Psychiatric Hospitals Special Report





April 2010 version 1.0 Jim Gibbons, Governo

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INTRODUCTION

This special report provides information concerning the regulation of psychiatric hospitals and general hospitals offering psychiatric services in Nevada. The intent is two-fold: first, to provide insight on any systemic issues that may be affecting facilities of this type, and second, to identify areas for each facility where the most impactful improvements could be made, either by the facilities themselves or in collaboration with the Nevada State Health Division (NSHD). The data provided in this report is based on calendar years 2008, 2009, and 2010 year-to-date.

The report begins with an overview of psychiatric hospitals and general hospitals offering psychiatric services followed by individual profiles for each. Please note that the following three general hospitals are included in this report for completeness as they also provide psychiatric services:

- Carson Tahoe Regional Medical Center
- North Vista Hospital
- Northern Nevada Medical Center

Although there are no specific regulations that apply only to psychiatric hospitals and not all hospitals, it is nonetheless important to keep in mind that there may be more deficiencies at and complaints against general hospitals offering psychiatric services considering the additional services they provide. To assist the reader in recognizing which facilities provide general hospital services beyond those of the other dedicated psychiatric hospitals, the general hospitals have been indicated as such in each of their individual profiles.

It is the sincere hope of the Nevada State Health Division that through regular public reporting and collaboration with facilities we can identify and jointly address the issues that impact the quality of care provided at health-care facilities in Nevada. NSHD encourages health-care facilities to strive to provide the highest level of care possible, and to seek the assistance of the division to meet our common goals.

OVERVIEW

Between January 1, 2008 and April 14, 2010 138 inspections were performed, and 179 complaints were filed. Altogether 282 deficiencies were discovered, and 74 allegations were substantiated in association with complaint filings. An overview of the deficiencies found at all psychiatric hospitals, the complaints filed against them, and the allegations substantiated is provided below. Facility-specific information can be found thereafter.

Nearly all psychiatric hospitals in Nevada are accredited through some nationally-recognized accrediting body except for Lake's Crossing Center. <u>The Joint Commission</u> is the primary provider of accreditation. In addition to its Joint Commission accreditation, North Vista Hospital is also accredited by <u>Det Norske Veritas</u>.

With regard to facility inspections, life safety code standard violations were the deficiency most frequently cited for all facilities. Deficiencies related to use of physical restraint were second most frequent. Note that a facility is required to submit a plan of correction(s) for all deficiencies cited as a result of an inspection except for those deficiencies of minor severity.

With regard to complaints, almost two-thirds of inspections were performed either in conjunction with or as a direct result of a complaint. Complaints involving (an) allegation(s) of a breach of state regulation are by far the most frequent type of complaint. Nevertheless, a majority of all complaints are ultimately unsubstantiated. Among substantiated complaints, the most frequent allegations were related to quality of care/treatment and admission, transfer, and discharge rights.

how to read this table:

This table shows the number of inspections performed and any deficiency cited 5 or more times at all psychiatric hospitals, including a title and frequency for each deficiency as well as the regulation cited.

INSPECTIONS (January 1, 2008 – April 14, 2010)	138	
deficiency	frequency	NRS
life safety code standard	54	NFPA 101
physical restraint use	10	NAC 449.3628
appropriate care of patient	8	NAC 449.3622
construction standards	8	NAC 449.3154
discharge planning	7	NAC 449.332
rights of patient	7	NAC 449.3626
patient rights	6	482.13
personnel policies	6	NAC 449.363
physical environment	6	NAC 449.316
protection of patient	6	NAC 449.3628
psychiatric services	5	NAC 449.394
RN supervision of nursing care	5	482.23(b)(3)

This table shows the number of complaints received against all psychiatric hospitals, including whether they involved state or federal regulation and whether they were substantiated. Six are under investigation, three are under administrative/off-site investigation, nine were referred, and no action was necessary for two.

COMPLAINTS (January 1, 2008 – April 14, 2010)	179	
complaint	substantiated	unsubstantiated
state	54	93
federal	8	4
total complaints against all facilities	62	97

how to read this table:

This table shows the number of substantiated allegations associated with complaints and occurring 5 or more times against all psychiatric hospitals, including an allegation category, sub-description, and frequency for each allegation.

SUBSTANTIANTED ALLEGATIONS (January 1, 2008 – April 14, 2010)	74
allegation category	frequency
quality of care/treatment	14
admission, transfer, and discharge rights	11
resident/patient/client abuse	8
resident/patient/client neglect	5
physical environment	5
other	5

PSYCHIATRIC AND GENERAL HOSPITALS OFFERING PSYCHIATRIC SERVICES

NRS 449.012 defines a hospital as:

'an establishment for the diagnosis, care and treatment of human illness, including care available 24 hours each day from persons licensed to practice professional nursing who are under the direction of a physician, services of a medical laboratory and medical, radiological, dietary and pharmaceutical services.'

NRS 449.021 further classifies hospitals based on 4 categories of service:

- Medical
- Surgical
- Obstetrical
- Psychiatric

Hospitals providing only one or two categories of service are designated as either medical, surgical, obstetrical, psychiatric, or combined-category hospitals. Those providing medical, surgical, and obstetrical services, at a minimum, are designated as general hospitals. Under these criteria, there are 11 possible hospital classifications. In practice, however, only 4 of the 11 are represented by operating hospitals in Nevada:

- Medical
- Surgical
- Psychiatric
- General

Between January 1, 2008 and April 14, 2010 there were 11 dedicated psychiatric and 3 general hospitals offering psychiatric services in Nevada. For a complete list of them along with their classifications, see Appendix A.

