Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING __ **NVS640HOS** 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA MOUNTAINVIEW HOSPITAL LAS VEGAS, NV 89128 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 05/21/10 and finalized on 05/24/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00025388 was substantiated with deficiencies cited. (See Tags S0300, S0310, S0150, S0154) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division 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 deficiencies were identified. S 150 S 150 NAC 449.332 Discharge Planning 8. Activities related to discharge planning must be conducted in a manner that does not contribute to delays in the discharge of the patient. This Regulation is not met as evidenced by: Based on interview, record review and document review, the facility's social worker, case manager

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

III.

(X6) DATE

Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A BUILDING B. WING NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA **MOUNTAINVIEW HOSPITAL** LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S 150 S 150 Continued From page 1 and nursing staff failed to prevent a delay and a cancelation of the patients transfer to a psychiatric facility by not notifying the patients physician that a psychiatric evaluation ordered prior to the transfer had been completed. (Patient#1) Severity: 2 Scope: 1 S 154 S 154 NAC 449.332 Discharge Planning SS=J 12. If, during the course of a patient's hospitalization, factors arise that may affect the needs of the patient relating to his continuing care or current discharge plan, the needs of the patient must be reassessed and the plan, if any, must be adjusted accordingly. This Regulation is not met as evidenced by: Based on interview, record review and document review the facility's social worker failed to read a comprehensive psychiatric assessment provided by an intake coordinator that indicated the patient was a suicide risk and required low risk suicide precautions. The facility failed to reassess the patients plan of care and provide for protective supervision and the patients safe and timely transfer to a psychiatric facility. (Patient#1) A Physician Order dated 05/19/10 at 9:40 AM documented the following: 1. (Psychiatric Hospital Psych eval). All in-patient psych facility eval. A Case Management Note dated 05/19/10 at 10:29 documented the following: "(Physician#1) wants a psych eval. (Psychiatric Hospital) to evaluate."

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

<u>bureau</u>	or Health Care Qual	ity and Compliance	············				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTI A. BUILDIN B. WING		(X3) DATE S COMPL	
NAME OF E	ROVIDER OR SUPPLIER	14400-101303	STREET ADD	LL. RESS OTV S	STATE, ZIP CODE	0312	4/2010
	AINVIEW HOSPITAL		3100 N TE LAS VEGA	NAYA			
(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 C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X6) COMPLETE DATE
S 154	A Psychiatric Hosp Assessment Tool dand completed by a documented the following assessment during assessment during assessment for himself, the state and becomes frusteright. Patient rumin for himself, the state and delusional thin incorporates things life, reporting that the about armageddon in the real world are flashbacks to Vietn visual and olfactory reports inability to sappetite and that he reports SI (suicidal act on that. He reports ago via hang) The Comprehensive documented sympticative of the neassessment of the documented as followed as followed as the comprehensive documented severe functioning. The patient's medical and comprehensive documented severe functioning.	ital Comprehensive ated 05/19/10 at 11:: an Intake Coordinate Illowing: "(Patient #1) reports has been in Illowing: patient states have from the television in the has been a lot of and that he sees sign ound him. Patient report am incorporating authorized past 2-3 days, he has been isolating. "The rope broke e Assessment Tooloms and behaviors the for 24 hour monitipatient's condition wows: confusion produced the extension included the ex	on ek. erwhelmed t think worries paranoia he into real on TV gns of that ports daily ditory, ent no Patient he would ttempt 3"	S 154			
	1. Wellbutrin 150	mg every morning.					

ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING B. WING D5/24/2010 AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WOUNTAINVIEW HOSPITAL LAS VEGAS, NV 89128 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION CMPREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	Bureau	of Health Care Qual	lity and Compliance		i					
MOUNTAINVIEW HOSPITAL SITREET ADDRESS, CITY, STAYE, 2IP CODE 3100 N TENAYA 1300 N TEN					A. BUILDING	3 <u> </u>	COMPL			
ADDITIONAL AND A VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCY TAG SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG CONTINUED FROM THE SULCIDENT PYRIG NFORMATION) S 154 Continued From page 3 2. Celexa 20 mg daily 3. Zyprexa 15 mg at night 4. Trazadone HCL 300 mg at night 5. Xanax 5 mg when needed 6. Roxicodone 20 mg three times daily. The patient's mental status was described as allert to person, place and time. The patient was anxious, focused, paranold, with auditory, visual and olfactory hallucinations during flash backs. The patient's suicide risk included the following: 1. History of suicide attempts. 2. Impulsivity 3. Alcohol or heavy drug use Current Risk to self/others documented the following: 1. The patient was having suicidal ideation or making audical threats? Answer was yes. 2. Was the ideation repetitive or persistent? Answer was yes. 3. Three years ago the patient attempted to hang himself with a rope. The rope broke. The evaluation of suicide risk was low. The initial treatment focus documented the following: 1. Patient will demonstrate improved reality orientation. Cessation of acute psychotic symptomatology. 2. Initiated or stabilized medication regimen. 3. Patient will demonstrate improved-stabilized mood. The Psychiatric Hospital Comprehensive Inclendes are acleud, an approved plant of correction must be returned within 10 days after recept of this statement of deticiencies.			NVS640HOS		B. WING		05/2	24/2010		
LAS VEGAS, NV 89128	NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	STREET ADDRESS, CITY, STATE, ZIP CODE					
PREFIX TAG CONTINUED REPOSITION NOT NOT SET TAG CROSS-REFERENCED TO THE APPROPRIATE OAR SECULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE OAR CROSS-REFERENCED TO THE APPROPENTE OAR CROSS-REFERENCED TO THE APPROPRITE OAR CROSS-REFERENCED	MOUNTA	INVIEW HOSPITAL				28				
2. Celexa 20 mg daily 3. Zyprexa 15 mg at night 4. Trazadone HCL 300 mg at night 5. Xanax 5 mg when needed 6. Roxicodone 20 mg three times daily. The patient's mental status was described as alert to person, place and time. The patient was anxious, focused, paranold, with auditory, visual and olfactory hallucinations during flash backs. The patient had no memory impairments and good insight. The patient's suicide risk included the following: 1. History of suicide attempts. 2. Impulsivity 3. Alcohol or heavy drug use Current Risk to self/others documented the following: 1. The patient was having suicidal ideation or making suicidal itreats? Answer was yes. 2. Was the ideation repetitive or persistent? Answer was yes. 3. Three years ago the patient attempted to hang himself with a rope. The rope broke. The evaluation of suicide risk was low. The initial treatment focus documented the following: 1. Patient will demonstrate improved reality orientation. Cessation of acute psychotic symptomatology. 2. Initiated or stabilized medication regimen. 3. Patient will demonstrate improved-stabilized mood. The Psychiatric Hospital Comprehensive	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY	FULL.	PREFIX	(EACH CORRECTIVE A CROSS-REFERENCED T	CTION SHOULD BE O THE APPROPRIATE	(X6) COMPLET DATE		
The Psychiatric Hospital Comprehensive ficiencles are clied, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.	S 154	2. Celexa 20 mg 3. Zyprexa 15 mg 4. Trazadone HC 5. Xanax 5 mg wi 6. Roxicodone 20 The patient's mentalert to person, pla anxious, focused, pand olfactory hallur The patient had no good insight. The patient's suicid 1. History of suicid 2. Impulsivity 3. Alcohol or hear Current Risk to self following: 1. The patient was making suicidal thr 2. Was the ideation Answer was yes. 3. Three years ago himself with a rope The evaluation of streatment focus do 1. Patient will demorrientation. Cessat symptomatology. 2. Initiated or stabil 3. Patient will demorrient will demorrie will demorrien	daily g at night L 300 mg at night. hen needed mg three times daily al status was describ ce and time. The pat paranold, with auditor cinations during flash memory impairment de risk included the for de attempts. vy drug use flothers documented having suicidal ideat eats? Answer was y n repetitive or persiste the patient attempte The rope broke. suicide risk was low. cumented the followice constrate improved re- ion of acute psychoticized medication regi	ed as ient was ry, visual backs. ts and cllowing: the don or es. ent? d to hang The initial ng: ality c men.	S 154					
70 M A 1 4		The Psychiatric Ho								
			an of correction must be re							

