

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295106	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER TRELLIS CENTENNIAL		STREET ADDRESS, CITY, STATE, ZIP 8565 W ROME BLVD LAS VEGAS, NV 89149	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview, record review and document review, the facility failed to ensure an allegation of abuse was reported to Aging and Disability Services Division (ADSD) in accordance with the facility's Abuse Investigation and Reporting policy. Findings include: The Facility Reported Incident (FRI) lacked documented evidence ADSD had been notified of the allegation of employee to resident abuse, as documented in the facility's policy for reporting abuse. On 09/9/2020 at 4:14 PM, the Director of Nursing (DON) verified the allegation of employee to resident abuse had not been reported to ADSD. The facility policy, Abuse Investigation and Reporting, revised on 07/2017, documented all alleged violations involving abuse, neglect, exploitation, or mistreatment, would be reported by the facility Administrator, or his/her designee, to the local/state Ombudsman. Facility Reported Incident #NV 614		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.