BHC West Hills Hospital

address:

1240 E 9th St

Reno NV 89512

phone number:

775-323-0478

website:

www.psysolutions.com/facilities/westhills/

services provided:

- alcohol and/or drug services
- pharmacy
- dental service
- psychiatric services emergency
- psychiatric child/adolescent

accreditation:

The Joint Commission

current bed count:

95

date of last inspection:

February 2, 2010



- psychiatric geriatric
- psychiatric inpatient
- radiology services diagnostic
- laboratory clinical
- social services

how to read this table:

This table shows the number of inspections performed and the deficiencies cited at BHC West Hills Hospital, including a title and frequency for each deficiency as well as the regulation cited.

INSPECTIONS (January 1, 2008 – April 14, 2010)	26	
deficiency	frequency	regulation
administration of drugs	1	482.23(c)
appropriate care of patient	2	NAC 449.3622
assessment of patients	1	NAC 449.3624
chief executive officer	2	482.12(b)
development of assessment/diagnostic data	1	482.61(a)(4)
development of assessment/diagnostic data	1	482.61(a)(5)
discharge planning	2	NAC 449.332
discharge planning needs assessment	2	482.43(b)(1)
emergency preparedness	1	NAC 449.316
governing body	3	482.12
governing body	2	NAC 449.313
infection control officer(s)	1	482.42(a)
maintenance of physical plant	2	482.41(a)
medical staff	1	482.62(b)(2)
medical staff - accountability	1	482.12(a)(5)
medical staff responsibilities	1	482.22(c)(5)
nursing service	1	NAC 449.361
nursing services	1	482.23
nursing services	2	NAC 449.361
nutritional status of patients	1	NAC 449.339
patient rights	3	482.13

patient rights: care in safe setting	3	482.13(c)(2)
patient rights: grievances	2	482.13(a)(2)
patient rights: informed consent	4	482.13(b)(2)
physical environment	1	482.41
physical environment	4	NAC 449.316
policies for laboratory services	1	482.27(a)(4)
psychiatric evaluation	1	482.61(b)
QAPI	1	482.21
QAPI feedback and learning	1	482.21(c)(2)
QAPI improvement activities	1	482.21(c)(2)
qualified dietitian	3	482.28(a)(2)
quality improvement	1	NAC 449.3152
quality of care/staffing	1	NAC 449.314
rights of patient	2	NAC 449.3626
RN supervision of nursing care	2	482.23(b)(3)
social services	1	482.62(f)
special medical record requirements for psych hospitals	1	482.61
special staff requirements for psych hospitals	1	482.62
staffing and delivery of care	1	482.23(b)
supervision of contract staff	1	482.23(b)(6)
treatment plan	1	482.61(c)(1)(iii)
treatment plan	1	482.61(c)(1)(iv)
treatment plan	1	482.61(c)(2)
total deficiencies for this facility	68	

This table shows the number of complaints received against BHC West Hills Hospital, including whether they involved state or federal regulation and whether they were substantiated. Two are under investigation, and no action was necessary for another.

COMPLAINTS (January 1, 2008 – April 14, 2010)	39	
complaint	substantiated	unsubstantiated
state	9	22
federal	3	2
total complaints for this facility	12	24

This table shows the number of substantiated allegations associated with complaints against BHC West Hills Hospital, including an allegation category, sub-description, and frequency for each allegation.

SUBSTANTIANTED ALLEGATIONS (January 1, 2008 – April 14, 2010)	14	
allegation category	sub-description	frequency
accidents	protective supervision	3
admission, transfer and discharge rights		1
death – general		1
nursing services		1
other		2
quality of care/treatment		1
quality of care/treatment	care/service not received per physician order	1
resident/patient/client abuse	employee to resident	1
resident/patient/client abuse	resident to resident	1
resident/patient/client neglect		2
total substantiated allegations for this facility		14

Carson Tahoe Regional Medical Center

address:

1600 Medical Pkwy
Carson City NV 89703

phone number:

775-445-8000

website:

www.carsontahoe.com

accreditation:

The Joint Commission

current bed count:

144 general hospital beds

28 psychiatric beds

date of last inspection:

March 15, 2010

Please note that this facility is a general hospital offering psychiatric services; therefore, the list that follows includes the medical, surgical, obstetrical, and psychiatric services provided.

services provided:

- alcohol and/or drug services
- anesthesia
- audiology
- blood bank
- cardiac catheterization laboratory
- cardiac thoracic surgery
- chemotherapy service
- CT scanner
- dietetic service
- emergency department (dedicated)
- emergency services
- extracorporeal shock wave
- hospice
- ICU cardiac (non-surgical)
- ICU medical/surgical
- ICU surgical
- laboratory anatomical
- laboratory clinical
- magnetic resonance imaging
- neonatal nursery
- neurosurgical services
- nuclear medicine services
- obstetric service
- occupational therapy service
- operating rooms

- ophthalmic surgery
- organ transplant services
- orthopedic surgery
- outpatient services
- pediatric services
- pharmacy
- physical therapy services
- post-operative recovery rooms
- psychiatric services emergency
- psychiatric child/adolescent
- psychiatric geriatric
- psychiatric inpatient
- psychiatric outpatient
- radiology services diagnostic
- radiology services therapeutic
- reconstructive services
- respiratory care services
- rehab outpatient
- renal dialysis (acute inpatient)
- social services
- speech pathology services
- surgical services inpatient
- surgical services outpatient
- urgent care center services



This table shows the number of inspections performed and the deficiencies cited at Carson Tahoe Regional Medical Center, including a title and frequency for each deficiency as well as the regulation cited.