PRINTED: 05/26/2010 FORM APPROVED

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A BUILDING B. WING NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA MOUNTAINVIEW HOSPITAL LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 154 Continued From page 4 S 154 Assessment High Risk Notification Alert Form dated 05/19/10 documented the following. The suicide precautions box was checked. Risk was documented as low. On 05/21/10 at 1:30 PM an interview was conducted with the patients Social Worker. The Social Worker reported the Intake Coordinator from the psychiatric hospital handed her the completed comprehensive assessment on Patient #1. The Social Worker reported due to the fact the patient signed voluntarily to be transferred to the psychiatric hospital and was not on a legal hold she placed the packet in the patients chart and did not read the comprehensive assessment. The Social Worker reported she was not aware the Intake Coordinator documented that the patient was experiencing repetitive and persistent suicidal ideation and recommended a low risk suicide precautions for the patient. The Social Worker acknowledged she did not notify the patient there was a delay in his transfer to the psychiatric facility or the reason for the delay. On 05/21/10 at 2:00 PM an interview was conducted with the patients Case Manager. The Case Manager reported see did not have contact or any conversation with the Intake Coordinator from the psychiatric hospital who conducted the comprehensive assessment on the patient. The Case Manager reported she never read the comprehensive assessment that had been done on the patient was not aware the Intake Coordinator documented that the patient was experiencing repetitive and persistent suicidal ideation and recommended a low risk suicide precautions for the patient. The Case Manager acknowledged she did not notify the patient there was a delay in his transfer to the psychiatric

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED DENTIFICATION NUMBER: A BUILDING B. WING_ NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA MOUNTAINVIEW HOSPITAL LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 154 Continued From page 5 \$ 154 facility or the reason for the delay. The Case Manager reported that comprehensive assessments were only reviewed if the patient was on a legal hold or at risk. The Case Manager reported after the comprehensive assessment was completed she called Physician#1 and advised him the patient had voluntarily signed himself into the psychiatric facility. Physician #1 advised he would be in personally to complete the transfer summary but never showed up. After reviewing the patient's comprehensive assessment the Case Manager stated, "This is one that should have been on a legal hold." The Case Manager acknowledged that the documentation in the assessment indicated the patient was having suicidal ideation that was repetitive and should have been on suicide precautions. A Case Manager Note dated 05/19/10 at 1:18 PM indicated Patient #1 signed himself voluntarily into a (psychiatric hospital). "Called and advised (Physician #1), he will return to do discharge summary." A Social Workers Note dated 05/19/10 at 5:58 PM indicated Physician #1 had not been in yet. The patients Social Worker gave report to the Charge R.N. "She will pass on to night charge that patient is accepted at the psychiatric hospital. Once (Physician #1) does the transfer summary, certificate of transfer, and order need to be added to the chart copy. Social Worker instructed Charge R.N. to call medicar for transport." On 05/21/10 at 2:00 PM a telephonic interview was conducted with the Intake Coordinator. The

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING **NVS640HOS** 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA **MOUNTAINVIEW HOSPITAL** LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 154 Continued From page 6 S 154 Intake coordinator reported after completion of the psychiatric assessment on Patient #1 the report was handed to the patients social worker. The Intake Coordinator reported the social worker was to follow up with the patients physician and arrange transportation to the psychiatric hospital. The Intake Coordinator reported she was told the patient would be transferred within a few hours. The intake Coordinator reported she assumed the social worker would read the assessment and report the findings to the physician. The Intake Coordinator reported due to the patients suicidal ideation and the recommendations made on the psychiatric assessment report for low risk suicide precautions she assumed the facility would monitor the patient closely. On 05/24/10 at 9:00 AM, a telephonic interview was conducted with Physician #1. Physician #1 reported he was called by the Case Manager on 05/19/10 in the early afternoon and advised that the patient had agreed to voluntarily enter the psychiatric hospital for treatment. Physician #1 reported he was never notified by the Case Manager, Social Worker or Nursing staff that the the psychiatric evaluation had been completed or the results of the psychiatric evaluation conducted on the patient. Physician #1 reported if he had been provided with the results of the report that indicated the patient was having repetitive and persistent suicidal ideation with a past history of a suicide attempt by hanging he would have placed the patient on suicide precautions. Physician #1 reported it was his expectation that the Intake Coordinator, Social Worker, Case Manager or Nursing staff would have reviewed the report and notified him of its contents.

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A BUILDING B. WING NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA MOUNTAINVIEW HOSPITAL LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) \$ 154 Continued From page 7 S 154 The facility Case Management Discharge Planning Policy last revised 09/29/08 documented the following: 1. "Case Manager and/or designee completes a discharge planning assessment, initiates the plan and coordinates the plan with patient, family, or significant other." 2. "The Case Manager and/or designee will arrange for any transfers to other facilities as needed. The patient, family or significant others will be kept informed of any changes and progress of the plan. The required documentation is completed." 3. "The Case Manager and/or designee will conduct an ongoing assessment and reassessment of the patients condition to determine any modifications to the plan. The plan will be revised if necessary with all revisions reported to the patient, family and significant others with documentation recorded in the medical record. Severity: 4 Scope: 1 Complaint # 25388 S 300 NAC 449.3622 Appropriate Care of Patient S 300 SS=J 1. Each patient must receive, and the hospital shall provide or arrange for, individualized care. treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from which the patient is suffering.

pritean	or nealth Care Qual	ity and Compliance		·			····
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		NVS640HOS		B. WING_		05/2	4/2010
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		1. 1
MOUNTA	AINVIEW HOSPITAL		3100 N TE LAS VEG	ENAYA AS, NV 891	28		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S 300	This Regulation is not met as evidenced by: Based on observation, interview, record review and document review, the facility failed to assess and provide appropriate care and protective supervision to a patient at risk for suicide that had psychiatric, behavioral and alcohol problems and repetitive and persistent suicidal ideation. (Patient #1)			S 300			
, , , , , , , , , , , , , , , , , , ,							
	A facility Emergency Room Record dated 05/17/10 at 8:08 AM indicated the patient arrived by ambulance with chief complaints that included chest pain, decreased mental status and changed mental status which started several days ago and was still present. The patient had consumed alcohol recently. The patient appeared in distress and was disorientated to place, time and situation. The patients listed diagnoses included chest pain, anxiety disorder, bipolar disorder, post traumatic stress disorder, chronic pain syndrome, alcohol dependence and altered mental status.						
	indicated the patien a history of coronar very poor historian disorder and anxiety provoked. The patien problems. He has m	y disease. "The pation and had a history of y disorder which can ent is admitted here in the light in the medical issued the hotic disorder. He is a sue the light in the ligh	with ent was a bipolar easily be for es and s				
	An Admission Histo 05/17/10 indicated t evaluation and treat	the patient was admi	tted for				

