07/2024 AM: 82°F<br><br>- 10/09/2024 AM: 120°F<br><br>The log noted the freezer manufacturer's thermometer was under maintenance. However, the log did not document temperatures other than the above mentioned, and there was inconsistent documentation related to the quality of the frozen goods' hardness.<br><br>The facility policy titled Food Storage: Cold Foods, dated April 2018, documented an accurate thermometer would be kept in each refrigerator and freezer and a written record of daily temperature would be recorded.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 295080 | A. Building<br>B. Wing | 11/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Care Center | 601 Adams Boulevard<br>Boulder City, NV 89005 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0908<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | The facility policy titled Equipment dated September 2017, indicated all foodservice equipment would be clean, sanitary, and in proper working order. |