INSPECTIONS	20	
(January 1, 2008 – April 14, 2010)	_	
deficiency	frequency	regulation
adequate respiratory care staffing	1	482.57(a)(2)
admission of patients	1	NAC 449.329
appropriate care of patient	1	NAC 449.3622
compliance with construction standards	1	NAC 449.3156
construction standards	1	NAC 449.3154
criteria for discharge evaluations	1	482.43(a)
director of respiratory services	1	482.57(a)(1)
discharge planning	1	482.43
discharge planning	1	NAC 449.332
discharge planning needs assessment	1	482.43(b)(1)
infection control officer responsibilities	1	482.42(a)(1)
infections and communicable diseases	1	NAC 449.325
life safety code standard	2	NFPA 101
nursing care plan	1	482.23(b)(4)
operating room policies	2	482.51(b)
patient rights	1	482.13
patient rights: admission status notification	1	482.13(b)(4)
patient rights: care in safe setting	1	482.13(c)(2)
patient rights: free from abuse/harassment	1	482.13(c)(3)
patient rights: notice of grievance decision	1	482.13(a)(2)(iii)
patient rights: restraint or seclusion	1	482.13(e)(10)
patient rights: restraint or seclusion	1	482.13(e)(11)
patient rights: restraint or seclusion	1	482.13(e)(2)
patient rights: restraint or seclusion	1	482.13(e)(3)
patient rights: restraint or seclusion	1	482.13(e)(4)(i)
patient rights: restraint or seclusion	1	482.13(e)(4)(ii)
patient rights: restraint or seclusion	1	482.13(e)(5)
patient rights: review of grievances	1	482.13(a)(2)
radiologist responsibilities	1	482.26(c)(1)
respiratory care services policies	1	482.57(b)
RN supervision of nursing care	1	482.23(b)(3)
unusable drugs not used	1	482.25(b)(3)
total deficiencies for this facility	34	

This table shows the number of complaints received against Carson Tahoe Regional Medical Center, including whether they involved state or federal regulation and whether they were substantiated. Two are under investigation.

COMPLAINTS (January 1, 2008 – April 14, 2010)	13	
complaint	substantiated	unsubstantiated
state	6	4
federal	1	0
total complaints for this facility	7	4

how to read this table:

This table shows the number of substantiated allegations associated with complaints against Carson Tahoe Regional Medical Center, including an allegation category, sub-description, and frequency for each allegation.

SUBSTANTIANTED ALLEGATIONS (January 1, 2008 – April 14, 2010)	7	
allegation category	sub-description	frequency
admission, transfer and discharge rights		3
infection control		1
other services		1
quality of care/treatment		1
resident/patient/client neglect		1
total substantiated allegations for this facility	1	7

Carson Tahoe Specialty Medical Center

address:

775 Fleischmann Wy Carson City NV 89703

phone number:

775-882-1361

website:

NA

accreditation:

The Joint Commission (under Carson Tahoe Regional Medical Center)



28

date of last inspection:

June 5, 2008

date closed:

October 1, 2008

services provided:

 similar to Carson Tahoe Regional Medical Center, its successor

how to read this table:

This table shows the number of inspections performed and the deficiencies cited at Carson Tahoe Specialty Medical Center, including a title and frequency for each deficiency as well as the regulation cited.

INSPECTIONS (January 1, 2008 – April 14, 2010)	6	
deficiency	frequency	regulation
appropriate care of patient	1	NAC 449.3622
discharge planning	1	NAC 449.332
total deficiencies for this facility	2	

how to read this table:

This table shows the number of complaints received against Carson Tahoe Specialty Medical Center, including whether they involved state or federal regulation and whether they were substantiated.

COMPLAINTS (January 1, 2008 – April 14, 2010)	8	
complaint	substantiated	unsubstantiated
state	3	5
federal	0	0
total complaints for this facility	3	5



This table shows the number of substantiated allegations associated with complaints against Carson Tahoe Specialty Medical Center, including an allegation category, sub-description, and frequency for each allegation.

SUBSTANTIANTED ALLEGATIONS (January 1, 2008 – April 14, 2010)	3	
allegation category	sub-description	frequency
admission, transfer and discharge rights		3
total substantiated allegations for this facility		3

Desert Willow Treatment Center

address:

6171 W Charleston Blvd Las Vegas NV 89146

phone number:

702-486-8900

website:

www.dcfs.state.nv.us/desertwillow.pdf

services provided:

- alcohol and/or drug services
- psychiatric services emergency
- psychiatric child/adolescent

accreditation:

The Joint Commission

current bed count:

58

date of last inspection:

February 18, 2010



- psychiatric inpatient
- social services

how to read this table:

This table shows the number of inspections performed and the deficiencies cited at Desert Willow Treatment Center, including a title and frequency for each deficiency as well as the regulation cited.