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA **MOUNTAINVIEW HOSPITAL** LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 300 Continued From page 9 S 300 The patient had a history of anxiety disorder and the plan of care included a psychiatric evaluation and Zyprexa medication. An Emergency Room Note dated 05/17/10 at 8:41 AM indicated the patients wife called to notify the facility the patient had not been taking his psychiatric medication and his psychiatrist at a (psychiatric hospital) would like the patient transferred to the psychiatric unit. Physician #2 was notified. Nursing Note dated 05/17/10 at 10:51 AM documented the following. "Spoke with Physician #2 regarding patient transfer. She will contact psychiatric hospital and call back to notify us if they are able to take him, " A Nursing Note dated 05/17/10 at 8:10 PM indicated the patients belonging list was completed and the patient s belongings were placed in a bag and given to hospital security. "Collection of belongings was witnessed by hospital staff." On 05/21/10 at 10:30 AM the facility Vice president of Quality and Risk Management provided a copy of the most current facility policy for Self Harm Risk Assessment/Suicide Precautions that the facility was following. The Vice President of Quality and Risk Management confirmed the facility nurses were following the above listed policy and procedure for self harm and risk assessment. The facility's Self Harm Risk Assessment/Suicide Precautions Policy and Procedure included the following: Scope: "All Inpatient Nursing Departments"

Bureau	of Health Care Qual	ty and Compliance				, 4,	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTII A. BUILDING	PLE CONSTRUCTION	(X3) DATE SI COMPLE	
		NVS640HOS		B. WING _		05/2	4/2010
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
MOUNTA	AINVIEW HOSPITAL		3100 N TE LAS VEG	ENAYA AS, NV 891:	28		
(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 COT (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S 300	Continued From pa	ige 10		S 300			
	Purpose:						
	(R.N.) performing s	elines for Registered suicide assessment." provide optimal safe suicide."					
	presenting to the erpsychiatric, behavior with a history of harm/suicide risk by completed in the Tassessment/suicide 1. All patients with placed on suicide p 2. Patients found a screened further by B. Inpatients: Inpatibehavioral, drug or of the same, will be the self harm risk s	e screens. above noted criteria brecautions. t risk for suicide will a Mental Health Assients exhibiting psycialcohol problems, of screening tool in Med	problems, sessed for on will be will be sessor." history I. utilizing itech.				
	patient. This includ- writing instruments, medications, match communication equ removed and to wh sent. Belongings wi being transferred to	should be removed es all clothing, colog, sharps, plastic bags es, lighters, and sipment. Document i lich secure location to psychiatric facilities given to the transport	nes, s, tems hey were patients				
	Officer provided a seffective 01/20/08 a Chief Nurse indicate	30 AM, the Chief Nu second Suicide Risk and last revised 03/1 ed the second policy staff should follow for	Policy 3/08. The was the				

Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA **MOUNTAINVIEW HOSPITAL** LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 300 Continued From page 11 \$ 300 risk assessment. The policy included the following: Policy: "All patients presenting to the Emergency department for psychiatric, behavioral, drug or alcohol problems will be assessed for suicide risk." Procedure: "Utilizing the psychiatric complaint template in the T-System, suicidal and homicidal assessment will be completed. If it is determined that suicidal/homicidal tendencies exist, notify the Physician and place the patient on suicide precautions." "A search and recovery of all potentially harmful items should be conducted by an R.N. in the presence of Security personnel. All clothing should be removed. All sharps, including glass objects, razors, scissors, nail files, etc will be removed. Belts, scarves, matches and plastic bags should be sent home with the family or removed from the patient's room. All medications will be removed from the patient's room and sent to the pharmacy. Cell phones, I pods and electronic/communication equipment will be removed. The results of the search should be documented to include personnel present and all items removed. All items will be placed in the custody of security." "An RN/LPN will check the patient as his/her condition indicates, but no less than once every hour. Assessment of the intensity level of suicidal ideation will be charted each shift. The RN/LPN will notify the physician/psychiatrist of major changes in ideation." On 05/21/10 at 11:00 AM a review Patient #1s medical record revealed no documented

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED DENTIFICATION NUMBER: A. BUILDING B. WING_ NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA **MOUNTAINVIEW HOSPITAL** LAS VEGAS, NV 89128 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) (D ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 300 Continued From page 12 S 300 evidence that a self harm risk assessment for suicide precautions was completed by emergency room nursing staff and documented in the medical record. On 05/21/10 at 12:00 PM an interview was conducted with the Director of Emergency Services. The Director confirmed the emergency room nursing staff failed follow the facility's Self Harm Risk Assessment/Suicide Precautions policy and procedure. The Director confirmed the emergency room nursing staff failed to assess Patient #1 for suicide risk and failed to document any psychiatric assessments in the T-System Harm Assessment/Suicide Screen. On 05//21/10 at 10:30 AM, the Chief Nursing Officer reported due to the patient being a fall risk and having psychiatric diagnoses the patient was transferred to the fourth floor and placed in a camera room for 24 hour observation with another patient. Patient #1 was not placed suicide watch. The patients clothing had been taken and secured by security. A monitor technician was assigned to continuously observe 2 monitors that visualized 10 rooms and 12 patients. Some of the patients were on suicide watch. The camera could not visualize patients who entered the bathroom area. The Chief Nursing Officer reported there was no written facility policy or procedure that specified how many minutes could elapse when a patient entered the bathroom out of the visual field of the camera prior to notifying a staff member to check on the patient. The Chief Nursing Officer indicated the camera technicians should notify nursing staff to check on an at risk or suicide watch patients safety within 3 minutes of them entering a bathroom out of the cameras visual

bureau	<u>or nearth Care Qual</u>	ity and Compliance					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTII A. BUILDING	PLE CONSTRUCTION	(X3) DATE S COMPLE	
		NI CAR LOUIS C		B. WING		_	/IDA 1 -
		NVS640HOS				05/2	4/2010
NAME OF P	ROVIDER OR SUPPLIER				TATE, ZIP CODE		
MOUNTA	NNVIEW HOSPITAL		3100 N T	ENAYA AS, NV 8912	28		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S 300	Continued From pa	age 13		S 300			
	psychiatric evaluation patient. On 05/19/1 a psychiatric hospit a comprehensive patient. The Intake Coordinator to the patients Soci packet in the patier included transferring hospital for psychiatacknowledged the standard for the patient. The Chon 05/19/10 at appropriate the patients transfersomehow the patients transfersomehow the patient on the patients transfersomehow the patient on the Chief Nurs staff on duty that ni staff member acknowledged.	physician ordered for ion to be completed and an Intake Coordinated responded and consychiatric assessment of the assess	on the ator from impleted int on the essment of the read the read the ent of eported acility clothing tion for eported elothing is clothing at horizontal acid the end of eported elothing is clothing and no				
	seen by his nurse a street clothing on. I acknowledged accorpatients being trans should not have be clothes and should gown while a patient transport to a receiv patient was seen by of bed and walking was left partially opentered the patient #2. Patient #2.	cknowledged Patient at 8:00 PM lying in be of the Chief Nursing of the Chief Nursing of the Chief Nursing of the Chief Nursing to facility police of the police of the patient at the hospital and the camera tech ge into the bathroom. Then, At 11:10 PM a C is room to take vital to the CNA to the CNA to the CNA to the conditions of the CNA to the conditions of the CNA to the conditions of the CNA to the CNA	ed with ficer y ic facility neir street hospital during PM the tting out he door NA signs on				
if deficiencies STATE FORM		on of correction must be rel		-	elpt of this statement of deficier 1VY11		n sheet 14 of 38
				141		22	

