Bureau of Health Care Quality and Compliance

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | NVS8632ADA | A. BUILDING: ______ B. WING ______ | C 04/20/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **SOLUTIONS TREATMENT CENTER, LLC** | **2855 MONTESSOURI STREET LAS VEGAS, NV 89117** |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| D 000 | Initial Comment | D 000 | | |

Initial Comment

This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on 02/21/2018 and completed on 04/10/18. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health.

The facility is licensed for ten residential program beds for the treatment of abuse of alcohol and drugs.

The census at the time of the survey was ten.

The sample size was six.

There was one complaint investigated.

Complaint #NV00051538 could not be substantiated due to lack of sufficient evidence.

The allegation the facility failed to coordinate medical care because the client had pneumonia and was dehydrated; as a result, the client passed away, could not be substantiated.

The investigation into the allegation included:

Review of six client records including the client-of-concern.

Review of the police report and coroner's report.

Interviews were conducted with the facility's Vice President of Clinical Operations, Laboratory Manager and the client's family member.

Observation was conducted to determine health and safety of clients' living condition.

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

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

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| D 000 | Continued From page 1<br><br>The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.<br><br>The following regulatory deficiencies were identified: | D 000 | | |

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