INSPECTIONS (January 1, 2008 – April 14, 2010)	4	
deficiency	frequency	regulation
nursing service	2	NAC 449.361
pharmaceutical services	1	NAC 449.340
physical restraint use	9	NAC 449.3628
protection of patient	4	NAC 449.3628
psychiatric services	3	NAC 449.394
quality improvement	2	NAC 449.3152
rights of patient	3	NAC 449.3626
total deficiencies for this facility	24	

how to read this table:

This table shows the number of complaints received against Desert Willow Treatment Center, including whether they involved state or federal regulation and whether they were substantiated.

COMPLAINTS (January 1, 2008 – April 14, 2010)	3	
complaint	substantiated	unsubstantiated
state	3	0
federal	0	0
total complaints for this facility	3	0

This table shows the number of substantiated allegations associated with complaints against Desert Willow Treatment Center, including an allegation category, sub-description, and frequency for each allegation.

SUBSTANTIANTED ALLEGATIONS (January 1, 2008 – April 14, 2010)	5	
allegation category	sub-description	frequency
injury of unknown origin		1
quality of care/treatment	resident safety	1
resident/patient/client abuse	physical	1
resident/patient/client rights		1
restraints/seclusion – general		1
total substantiated allegations for this facilit	ty	5

Dini-Townsend Hospital at

Northern Nevada Adult Mental Health Services

address:

480 Galletti Wy Sparks NV 89431

phone number:

775-688-2001

website:

mhds.nv.gov/index.php?option=com content&task=vie
w&id=23&Itemid=53

services provided:

- outpatient services
- pharmacy
- psychiatric services emergency

accreditation:

The Joint Commission

current bed count:

70

date of last inspection:

April 12, 2010



- psychiatric inpatient
- psychiatric outpatient
- social services
- psychiatric inpatient

how to read this table:

This table shows the number of inspections performed and the deficiencies cited at Dini-Townsend Hospital at Northern Nevada Adult Mental Health Services, including a title and frequency for each deficiency as well as the regulation cited.

INSPECTIONS (January 1, 2008 – April 14, 2010)	2	
deficiency	frequency	regulation
personnel policies	1	NAC 449.363
total deficiencies for this facility	1	

how to read this table:

This table shows the number of complaints received against Dini-Townsend Hospital at Northern Nevada Adult Mental Health Services, including whether they involved state or federal regulation and whether they were substantiated.

COMPLAINTS (January 1, 2008 – April 14, 2010)	1	
complaint	substantiated	unsubstantiated
state	0	1
federal	0	0
total complaints for this facility	0	1

This table shows the number of substantiated allegations associated with complaints against Dini-Townsend Hospital at Northern Nevada Adult Mental Health Services, including an allegation category, sub-description, and frequency for each allegation.

SUBSTANTIANTED ALLEGATIONS (January 1, 2008 – April 14, 2010)	0	
allegation category	sub-description	frequency
total substantiated allegations for this facility		0

Lake's Crossing Center

address:

500 Galletti Wy

Sparks NV 89431

phone number:

775-688-1900

website:

mhds.nv.gov/index.php?option=com_content&task=vie

w&id=76&Itemid=50

services provided:

- dietetic service
- pharmacy
- psychiatric forensic

accreditation:

unaccredited

current bed count:

56

date of last inspection:

June 9, 2008

- psychiatric inpatient
- psychiatric outpatient
- social services

how to read this table:

This table shows the number of inspections performed and the deficiencies cited at Lake's Crossing Center, including a title and frequency for each deficiency as well as the regulation cited.

INSPECTIONS	1	
(January 1, 2008 – April 14, 2010)		
deficiency	frequency	regulation
construction standards	1	NAC 449.3154
governing body	1	NAC 449.313
medical staff	1	NAC 449.358
personnel policies	2	NAC 449.363
transfer agreements	1	NAC 449.331
total deficiencies for this facility	6	

how to read this table:

This table shows the number of complaints received against Lake's Crossing Center, including whether they involved state or federal regulation and whether they were substantiated.

COMPLAINTS (January 1, 2008 – April 14, 2010)	0	
complaint	substantiated	unsubstantiated
state	0	0
federal	0	0
total complaints for this facility	0	0

This table shows the number of substantiated allegations associated with complaints against Lake's Crossing Center, including an allegation category, sub-description, and frequency for each allegation.

SUBSTANTIANTED ALLEGATIONS (January 1, 2008 – April 14, 2010)	0	
allegation category	sub-description	frequency
total substantiated allegations for this facility		0

Montevista Hospital

address:

5900 W Rochelle Ave Las Vegas NV 89103

phone number:

702-364-1111

website:

www.psysolutions.com/facilities/montevista/

services provided:

- alcohol and/or drug services
- anesthesia
- CT scanner
- dental service
- dietetic service
- laboratory clinical
- magnetic resonance imaging
- outpatient services
- pharmacy

accreditation:

The Joint Commission

current bed count:

80

date of last inspection:

March 9, 2010



- psychiatric services emergency
- psychiatric child/adolescent
- psychiatric geriatric
- psychiatric inpatient
- psychiatric outpatient
- radiology services diagnostic
- radiology services therapeutic
- social services

how to read this table:

This table shows the number of inspections performed and the deficiencies cited at Montevista Hospital, including a title and frequency for each deficiency as well as the regulation cited.