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA MOUNTAINVIEW HOSPITAL LAS VEGAS, NV 89128 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 300 Continued From page 14 S 300 on Patient #1. The CNA then entered the bathroom and found Patient #1 hanging from the shower rod by a belt around his neck. The patients nurse was notified by the CNA and responded and cut the belt from around the patient's neck and started CPR. (cardiopulmonary resuscitation) The Chief Nursing Officer reported there was a 10 minute window from the time the camera tech saw the patient enter the bathroom to the time the CNA discovered the patient hanging from a belt in the shower. A Nursing care Plan for Patient #1 initiated 05/17/10 included the following: The patients admit was related to an emotional or behavioral disorder. The patient's status was described as confused at times and afraid. The patient had a history of psychiatric care. excessive alcohol or drug abuse and a loss of rational thinking. Problems listed on the patients nursing care plan included the following: Suicide Risk/Ideation: Patient has risk for suicide. Patient will be free from suicidal ideation. A Physician Order dated 05/19/10 at 9:40 AM documented the following: 1. (Psychiatric Hospital Psych eval). All in-patient psych facility eval. A Case Management Note dated 05/19/10 at 10:29 documented the following. "(Physician#1) wants a psych eval. (Psychiatric Hospital) to evaluate." A Psychiatric Hospital Comprehensive Assessment Tool dated 05/19/10 at 11:20 AM

M1VY11

PRINTED: 05/26/2010 FORM APPROVED

	ty and Compliance					
OF DEFICIENCIES CORRECTION			A BUILDIN	G	(X3) DATE SI COMPLE	
	NVS640HOS		B. WING_		05/2	4/2010
OVIDER OR SUPPLIER		STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
NVIEW HOSPITAL				28		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION SI	IOULD BE	(X5) COMPLETE DATE
Continued From pa	ge 15		\$ 300			
and completed by an Intake Coordinator documented the following: "(Patient #1) reports has been non compliant with medications for past week. Patient during assessment is easily overwhelmed and becomes frustrated stating he can't think right. Patient ruminative about financial worries for himself, the state of the nation. Mild paranola and delusional thinking; patient states he incorporates things from the television into real life, reporting that there has been a lot on TV about Armageddon and that he sees signs of that in the real world around him. Patient reports daily flashbacks to Vietnam incorporating auditory, visual and olfactory hallucinations. Patient reports inability to sleep past 2-3 days, no appetite and that he has been isolating. Patient reports SI (suicidal ideation) but denies he would						
The Comprehensive locumented symptomicative of the necessessment of the placemented as follows. Hallucinations Acute onset of a locumented seep The Comprehensive locumented severe unctioning. The patient's medications medication in the patient's medication in the patient in the	e Assessment Tool oms and behaviors to ded for 24 hour monitionation we confusion with the second se	hat were oring and ere				
- Ch- Cade Confidente Caranta	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From particles of the state	NVS640HOS OVIDER OR SUPPLIER NVIEW HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMATION PROPERTY IN THE PROPERTY IN THE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMATION PROPERTY IN THE PROPERTY IN THE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMATION PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMATION PROPERTY IN THE PROPERTY IN	NVS640HOS STREET ADI 3100 N TE LAS VEG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 and completed by an Intake Coordinator flocumented the following: "(Patient #1) Preports has been non sompliant with medications for past week. Patient during assessment is easily overwhelmed and becomes frustrated stating he can't think light. Patient ruminative about financial worries or himself, the state of the nation. Mild paranola and delusional thinking; patient states he incorporates things from the television into real fe, reporting that there has been a lot on TV whout Armageddon and that he sees signs of that in the real world around him. Patient reports daily ashbacks to Vietnam incorporating auditory, isual and olfactory hallucinations. Patient eports inability to sleep past 2-3 days, no ppetite and that he has been isolating. Patient eports (suicidal ideation) but denies he would cot on that. He reports a prior suicide attempt 3 ears ago via hanging, "the rope broke." The Comprehensive Assessment Tool ocumented symptoms and behaviors that were indicative of the need for 24 hour monitoring and ssessment of the patient's condition were ocumented as follows: Hallucinations Acute onset of confusion Inability to sleep The Comprehensive Assessment Tool ocumented as follows: Hallucinations Acute onset of confusion Inability to sleep The Comprehensive Assessment Tool ocumented severe deterioration of level of unctioning. The Comprehensive Assessment Tool ocumented severe deterioration of level of unctioning. The Comprehensive Assessment Tool ocumented severe deterioration of level of unctioning. The Comprehensive Assessment Tool ocumented severe deterioration of level of unctioning. The Comprehensive Assessment Tool ocumented severe deterioration of level of unctioning.	NVS640HOS NVS640HOS STREET ADDRESS, CITY, 3 3100 N TENAYA LAS VEGAS, NV 891 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 Indicating assessment is easily overwhelmed ind becomes frustrated stating he can't think ight. Patient ruminative about financial worries or himself, the state of the nation. Mild paranola and delusional thinking; patient states he incorporates things from the television into real fig., reporting that there has been a lot on TV incount around him. Patient reports daily lashbacks to Vietnam incorporating auditory, isual and olfactory hallucinations. Patient eports SI (suicidal ideation) but denies he would ct on that. He reports a prior suicide attempt 3 ears ago via hanging, "the rope broke." The Comprehensive Assessment Tool ocumented severe deterioration of level of unctioning. He Dentity Modern and the following: He Comprehensive Assessment Tool ocumented severe deterioration of level of unctioning. He patient's medications included the following: Wellbutrin 150 mg every morning.	NVS840HOS NVS840HOS NVS840HOS NVS840HOS STREET ADDRESS, CITY, STATE, ZIP CODE 3100 N TENAYA LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 and completed by an Intake Coordinator locumented the following: "(Patient #1) Toportish as been non sometime of the relationship of the relatio	DIMENSIAN DENTIFICATION NUMBER NVS640HOS STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) SOOD Continued From page 15 Indication of the State of the nation. Mild paranola morphisms of the state of the nation. Mild paranola morphisms of the state of the nation. Mild paranola mid delusional thinking, patient states he nocoprorates things from the television into real for peoptring that there has been a lot on TV boot Armagedon and that he sees signs of that the real world around him. Patient reports daily ashbacks to Vietnam incorporating auditory, issual and olfactory hallucinations. Patient eports Inability to sleep past 2-3 days, no peptite and that he has been isolating, Patient eports Inability to sleep past 2-3 days, no peptite and that he has been isolating, Patient eports Inability to sleep past 2-3 days, no peptite and that he has been isolating, Patient eports Inability to sleep as a power of the patient's condition were ocumented symptoms and behaviors that were dictative of the need for 24 hour monitoring and ssessment of the patient's condition were ocumented severe deterioration of level of unctioning. He patient's medications included the following: Wellbutrin 150 mg every morning. Celexa 20 mg daily

<u>Bureau e</u>	<u>of Health Care Quali</u>	ity and Compliance					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIED IDENTIFICATION NUMBER 1		A. BUILDIN		(X3) DATE SU COMPLE	
		NVS640HOS		B. WING_		05/2	4/2010
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
MOUNTA	NINVIEW HOSPITAL		3100 N TE LAS VEG	ENAYA AS, NV 891	28		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S 300	Continued From pa	ige 16		\$ 300			
	4. Trazadone HCl 5. Xanax 5 mg wh	_300 mg at night.	/ .				
	alert to person, plac anxious, focused, p and olfactory hallud	al status was describ ce and time. The pat caranold, with auditor cinations during flash memory impairment	ient was y, visual backs.				
***************************************	The patient's suicid	e risk included the fo	ollowing:				
	 History of suicide Impulsivity Alcohol or heav 						
	Current Risk to self following:	others documented	the				
	making suicidal thre 2. Was the ideation Answer was yes. 3. "Three years ago	having suicidal ideat eats? Answer was y repetitive or persist o the patient attempto rope. The rope brok	es. ent? ed to				
AND CONTRACTOR CONTRAC		uicide risk was low. cumented the followi					
	orientation. Cessati symptomatology. 2. Initiated or stabili	onstrate improved reconsification of acute psychotic ized medication regionstrate improved-states	men.	;			
	Assessment High R	spital Comprehensiv tisk Notification Alert	Form				

Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA MOUNTAINVIEW HOSPITAL LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X6) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 300 Continued From page 17 S 300 suicide precautions box was checked. Risk was documented as low. On 05/21/10 at 1:30 PM an interview was conducted with the patients Social Worker. The Social Worker reported the Intake Coordinator from the psychiatric hospital handed her the completed comprehensive assessment on Patient #1. The Social Worker reported due to the fact the patient signed voluntarily to be transferred to the psychiatric hospital and was not on a legal hold she placed the packet in the patients chart and did not read the comprehensive assessment. The Social Worker reported she was not aware the Intake Coordinator documented that the patient was experiencing repetitive and persistent suicidal ideation and recommended a low risk suicide precautions for the patient. The Social Worker acknowledged she did not notify the patient there was a delay in his transfer to the psychiatric facility or the reason for the delay. On 05/21/10 at 2:00 PM an interview was conducted with the patients Case Manager. The Case Manager reported see did not have contact or any conversation with the Intake Coordinator from the psychiatric hospital who conducted the comprehensive assessment on the patient. The Case Manager reported she never read the comprehensive assessment that had been done on the patient was not aware the Intake Coordinator documented that the patient was experiencing repetitive and persistent suicidal ideation and recommended a low risk suicide precautions for the patient. The Case Manager acknowledged she did not notify the patient there was a delay in his transfer to the psychiatric facility or the reason for the delay.

PRINTED: 05/26/2010 FORM APPROVED

Bureau	of Health Care Qual	ity and Compliance						
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE S COMPLE	ETED	
		NVS640HOS				05/2	4/2010	
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE			
MOUNTA	AINVIEW HOSPITAL		3100 N TE LAS VEG	:NAYA AS, NV 891	28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE: Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY)		
S 300	assessments were was on a legal hold reported after the comes was completed she advised him the paradvised he would be the transfer summa. After reviewing the assessment the Carone that should have Case Manager ack documentation in the patient was having repetitive and shour precautions. A Case Manager Normal Manager N	reported that compronly reviewed if the lor at risk. The Case comprehensive assess called Physician#1 tient had voluntarily chiatric facility. Physician personally to coary but never showed patient's compreher se Manager stated, 've been on a legal honowledged that the ne assessment indicasuicidal ideation that Id have been on suicided that the network of the comprehension of the comp	patient Manager sement and signed sician #1 mplete I up. This is old." The ated the t was olde t 1:18 Called on to do at 5:58 a in yet. to the charge c cransfer der need orker or	S 300				
	was conducted with reported he was cal	J AM, a telephonic in Physician #1. Physi led by the Case Mar v afternoon and adv	cian #1 nager on					

Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA MOUNTAINVIEW HOSPITAL LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY S 300 Continued From page 19 S 300 the patient had agreed to voluntarily enter the psychiatric hospital for treatment. Physician #1 reported he was never notified by the Case Manager, Social Worker or Nursing staff that the the physicist evaluation had been completed or the results of the psychiatric evaluation conducted on the patient. Physician #1 reported if he had been provided with the results of the report that indicated the patient was having repetitive and persistent suicidal ideation with a past history of a suicide attempt by hanging he would have placed the patient on suicide precautions. Physician #1 reported it was his expectation that the Intake Coordinator, Social Worker, Case Manager or Nursing staff would have reviewed the report and notified him of its contents. On 05/21/10 at 2:00 PM a telephonic interview was conducted with the Intake Coordinator. The Intake coordinator reported after completion of the psychatric assessment on Patient #1 the report was handed to the patients social worker. The Intake Coordinator reported the social worker was to follow up with the patients physician and arrange transportation to the psychiatric hospital. The Intake Coordinator reported she was told the patient would be transferred within a few hours. The intake Coordinator reported she assumed the social worker would read the assessment and report the findings to the physician. The Intake Coordinator reported due to the patients suicidal indeation and the recommendations made on the psychiatric assessment report for low risk suicide precausions she assumed the facility would monitor the patient closely. On 05/21/10 at 9:50 AM an interview was conducted with CNA Camera Technician #1 on

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED DENTIFICATION NUMBER: A. BUILDING B. WING NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA MOUNTAINVIEW HOSPITAL LAS VEGAS, NV 89128 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 300 S 300 Continued From page 20 the fourth floor. Camera Technician #1 reported she has been working as a camera technician for 4 years and was never given any written facility policy or procedure regarding the operation or monitoring of patients on camera beds. Camera Technician #1 reported based on her assessment of the patients being monitored and the report given on the patient's diagnosis, no more than 5 minutes should elapse before a staff member should be notified to physically check on a patient at risk or on suicide precautions that has entered the bathroom or left the visible field of the camera. On 05/21/10 at 9:45 AM an interview was conducted with the Director of Medical Surgical floor. The Director reported there should be no more than a 2 to 3 minute time lapse before a staff member should be notified to physically check on a patient at risk or on suicide precautions that has entered the bathroom or left the visible field of the camera. On 05/21/10 the Vice President of Quality and Risk Management reported she could not locate any written policy or procedure for the operation or monitoring of patients on camera beds. A Facility Security Patient Belongings Log indicated Patient #1s clothing was logged into security on 05/17/10, the date the patient was admitted. The log indicated the patients clothing was returned to staff on the th floor on 05/19/10. On 05/21/10 at 2:30 PM an interview was conducted with Security Guard #1. The Security Guard reported on 05/19/10 at 4:20 PM the nursing staff on 4 north requested Patient #1s belongings be brought up from security. The security Guard reported he brought the patients

Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS640HOS 05/24/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3100 N TENAYA **MOUNTAINVIEW HOSPITAL** LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S 300 Continued From page 21 S 300 clothing bag and cane to the 4 th floor at 4:30 PM and provided them to CNA Camera Technician #2. The patients clothing bag and cane were placed in the nursing station on the floor by a printer. Patient #1 was outside his room dressed in a hospital gown at the time and asked if he could have his cane. The Security Guard reported he advised the patient his cane and clothes would be given to the ambulance driver who transported him to the receiving facility. The Security Guard reported the facility policy required all patients transported to another facility were to be transported in a hospital gown. All clothing was to be given to the person transporting the patient at the time of transfer. On 05/21/10 at 3:00 PM an interview was conducted with CNA Camera Technician #2 who confirmed she took possession of the patients clothing bag from security on 05/19/10 at 4:30 PM. Camera Technician #2 reported she was relieved by another camera technician at 5:00 PM and saw that the patients clothing bag was still on the floor in the nursing station by a printer when she left. Camera Technician #2 reported the facility policy required all patients transported to another facility were to be transported in a hospital gown. All clothing was to be given to the person transporting the patient at the time of transfer. On 05/25/10 at 1:30 PM a telephonic interview was conducted with CNA Camera Technician #3 who reported she was monitoring the cameras the night Patient #1 attempted suicide. The Technician reported at 11:00 PM the patient was seen getting out of bed and walking into the bathroom. The bathroom door was partially ajar but she could not visualize the interior of the bathroom. At 11:10 the camera technician