INSPECTIONS (January 1, 2008 – April 14, 2010)	7	
deficiency	frequency	regulation
appropriate care of patient	1	NAC 449.3622
medical records	1	NAC 449.379
nursing service	1	NAC 449.361
psychiatric services	1	NAC 449.394
total deficiencies for this facility	4	

how to read this table:

This table shows the number of complaints received against Montevista Hospital, including whether they involved state or federal regulation and whether they were substantiated.

COMPLAINTS (January 1, 2008 – April 14, 2010)	12	
complaint	substantiated	unsubstantiated
state	2	9
federal	0	1
total complaints for this facility	2	10

This table shows the number of substantiated allegations associated with complaints against Montevista Hospital, including an allegation category, sub-description, and frequency for each allegation.

SUBSTANTIANTED ALLEGATIONS (January 1, 2008 – April 14, 2010)	4	
allegation category	sub-description	frequency
quality of care/treatment	resident medications not given according to physician instructions	1
quality of care/treatment	resident not assessed in timely manner after change in condition	1
state licensure	incomplete record	1
state licensure	not following policies	1
total substantiated allegations for this facility		4

North Vista Hospital

address:

1409 E Lake Mead Blvd N Las Vegas NV 89030

phone number:

702-649-7711

website:

www.northvistahospital.com

accreditation:

The Joint Commission, Det Norske Veritas

current bed count:

135 general hospital beds40 psychiatric beds

date of last inspection:

March 16, 2010





Please note that this facility is a general hospital offering psychiatric services; therefore, the list that follows includes the medical, surgical, obstetrical, and psychiatric services provided.

services provided:

- anesthesia
- cardiac catheterization laboratory
- CT scanner
- dietetic service
- emergency department (dedicated)
- ICU medical/surgical
- laboratory clinical
- magnetic resonance imaging
- nuclear medicine services
- obstetric service
- occupational therapy services
- operating rooms
- ophthalmic services

- orthopedic surgery
- outpatient services
- pharmacy
- physical therapy services
- post-operative recovery rooms
- psychiatric geriatric
- radiology services diagnostic
- respiratory care services
- renal dialysis (acute inpatient)
- social services
- speech pathology services
- surgical services inpatient
- surgical services outpatient

This table shows the number of inspections performed and the deficiencies cited at North Vista Hospital, including a title and frequency for each deficiency as well as the regulation cited.

INSPECTIONS (January 1, 2008 – April 14, 2010)	17	
deficiency	frequency	regulation
adequate respiratory care staffing	1	482.57(a)(2)
administration of drugs	1	482.23(c)
appropriate care of patient	2	NAC 449.3622
assessment of patient	1	NAC 449.3624
assessment of patients	1	NAC 449.3624
blood gases/lab test requirements	1	482.57(b)(2)
compliance with 489.24	1	489.20(I)
construction standards	2	NAC 449.3154
discharge planning	2	NAC 449.332
housekeeping services	2	NAC 449.322
infection control officer responsibilities	1	482.42(a)(1)
infections and communicable diseases	1	NAC 449.325
life safety code standard	38	NFPA 101
medical screening exam	2	489.24(r)
		489.24(c)
medical staff	1	NAC 449.358
nursing services	1	482.23
nursing services	1	NAC 449.361
physical environment	1	NAC 449.316
potentially infectious blood/blood products	1	482.27(b)
protection of patients	1	NAC 449.3628
RN supervision of nursing care	2	482.23(b)(3)
unusable drugs not used	1	482.25(b)(3)
total deficiencies for this facility	65	

how to read this table:

This table shows the number of complaints received against North Vista Hospital, including whether they involved state or federal regulation and whether they were substantiated. One is under investigation, nine were referred, and one is under administrative/off-site investigation.

COMPLAINTS (January 1, 2008 – April 14, 2010)	37	
complaint	substantiated	unsubstantiated
state	12	12
federal	2	0
total complaints for this facility	14	12

This table shows the number of substantiated allegations associated with complaints against North Vista Hospital, including an allegation category, sub-description, and frequency for each allegation.

SUBSTANTIANTED ALLEGATIONS	18	
(January 1, 2008 – April 14, 2010)		
allegation category	sub-description	frequency
admission, transfer and discharge rights		3
EMTALA (patient dumping)	screening	1
physical environment	facility not clean	2
physical environment	safe environment not provided	1
physician services		1
quality of care/treatment	inappropriate feeding assistance for resident	1
	weight loss	
quality of care/treatment		2
quality of care/treatment	resident medications improperly administered	1
quality of care/treatment	resident not assessed in timely manner after	1
	change in condition	
quality of care/treatment	responsible party not notified of change in	1
	resident's condition	
resident/patient/client assessment		2
resident/patient/client neglect	injury of unknown origin	1
resident/patient/client neglect	pressure sores	1
total substantiated allegations for this facility		18

Northern Nevada Medical Center

address:

2375 E Prater Wy Sparks NV 89434

phone number:

775-356-4001

website:

www.northernnvmed.com

accreditation:

The Joint Commission

current bed count:

72 general hospital beds 28 psychiatric beds

date of last inspection:

March 24, 2010

Please note that this facility is a general hospital offering psychiatric services; therefore, the list that follows includes the medical, surgical, obstetrical, and psychiatric services provided.

services provided:

- ambulance services (owned)
- alcohol and/or drug services
- anesthesia
- blood bank
- cardiac catheterization laboratory
- CT scanner
- emergency department (dedicated)
- emergency services
- ICU cardiac (non-surgical)
- ICU –medical/surgical
- ICU –surgical
- laboratory anatomical
- laboratory clinical
- magnetic resonance imaging (MRI)
- nuclear medicine services
- occupational therapy services
- operating rooms
- orthopedic surgery

- outpatient services
- pediatric services
- pharmacy
- physical therapy services
- post-operative recovery rooms
- psychiatric services emergency
- psychiatric forensic
- psychiatric geriatric
- psychiatric inpatient
- psychiatric outpatient
- radiology services diagnostic
- radiology services therapeutic
- respiratory care services
- renal dialysis (acute inpatient)
- social services
- surgical services inpatient
- surgical services outpatient



This table shows the number of inspections performed and the deficiencies cited at Northern Nevada Medical Center, including a title and frequency for each deficiency as well as the regulation cited.

INSPECTIONS (January 1, 2008 – April 14, 2010)	11	
deficiency	frequency	regulation
infections and communicable diseases	1	NAC 449.325
laundry services	1	NAC 449.322
on call physicians	1	489.20(r)(2)
		489.24(j)(1-2)
pharmaceutical services	1	NAC 449.340
physical restraint use	1	NAC 449.3628
quality of care/policies procedures	1	NAC 449.314
rights of patient	1	NAC 449.3626
sterile supplies and medical equipment	1	NAC 449.327
total deficiencies for this facility	8	

how to read this table:

This table shows the number of complaints received against Northern Nevada Medical Center, including whether they involved state or federal regulation and whether they were substantiated. One is under investigation and one is under administrative/off-site investigation.

COMPLAINTS (January 1, 2008 – April 14, 2010)	11	
complaint	substantiated	unsubstantiated
state	2	6
federal	1	0
total complaints for this facility	3	6

how to read this table:

This table shows the number of substantiated allegations associated with complaints against Northern Nevada Medical Center, including an allegation category, sub-description, and frequency for each allegation.

SUBSTANTIANTED ALLEGATIONS (January 1, 2008 – April 14, 2010)	3	
allegation category	sub-description	frequency
EMTALA (patient dumping)	physician on-call list	1
resident/patient/client assessment		1
restraints/seclusion – general		1
total substantiated allegations for this facility		3

Red Rock Behavioral Institute

address:

5975 W Twain Ave Las Vegas NV 89103

phone number:

702-214-8099

website:

www.psysolutions.com/facilities/redrock/

services provided:

- ambulance services (owned)
- dietetic service
- laboratory clinical
- occupational therapy services
- pharmacy
- physical therapy services

accreditation:

The Joint Commission

current bed count:

21

date of last inspection:

March 26, 2010



- psychiatric services emergency
- psychiatric services geriatric
- psychiatric services inpatient
- radiology services diagnostic
- social services

how to read this table:

This table shows the number of inspections performed and the deficiencies cited at Red Rock Behavioral Institute, including a title and frequency for each deficiency as well as the regulation cited.

INSPECTIONS (January 1, 2008 – April 14, 2010)	2	
deficiency	frequency	regulation
appropriate care of patient	1	NAC 449.3622
discharge planning	1	NAC 449.332
physical environment	1	NAC 449.316
total deficiencies for this facility	3	

how to read this table:

This table shows the number of complaints received against Red Rock Behavioral Institute, including whether they involved state or federal regulation and whether they were substantiated.

COMPLAINTS (January 1, 2008 – April 14, 2010)	7	
complaint	substantiated	unsubstantiated
state	3	4
federal	0	0
total complaints for this facility	3	4

This table shows the number of substantiated allegations associated with complaints against Red Rock Behavioral Institute, including an allegation category, sub-description, and frequency for each allegation.

SUBSTANTIANTED ALLEGATIONS (January 1, 2008 – April 14, 2010)	3	
allegation category	sub-description	frequency
misappropriation of property		1
physical environment	equipment not maintained	1
quality of care/treatment		1
total substantiated allegations for this facility		3

Seven Hills Behavioral Institute

address:

3021 W Horizon Ridge Pkwy Henderson NV 89052

phone number: 702-646-5000

website:

www.sevenhillsbi.com

services provided:

- alcohol and/or drug services
- dental service
- dietetic service
- pharmacy

accreditation:

The Joint Commission

current bed count:

55

date of last inspection:

January 20, 2010



- psychiatric services emergency
- psychiatric inpatient
- radiology services diagnostic
- social services

how to read this table:

This table shows the number of inspections performed and the deficiencies cited at Seven Hills Behavioral Institute, including a title and frequency for each deficiency as well as the regulation cited.