Bureau	of Health Care Qual	ity and Compliance				1 01001	AI THOYED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SI COMPLE	
		NVS640HOS		B. WING_		05/2	4/2010
NAME OF P	ROVIDER OR SUPPLIER	• • • • • • • • • • • • • • • • • • •	STREET ADI	DRESS, CITY, 8	STATE, ZIP CODE		···
MOUNTA	AINVIEW HOSPITAL		3100 N TI LAS VEG	ENAYA AS, NV 891	28		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL.	IO PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S 300	Continued From pa	ige 22		S 300			
	take vital signs on reported she obserbathroom and quicipatient had hung hi advised since the pit could be up to 10 member would che the bathroom out oo Technician #3 repowritten policy or probservation duties Nursing Documents patients nurse, RN 1. 8:00 PM: "Spok He was resting combed. 2. 9:00 PM: "Rour given. 3. 10:45 PM: "Diswas never complete have to stay anothe 4. 10:55 PM: "Call them patient would 5. 11:00 PM: "Walhim lying in bed. Loseping." 6. 11:10 PM: "CN/informed she found in bathroom. I ran to hanging by his belt. the ground. Called to give any warning event."	and responsibilities. ation for 05/19/10 fro #1 included the follo te with patient about afortably in street clo aded, patient medica covered transfer sun ed. Decided patient ver and Spring Mountain not be transported. ked to patient room. boked like patient wa A came down hall and patient hanging by to room. Found patie tode. Patient did not intentions leading u	nician ne taff the an egal hold taff entered ot have a om the wing; transfer. thes in tion nmary would " Noticed s d his neck nt vatient to t appear up to this				
A STATE OF THE STA	at 11:15 PM, Indica	sician Record dated ted the patient hung t seen at 11:00 PM (himself.				

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING_ NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA MOUNTAINVIEW HOSPITAL LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 300 S 300 Continued From page 23 way to a (psychiatric facility). A Respiratory Therapy note dated 05/19/10 at 11:58 PM documented the following: "Patient code 99 on fourth floor. Brought down to ICU. Setting were set by ER doctor. Breath sounds are diminished bilaterally. A Clinical Note dated 05/20/10 indicated Patient #1 had a suicide attempt and was found hanging in his bathroom unresponsive with asystole. The patient was transferred to the ICU. A Nursing Progress Note dated 05/20/10 at 8:26 AM indicated the Patient #1 had a cessation of life signs. The EKG showed flat line. The patient had no pulse or blood pressure. The patient was pronounced dead by R.N. designee. On 05/24/10 at 10:30 Am a telephonic interview was conducted with RN #1. RN #1 reported he was assigned to care for patient #1 on 05/19/10 during the 7:00 PM to 7:00 AM shift on the 4th floor. RN #1 reported when he arrived at 7:00 PM he noticed the patient was dressed in street clothes. RN #1 acknowledged he was aware the patient was being transferred to a psychiatric hospital during his shift but thought only patients on a legal hold were prohibited from wearing street clothing. RN #2 reported the patient did not receive any visitors during the shift. RN #1 reported the patients planned transfer was delayed because the physician had not completed the transfer summary. At 8:00 PM the patient inquired about the delay in his transfer. At 8:00 PM the psychiatric hospital called to inquire as to why the patient had not been transferred. RN #1 reported he found a note in the patients chart that indicated Physician #1 needed to complete the patients transfer summary. RN #1

Bureau	of Health Care Quali	ity and Compliance					
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM		(X2) MULTII A BUILDING B. WING	PLE CONSTRÚCTION	(X3) DATE SU COMPLE	TED
		NVS640HOS				05/24	4/2010
NAME OF P	ROVIDER OR SUPPLIER				TATE, ZIP CODE		
MOUNTA	VINVIEW HOSPITAL		3100 N TE LAS VEGA	NAYA AS, NV 891:	28		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S 300	Continued From pa	ıge 24		S 300			
	acknowledged he did not call Physician #1 to inquire about the completion of the patients transfer summary.						
	RN #1 indicated he met with the charge nurse at 11:00 PM and a decision was made to cancel the patients transfer. RN #1 called the psychiatric hospital and Informed them the transfer was canceled. RN #1 informed the patient the transfer was canceled at 11:00 PM. RN #1 reported he left the patients room to obtain equipment to place the patient back on cardiac telemetry. At 11:10 PM a CNA came down hall and informed she found patient hanging by his neck in bathroom. He responded to the patients bathroom and found the patient hanging by his belt from a shower curtain rod. He cut the belt and lowered the patient to the ground and called a code. The patient did not appear to give any warning of suicidal intentions leading up to the event.						
	conducted with Patiroommate of Patier Patient #1 was in a Patient #2 reported transferred to anoth dealing with his depwent from being de were starting to look he was going to have and he was looking mental health facilit #1 became increasi	5 AM an interview water #2 who was the nt #1. Patient #2 reported heavy state of depression. Patient #1s pressed to feeling as k up for him due to the dealing with his deforward to his transfity. Patient #2 reported ingly more anxious, a he evening progressionsfer.	orted ession oout being atric help a mood s if things he help epression fer to a ed Patient agitated				

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA MOUNTAINVIEW HOSPITAL LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 300 S 300 Continued From page 25 Patient #2 reported he tried to offer assurance to Patient #1 that he would be transferred and that sometimes there can be delays in completing paper work for the transfer. Patient #2 reported on 05/19/10 at approximately 8:00 PM he saw Patient #1 change out of his gown and put on jeans and a shirt. Patient #2 reported he did not see who brought Patient #1s clothing in to him. Patient #1 was watching television and eating. Patient #2 reported he fell asleep around 10:30 PM. At around 12:00 PM a nurse entered the room to take his vital signs and he asked if the nurse to check on Patient #1 who was in the bathroom. Patient #2 then said he heard a lot of commotion and nursing staff running into the room and though they were performing CPR on Patient #1. Patient #2 reported he was then moved to another room. Patient #2 indicated he later learned Patient #1 had attempted to hang himself in the shower. Severity: 4 Scope: 1 Complaint # 25388 S 310 NAC 449.3624 Assessment of Patient S 310 SS=J 1. To provide a patient with the appropriate care at the time that the care is needed, the needs of the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient. This Regulation is not met as evidenced by: Based on observation, interview, record review and document review, the facility staff failed to

Bureau d	of Health Care Qual	ity and Compliance					
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		A BUILDING	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		NVS640HOS		B. WING _		05/2	4/2010
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	ORESS, CITY, S	TATE, ZIP CODE		
MOUNTA	INVIEW HOSPITAL		3100 N TE LAS VEG	ENAYA AS, NV 891:	28		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S 310	Continued From pa	ige 26		S 310			
	continually assess the needs of the patient and provide appropriate care and protective supervision to a patient at risk for suicide that had psychiatric, behavioral and alcohol problems and repetitive and persistent suicidal ideation. (Patient #1)						
	A facility Emergency Room Record dated 05/17/10 at 8:08 AM indicated the patient arrived by ambulance with chief complaints that included chest pain, decreased mental status and changed mental status which started several days ago and was still present. The patient had consumed alcohol recently. The patient appeared in distress and was disorientated to place, time and situation. The patients listed diagnoses included chest pain, anxiety disorder, bipolar disorder, post traumatic stress disorder, chronic pain syndrome, alcohol dependence and altered mental status.						
	indicated the patier a history of coronar very poor historian disorder and anxiet provoked. The pati problems. He has r also including a ps	Itation report dated 0 of was a dispersion of the pating o	ent was a bipolar a easily be for es and is		·		,
The second secon	05/17/10 indicated evaluation and trea The patient had a had the plan of care included and Zyprexa medical	ory and Physical date the patient was adm atment of atypical cha sistory of anxiety disc sluded a psychiatric e cation.	itted for est pain. order and evaluation				