7 anuary 1, 2008 – April 14, 2010)	equency	
	MANAGUM	
eficiency fre	equency	regulation
onstruction standards	2	NAC 449.3154
etary services	1	NAC 449.338
mergency laboratory services	1	482.27(a)(1)
ousekeeping services	1	NAC 449.322
e safety code standard	1	NFPA 101
edical staff	1	482.62(b)(2)
edical staff	1	NAC 449.358
ursing care plan	1	482.23(b)(4)
ursing services	1	482.62(d)(1)
ursing services	1	482.62(d)(2)
ersonnel policies	2	NAC 449.363
narmacist responsibilities	1	482.25(a)(1)
olicies for laboratory services	1	482.27(a)(4)
sychiatric services	1	NAC 449.394
API program scope	1	482.21(a)
ualified staff	1	482.26(c)(2)
ghts of patient	1	NAC 449.3626
pecial medical record requirements for psych hospitals	1	482.61
aff education	1	482.45(a)(5)
affing and delivery of care	1	482.23(b)
ssue and eye bank agreements	1	482.45(a)(2)
eatment plan	2	482.61(c)(1)

treatment plan	1	482.61(c)(1)(ii)
treatment plan	1	482.61(c)(1)(iii)
treatment plan	1	482.61(c)(1)(iv)
treatment plan	1	482.61(c)(2)
unusable drugs not used	1	482.25(b)(3)
written protocol for tissue specimens	1	482.27(a)(3)
total deficiencies for this facility	31	

This table shows the number of complaints received against Seven Hills Behavioral Institute, including whether they involved state or federal regulation and whether they were substantiated.

COMPLAINTS (January 1, 2008 – April 14, 2010)	3	
complaint	substantiated	unsubstantiated
state	2	1
federal	0	0
total complaints for this facility	2	1

how to read this table:

This table shows the number of substantiated allegations associated with complaints against Seven Hills Behavioral Institute, including an allegation category, sub-description, and frequency for each allegation.

SUBSTANTIANTED ALLEGATIONS (January 1, 2008 – April 14, 2010)	2	
allegation category	sub-description	frequency
other		1
physical environment	facility not clean	1
total substantiated allegations for this facility		2

Southern Nevada Adult Mental Health Services

address:

6161 W Charleston Blvd Las Vegas NV 89146

phone number:

702-486-6000

website:

mhds.nv.gov/index.php?option=com content&task=vie w&id=61&Itemid=69

services provided:

- alcohol and/or drug services
- dietetic service
- gerontological specialty services
- pharmacy

accreditation:

The Joint Commission

current bed count:

289

date of last inspection:

April 13, 2010



- psychiatric services emergency
- psychiatric inpatient
- psychiatric outpatient
- rehab outpatient

how to read this table:

This table shows the number of inspections performed and the deficiencies cited at Southern Nevada Adult Mental Health Services, including a title and frequency for each deficiency as well as the regulation cited.

INSPECTIONS	18	
(January 1, 2008 – April 14, 2010)		
deficiency	frequency	regulation
administration of drugs	1	482.23(c)
compliance with construction standards	1	NAC 449.3156
construction standards	2	NAC 449.3154
infection control officer responsibilities	2	482.42(a)(1)
life safety code standard	13	NFPA 101
patient rights	2	482.13
patient rights: free from abuse/harassment	1	482.13(c)(3)
patient rights: grievance procedures	1	482.13(a)(2)(i)
patient rights: grievance review time frames	1	482.13(a)(2)(ii)
patient rights: grievances	2	482.13(a)(2)
patient rights: notice of grievance decision	1	482.13(a)(2)(iii)
patient rights: review of grievances	1	482.13(a)(2)
patient rights: timely referral of grievances	1	482.13(a)(2)
policies for laboratory services	1	482.27(a)(4)
protection of patient	1	NAC 449.3628
quality of care	1	NAC 449.314
total deficiencies for this facility	32	

This table shows the number of complaints received against Southern Nevada Adult Mental Health Services, including whether they involved state or federal regulation and whether they were substantiated. One is under investigation, and no action was necessary for another.

COMPLAINTS (January 1, 2008 – April 14, 2010)	23	
complaint	substantiated	unsubstantiated
state	3	16
federal	1	1
total complaints for this facility	4	17

how to read this table:

This table shows the number of substantiated allegations associated with complaints against Southern Nevada Adult Mental Health Services, including an allegation category, sub-description, and frequency for each allegation.

SUBSTANTIANTED ALLEGATIONS (January 1, 2008 – April 14, 2010)	4	
allegation category	sub-description	frequency
resident/patient/client abuse	physical	1
resident/patient/client abuse	resident to resident	1
resident/patient/client abuse	sexual	1
resident/patient/client abuse		1
total substantiated allegations for this facility		4

Spring Mountain Sahara

address:

5460 W Sahara Ave Las Vegas NV 89146

phone number:

702-873-2400

website:

www.springmountainsahara.com

services provided:

- ambulance services (owned)
- alcohol and/or drug services
- CT scanner
- dental service
- dietetic service
- emergency department (dedicated)
- emergency services
- laboratory clinical
- occupational therapy services

accreditation:

The Joint Commission (under Spring Mountain Treatment Center)



current bed count:

30

date of last inspection:

March 9, 2010

- organ bank
- organ transplant services
- pharmacy
- physical therapy services
- psychiatric services emergency
- psychiatric services child/adolescent
- radiology services diagnostic
- social services
- speech pathology services

how to read this table:

This table shows the number of inspections performed and the deficiencies cited at Spring Mountain Sahara, including a title and frequency for each deficiency as well as the regulation cited.