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING_ NVS640HOS 05/24/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3100 N TENAYA **MOUNTAINVIEW HOSPITAL** LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY)** S 310 S 310 Continued From page 27 8:41 AM indicated the patients wife called to notify the facility the patient had not been taking his psychiatric medication and his psychiatrist at a (psychiatric hospital) would like the patient transferred to the psychiatric unit, Physician #2 was notified. Nursing Note dated 05/17/10 at 10:51 AM documented the following. "Spoke with Physician #2 regarding patient transfer. She will contact psychiatric hospital and call back to notify us if they are able to take him." A Nursing Note dated 05/17/10 at 8:10 PM indicated the patients belonging list was completed and the patient's belongings were placed in a bag and given to hospital security. "Collection of belongings was witnessed by hospital staff." On 05/21/10 at 10:30 AM the facility Vice president of Quality and Risk Management provided a copy of the most current facility policy for Self Harm Risk Assessment/Suicide Precautions that the facility was following. The Vice President of Quality and Risk Management confirmed the facility nurses were following the above listed policy and procedure for self harm and risk assessment. The facility's Self Harm Risk Assessment/Suicide Precautions Policy and Procedure included the following: Scope: "All Inpatient Nursing Departments" Purpose: A. "To provide guidelines for Registered Nurse (R.N.) performing suicide assessment." B. "To identify and provide optimal safety for

Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA MOUNTAINVIEW HOSPITAL LAS VEGAS, NV 89128 (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 310 Continued From page 28 S 310 patients at risk for suicide." Policy: A. Emergency Department: "All patients presenting to the emergency department for psychiatric, behavioral, drug or alcohol problems. or with a history of the same, will be assessed for harm/suicide risk by R.N. Documentation will be completed in the T-System harm assessment/suicide screens." 1. "All patients with above noted criteria will be placed on suicide precautions." 2. "Patients found at risk for suicide will be screened further by a Mental Health Assessor." B. Inpatients: "Inpatients exhibiting psychiatric, behavioral, drug or alcohol problems, or history of the same, will be screened by an R.N. utilizing the self harm risk screening tool in Meditech," "All personal items should be removed from the patient. This includes all clothing, colognes, writing instruments, sharps, plastic bags, medications, matches, lighters, and communication equipment. Document items removed and to which secure location they were sent. Belongings will not be returned to patients being transferred to psychiatric facilities. belongings will be given to the transporter at the time of transfer." On 05/21/10 at 10:30 AM, the Chief Nursing Officer provided a second Suicide Risk Policy effective 01/20/08 and last revised 03/13/08. The Chief Nurse indicated the second policy was the policy the nursing staff should follow for suicide risk assessment. The policy included the following: Policy: "All patients presenting to the Emergency department for psychiatric, behavioral, drug or

Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA MOUNTAINVIEW HOSPITAL LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X6) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY S 310 S 310 Continued From page 29 alcohol problems will be assessed for suicide risk." Procedure: "Utilizing the psychiatric complaint template in the T-System, suicidal and homicidal assessment will be completed. If it is determined that suicidal/homicidal tendencies exist, notify the Physician and place the patient on suicide precautions." "A search and recovery of all potentially harmful items should be conducted by an R.N. in the presence of Security personnel. All clothing should be removed. All sharps, including glass objects, razors, scissors, nail files, etc will be removed. Belts, scarves, matches and plastic bags should be sent home with the family or removed from the patient's room. All medications will be removed from the patient's room and sent to the pharmacy. Cell phones, I pods and electronic/communication equipment will be removed. The results of the search should be documented to include personnel present and all items removed. All items will be placed in the custody of security." "An RN/LPN will check the patient as his/her condition indicates, but no less than once every hour. Assessment of the intensity level of suicidal ideation will be charted each shift. The RN/LPN will notify the physician/psychiatrist of major changes in ideation." On 05/21/10 at 11:00 AM a review Patient #1s medical record revealed no documented evidence that a self harm risk assessment for suicide precautions was completed by emergency room nursing staff and documented in the medical record

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau o	of Health Care Quali	ity and Compliance	<u>-</u>	,			
	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTI A. BUILDIN B. WING		(X3) DATE SU COMPLE	TED
		NVS640HOS				05/2	4/2010
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
MOUNTA	INVIEW HOSPITAL		3100 N TE LAS VEG	ENAYA AS, NV 891	28		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL ATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULO BE	(X5) COMPLETE DATE
	On 05/21/10 at 12:00 conducted with the Services. The Direct room nursing staff of Harm Risk Assessing policy and procedure emergency room nursing staff of Harm Risk Assessing policy and procedure emergency room nursing staff of suicide any psychiatric assisted Harm Assessment of Services and having psy was transferred to the camera room for 22 another patient. Passicide watch. The taken and secured technician was assisted 2 monitors that visupatients. Some of the watch. The camera who entered the bathroom the camera prior to check on the patient indicated the camera nursing staff to chewatch patients safe entering a bathroom field. The patient's psychiatric evaluation.	Director of Emerger ctor confirmed the erfailed follow the facilinent/Suicide Precautre. The Director confursing staff failed to de risk and failed to de risk and failed to de saments in the T-Sysuicide Screen. 30 AM, the Chief Nue to the patient being chiatric diagnoses the fourth floor and patient #1 was not place patients clothing had by security. A monitor gned to continuously inalized 10 rooms and he patients were on a could not visualize patients were on a could not visualize.	mergency ity's Self titions itimed the assess document ystem rsing g a fall ne patient laced in a ith ced if been or y observe if 12 suicide patients e was no specified a patient itield of mber to g Officer d notify uicide of them is visual r a on the	S 310	DEFICIENCY)		
	a psychiatric hospit	al responded and co sychiatric assessme	mpleted				

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA **MOUNTAINVIEW HOSPITAL** LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY)** S 310 S 310 Continued From page 31 patient. The Intake Coordinator handed the assessment to the patients Social Worker who placed the packet in the patients chart. The discharge plan included transferring the patient to a psychiatric hospital for psychiatric care. The Chief Nurse acknowledged the Social Worker did not read the Intake Coordinators psychiatric assessment of the patient. The Chief Nursing Officer reported on 05/19/10 at approximately 4:30 PM facility security was called to bring the patients clothing up to the th floor nursing unit in preparation for the patients transfer. The Chief Nurse reported somehow the patient got access to his clothing and changed out of his gown and put his clothing on. The Chief Nursing Officer reported th floor staff on duty that night was questioned and no staff member acknowledged giving the patients his clothing. The Chief Nurse acknowledged Patient #1 was seen by his nurse at 8:00 PM lying in bed with street clothing on. The Chief Nursing officer acknowledged according to facility policy patients being transferred to a psychiatric facility should not have been given access to their street clothes and should have remained in a hospital gown while a patient at the hospital and during transport to a receiving facility. At 11:00 PM the patient was seen by the camera tech getting out of bed and walking into the bathroom. The door was left partially open. At 11:10 PM a CNA entered the patient's room to take vital signs on Patient #2. Patient #2 asked the CNA to check on Patient #1. The CNA then entered the bathroom and found Patient #1 hanging from the shower rod by a belt around his neck. The patients nurse was notified by the CNA and responded and cut the belt from around the

Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA MOUNTAINVIEW HOSPITAL LAS VEGAS, NV 89128 PROVIDER'S PLAN OF CORRECTION (X6) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) (D (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 310 Continued From page 32 S 310 patient's neck and started CPR. (cardiopulmonary resuscitation) The Chief Nursing Officer reported there was a 10 minute window from the time the camera tech saw the patient enter the bathroom to the time the CNA discovered the patient hanging from a belt in the shower. A Nursing care Plan for Patient #1 initiated 05/17/10 included the following: The patients admit was related to an emotional or behavioral disorder. The patient's status was described as confused at times and afraid. The patient had a history of psychiatric care, excessive alcohol or drug abuse and a loss of rational thinking. Problems listed on the patients nursing care plan included the following: Suicide Risk/Ideation: Patient has risk for suicide. Patient will be free from suicidal ideation. On 05/21/10 at 9:50 AM an interview was conducted with CNA Camera Technician #1 on the fourth floor. Camera Technician #1 reported she has been working as a camera technician for 4 years and was never given any written facility policy or procedure regarding the operation or monitoring of patients on camera beds. Camera Technician #1 reported based on her assessment of the patients being monitored and the report given on the patient's diagnosis, no more than 5 minutes should elapse before a staff member should be notified to physically check on a patient at risk or on suicide precautions that has entered the bathroom or left the visible field of the camera. On 05/21/10 at 9:45 AM an interview was

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING_ NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA **MOUNTAINVIEW HOSPITAL** LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) \$ 310 Continued From page 33 S 310 conducted with the Director of Medical Surgical floor. The Director reported there should be no more than a 2 to 3 minute time lapse before a staff member should be notified to physically check on a patient at risk or on suicide precautions that has entered the bathroom or left the visible field of the camera. On 05/21/10 the Vice President of Quality and Risk Management reported she could not locate any written policy or procedure for the operation or monitoring of patients on camera beds. A Facility Security Patient Belongings Log indicated Patient #1s clothing was logged into security on 05/17/10, the date the patient was admitted. The log indicated the patients clothing was returned to staff on the th floor on 05/19/10. On 05/21/10 at 2:30 PM an interview was conducted with Security Guard #1. The Security Guard reported on 05/19/10 at 4:20 PM the nursing staff on 4 north requested Patient #1s belongings be brought up from security. The security Guard reported he brought the patients clothing bag and cane to the 4 th floor at 4:30 PM and provided them to CNA Camera Technician #2. The patients clothing bag and cane were placed in the nursing station on the floor by a printer. Patient #1 was outside his room dressed in a hospital gown at the time and asked if he could have his cane. The Security Guard reported he advised the patient his cane and clothes would be given to the ambulance driver who transported him to the receiving facility. The Security Guard reported the facility policy required all patients transported to another facility were to be transported in a hospital gown. All clothing was to be given to the person transporting the patient at the time of transfer.

Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING ____ 05/24/2010 NVS640HOS STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA MOUNTAINVIEW HOSPITAL LAS VEGAS, NV 89128 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 310 S 310 Continued From page 34 On 05/21/10 at 3:00 PM an interview was conducted with CNA Camera Technician #2 who confirmed she took possession of the patients clothing bag from security on 05/19/10 at 4:30 PM. Camera Technician #2 reported she was relieved by another camera technician at 5:00 PM and saw that the patients clothing bag was still on the floor in the nursing station by a printer when she left. Camera Technician #2 reported the facility policy required all patients transported to another facility were to be transported in a hospital gown. All clothing was to be given to the person transporting the patient at the time of transfer. Nursing Documentation for 05/19/10 from the patients nurse, RN #1 included the following; 1. 8:00 PM: "Spoke with patient about transfer. He was resting comfortably in street clothes in 2. 9:00 PM: " Rounded, patient medication given." 3. 10:45 PM: "Discovered transfer summary was never completed. Decided patient would have to stay another night. " 4. 10:55 PM: " Called Spring Mountain, Informed them patient would not be transported. 1 5. 11:00 PM: "Walked to patient room. Noticed him lying in bed. Looked like patient was sleeping. 6. 11:10 PM: " CNA came down hall and informed she found patient hanging by his neck in bathroom. I ran to room. Found patient hanging by his belt. Cut belt. Lowered patient to the ground. Called code. Patient did not appear to give any warning intentions leading up to this event."

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A BUILDING B. WING NVS640HOS 05/24/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3100 N TENAYA MOUNTAINVIEW HOSPITAL LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) IO (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 310 Continued From page 35 S 310 An Emergency Physician Record dated 05/19/10 at 11:15 PM, indicated the patient hung himself. The patient was last seen at 11:00 PM on his way to a (psychiatric facility). A Respiratory Therapy note dated 05/19/10 at 11:58 PM documented the following: "Patient code 99 on fourth floor. Brought down to ICU. Setting were set by ER doctor. Breath sounds are diminished bilaterally." A Clinical Note dated 05/20/10 indicated Patient #1 had a suicide attempt and was found hanging in his bathroom unresponsive with asystole. The patient was transferred to the ICU. A Nursing Progress Note dated 05/20/10 at 8:26 AM indicated the Patient #1 had a cessation of life signs. The EKG showed flat line. The patient had no pulse or blood pressure. The patient was pronounced dead by R.N. designee. On 05/24/10 at 10:30 Am a telephonic interview was conducted with RN #1. RN #1 reported he was assigned to care for patient #1 on 05/19/10 during the 7:00 PM to 7:00 AM shift on the 4th floor. RN #1 reported when he arrived at 7:00 PM he noticed the patient was dressed in street clothes. RN #1 acknowledged he was aware the patient was being transferred to a psychiatric hospital during his shift but thought only patients on a legal hold were prohibited from wearing street clothing. RN #2 reported the patient did not receive any visitors during the shift. RN #1 reported the patients planned transfer was delayed because the physician had not completed the transfer summary. At 8:00 PM the patient inquired about the delay in his transfer. At 8:00 PM the psychiatric hospital called to inquire as to why the patient had not been transferred.

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING_ NVS640HOS 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 N TENAYA **MOUNTAINVIEW HOSPITAL** LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 310 S 310 Continued From page 36 RN #1 reported he found a note in the patients chart that indicated Physician #1 needed to complete the patients transfer summary. RN #1 acknowledged he did not call Physician #1 to inquire about the completion of the patients transfer summary. RN #1 indicated he met with the charge nurse at 11:00 PM and a decision was made to cancel the patients transfer. RN #1 called the psychiatric hospital and informed them the transfer was canceled. RN #1 informed the patient the transfer was canceled at 11:00 PM. RN #1 reported he left the patients room to obtain equipment to place the patient back on cardiac telemetry. At 11:10 PM a CNA came down hall and informed she found patient hanging by his neck in bathroom. He responded to the patients bathroom and found the patient hanging by his belt from a shower curtain rod. He cut the belt and lowered the patient to the ground and called a code. The patient did not appear to give any warning of suicidal intentions leading up to the event. On 05/21/10 at 9:55 AM an interview was conducted with Patient #2 who was the roommate of Patient #1. Patient #2 reported Patient #1 was in a heavy state of depression Patient #2 reported Patient #1 spoke about being transferred to another facility for psychiatric help dealing with his depression. Patient #1s mood went from being depressed to feeling as if things were starting to look up for him due to the help he was going to have dealing with his depression and he was looking forward to his transfer to a mental health facility. Patient #2 reported Patient #1 became increasingly more anxious, agitated

Bureau	of Health Care Qual	ity and Compliance					
AND PLAN OF CORRECTION DENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		NVS640HOS	B. WING		· · · · · · · · · · · · · · · · · · ·	05/24/2010	
NAME OF PROVIDER OR SUPPLIER STREET AD				DRESS, CITY, STATE, ZIP CODE			
			3100 N TE LAS VEGA	TENAYA GAS, NV 89128			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION :	/IDER'S PLAN OF CORRECTION (X CORRECTIVE ACTION SHOULD BE COMP EFERENCED TO THE APPROPRIATE DEFICIENCY)		
S 310	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		S 310	DEFICIENCY)			