INSPECTIONS (January 1, 2008 – April 14, 2010)	4	
deficiency	frequency	regulation
admission of patients	1	NAC 449.329
total deficiencies for this facility	1	

how to read this table:

This table shows the number of complaints received against Spring Mountain Sahara, including whether they involved state or federal regulation and whether they were substantiated.

COMPLAINTS (January 1, 2008 – April 14, 2010)	4	
complaint	substantiated	unsubstantiated
state	3	1
federal	0	0
total complaints for this facility	3	1

This table shows the number of substantiated allegations associated with complaints against Spring Mountain Sahara, including an allegation category, sub-description, and frequency for each allegation.

SUBSTANTIANTED ALLEGATIONS (January 1, 2008 – April 14, 2010)	3	
allegation category	sub-description	frequency
admission, transfer and discharge rights		1
quality of care/treatment	responsible party not notified of change in resident's condition	1
state licensure	lack of protective supervision	1
total substantiated allegations for this facility		3

Spring Mountain Treatment Center

address:

7000 W Spring Mountain Rd Las Vegas NV 89117

phone number:

702-873-2400

website:

www.springmountaintreatmentcenter.com

services provided:

- ambulance services (owned)
- alcohol and/or drug services
- anesthesia
- CT scanner
- dental service
- dietetic service
- emergency department (dedicated)
- emergency services
- laboratory clinical
- occupational therapy services

accreditation:

The Joint Commission

current bed count:

82

date of last inspection:

October 23, 2009



- organ bank
- organ transplant services
- pharmacy
- physical therapy services
- psychiatric services emergency
- psychiatric services inpatient
- radiology services diagnostic
- social services
- speech pathology services

how to read this table:

This table shows the number of inspections performed and the deficiencies cited at Spring Mountain Treatment Center, including a title and frequency for each deficiency as well as the regulation cited.

INSPECTIONS (January 1, 2008 – April 14, 2010)	5
deficiency	frequency regulation
	0
total deficiencies for this facility	0

how to read this table:

This table shows the number of complaints received against Spring Mountain Treatment Center, including whether they involved state or federal regulation and whether they were substantiated.

COMPLAINTS (January 1, 2008 – April 14, 2010)	11	
complaint	substantiated	unsubstantiated
state	3	8
federal	0	0
total complaints for this facility	3	8

This table shows the number of substantiated allegations associated with complaints against Spring Mountain Treatment Center, including an allegation category, sub-description, and frequency for each allegation.

SUBSTANTIANTED ALLEGATIONS (January 1, 2008 – April 14, 2010)	3	
allegation category	sub-description	frequency
dietary services	food not palatable	1
other		1
resident/patient/client abuse		1
total substantiated allegations for this faci	lity	3

Willow Springs Center

address:

690 Edison Wy

Reno NV 89502

phone number:

775-858-3303

website:

www.willowspringscenter.com

services provided:

psychiatric – child/adolescent

• psychiatric – inpatient

accreditation:

The Joint Commission (under BHC West Hills Hospital)

current bed count:

76

date of last inspection:

February 26, 2010

• psychiatric – outpatient



how to read this table:

This table shows the number of inspections performed and the deficiencies cited at Willow Springs Center, including a title and frequency for each deficiency as well as the regulation cited.

INSPECTIONS (January 1, 2008 – April 14, 2010)	8	
deficiency	frequency	regulation
nutritional status of patients	1	NAC 449.339
personnel policies	1	NAC 449.363
protection of patient	1	NAC 449.3628
total deficiencies for this facility	3	

how to read this table:

This table shows the number of complaints received against Willow Springs Center, including whether they involved state or federal regulation and whether they were substantiated.

COMPLAINTS (January 1, 2008 – April 14, 2010)	7	
complaint	substantiated	unsubstantiated
state	3	4
federal	0	0
total complaints for this facility	3	4

This table shows the number of substantiated allegations associated with complaints against Willow Springs Center, including an allegation category, sub-description, and frequency for each allegation.

SUBSTANTIANTED ALLEGATIONS (January 1, 2008 – April 14, 2010)	3	
allegation category	sub-description	frequency
accidents	protective supervision	1
other		1
resident/patient/client abuse	sexual	1
total substantiated allegations for this facility		3

APPENDICES

Appendix A

PSYCHIATRIC HOSPITALS LICENSED FROM 2008 TO 2010

	medical	surgical	obstetrical	psychiatric
BHC West Hills Hospital				\checkmark
Carson Tahoe Regional Medical Center	✓	✓	✓	✓
Carson Tahoe Specialty Medical Center	✓	✓	✓	✓
Desert Willow Treatment Center				✓
Dini-Townsend Hospital at Northern Nevada Adult Mental Health Services				✓
Lake's Crossing Center				✓
Montevista Hospital				✓
North Vista Hospital	✓	✓	✓	✓
Northern Nevada Medical Center	✓	✓	✓	✓
Red Rock Behavioral Institute				✓
Seven Hills Behavioral Institute				✓
Southern Nevada Adult Mental Health Services				✓
Spring Mountain Sahara				✓
Spring Mountain Treatment Center				✓
Willow Springs Center				✓