

Psychiatric Hospitals Special Report



Department of Health and Human Services
Division of Public and Behavioral Health
Office of Public Health Informatics and Epidemiology



September 2013
edition 1.0
issue 2

Brian Sandoval, Governor
State of Nevada

Michael J Willden, Director
Department of Health and Human Services

Richard Whitley, MS, Administrator
Division of Public and Behavioral Health

Tracey D Green, MD, Chief Medical Officer
Division of Public and Behavioral Health

TABLE OF CONTENTS

| | |
|---|----|
| PURPOSE | 1 |
| REPORT LAYOUT..... | 1 |
| SUMMARY | 2 |
| TECHNICAL NOTES | 3 |
| PSYCHIATRIC AND GENERAL HOSPITALS OFFERING PSYCHIATRIC SERVICES | 4 |
| BHC West Hills Hospital | 5 |
| Carson Tahoe Regional Medical Center..... | 6 |
| Desert Willow Treatment Center..... | 8 |
| Dini-Townsend Hospital at Northern Nevada Adult Mental Health Services..... | 10 |
| Lake’s Crossing Center | 12 |
| Montevista Hospital..... | 14 |
| North Vista Hospital..... | 16 |
| Northern Nevada Medical Center..... | 18 |
| Rawson-Neal Hospital at Southern Nevada Adult Mental Health Services..... | 20 |
| Red Rock Behavioral Health Hospital..... | 23 |
| Seven Hills Behavioral Institute | 25 |
| Spring Mountain Sahara | 27 |
| Spring Mountain Treatment Center..... | 28 |
| Willow Springs Center..... | 30 |
| CITATIONS | 32 |
| APPENDICES | a |
| Appendix A..... | a |
| POINT-OF-CONTACT..... | a |
| FUNDING SOURCE..... | a |
| RECOMMENDED CITATION | a |

PURPOSE

This special report provides information to healthcare providers, legislators, and the public 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 Division of Public and Behavioral Health (DPBH).

It is the sincere hope of the Division of Public and Behavioral Health 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. DPBH 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.

REPORT LAYOUT

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.

SUMMARY

Between July 1, 2010 and June 30, 2013 162, inspections were performed, and 220 complaints were filed. Altogether 331 deficiencies were discovered, and 88 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 and Rawson-Neal Hospital at Southern Nevada Adult Mental Health Services. [The Joint Commission](#) is the primary provider of accreditation. North Vista Hospital was accredited by [Det Norske Veritas](#).

With regard to facility inspections, life safety code standard violations were the deficiency most frequently cited for all facilities. Deficiencies related to discharge planning or nursing service were both second most frequent, and deficiencies related to assessment of patient were fourth. 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 three-fourths of inspections were performed either in conjunction with or as a direct result of a complaint. Complaints involving (an) allegation(s) of an issue regarding quality of care/treatment were 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 followed by resident/patient/client rights 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 (July 1, 2010 – June 30, 2013) | | 162 | |
|---|-----------|--------------|--|
| deficiency | frequency | NRS | |
| life safety code standard | 96 | NFPA 101 | |
| discharge planning | 13 | NAC 449.332 | |
| nursing service | 13 | NAC 449.361 | |
| assessment of patient | 12 | NAC 449.3624 | |
| construction standards | 9 | NAC 449.3154 | |
| appropriate care of patient | 5 | NAC 449.3622 | |
| infection control officer responsibilities | 5 | 482.42(a)(1) | |
| infections and communicable diseases | 5 | NAC 449.325 | |
| psychiatric services | 5 | NAC 449.394 | |

how to read this table:

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. Five are under investigation, seventeen are under administrative/off-site investigation, three were referred, and no action was necessary for seven.

| COMPLAINTS (July 1, 2010 – June 30, 2013) | | 220 | |
|--|----------------------|------------------------|--|
| complaint | substantiated | unsubstantiated | |
| state | 53 | 114 | |
| federal | 12 | 9 | |
| total complaints against all facilities | 65 | 123 | |

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.

| SUBSTANTIATED ALLEGATIONS (July 1, 2010 – June 30, 2013) | | 88 | |
|---|------------------|-----------|--|
| allegation category | frequency | | |
| quality of care/treatment | 31 | | |
| resident/patient/client rights | 10 | | |
| admission, transfer & discharge rights | 9 | | |
| physical environment | 7 | | |
| resident/patient/client abuse | 6 | | |
| EMTALA (patient dumping) | 5 | | |

TECHNICAL NOTES

The information provided in this report is based on licensure, inspection, and complaint data from July 1, 2010 to June 30, 2013, state fiscal years (SFYs) 2011, 2012, and 2013 that is collected by the Bureau of Health Care Quality and Compliance (HCQC).

ASPEN is a suite of software applications designed for the federal government by Alpine Technologies. It is used to collect, track, and manage healthcare provider data. The federal government has contracted with state governments, including Nevada, to have state personnel, usually through a state agency, conduct federal surveys/inspections and respond to complaints. All inspections are recorded in ASPEN Central Office, a component of the ASPEN suite. All complaints are recorded in ASPEN Complaint and Incident Tracking System, another component of ASPEN.

As a result of the inspection process, deficiencies related to state and/or federal regulations are cited and issued to facilities in the form of an inspection report known as a statement of deficiencies. Where necessary, a plan of correction is required of facilities in order to maintain licensure compliance.

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 July 1, 2010 and June 30, 2013 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.westhillshospital.net

accreditation:

The Joint Commission

current bed count:

95

date of last inspection:

January 15, 2013



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 (July 1, 2010 – June 30, 2013) | | 8 | |
|---|-----------|-------------|--|
| deficiency | frequency | regulation | |
| requirements for personal need of patients | 1 | NAC 449.319 | |
| total deficiencies for this facility | 1 | | |

how to read this table:

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. One is under investigation.

| COMPLAINTS (July 1, 2010 – June 30, 2013) | | | 7 | |
|--|---------------|-----------------|---|--|
| complaint | substantiated | unsubstantiated | | |
| state | 1 | 4 | | |
| federal | 0 | 1 | | |
| total complaints for this facility | 1 | 5 | | |

how to read this table:

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.

| SUBSTANTIATED ALLEGATIONS (July 1, 2010 – June 30, 2013) | | | 1 | |
|---|-----------------|-----------|---|--|
| allegation category | sub-description | frequency | | |
| resident/patient/client rights | | 1 | | |
| total substantiated allegations for this facility | | 1 | | |

Carson Tahoe Regional Medical Center

address:

[1600 Medical Pkwy](#)
[Carson City NV 89703](#)

phone number:

775-445-8000

website:

www.carson Tahoe.com

accreditation:

The Joint Commission

current bed count:

144 general hospital beds
46 psychiatric beds

date of last inspection:

June 19, 2013



how to read this table:

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 (July 1, 2010 – June 30, 2013) | | 15 | |
|---|-----------|--------------|--|
| deficiency | frequency | regulation | |
| appropriate care of patient | 1 | NAC 449.3622 | |
| assessment of patient | 1 | NAC 449.3624 | |
| medical records | 1 | NAC 449.379 | |
| total deficiencies for this facility | 3 | | |

how to read this table:

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.

| COMPLAINTS (July 1, 2010 – June 30, 2013) | | | 11 | |
|--|---------------|-----------------|----|--|
| complaint | substantiated | unsubstantiated | | |
| state | 3 | 7 | | |
| federal | 0 | 1 | | |
| total complaints for this facility | 3 | 8 | | |

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.

| SUBSTANTIATED ALLEGATIONS (July 1, 2010 – June 30, 2013) | | 3 |
|---|--|------------------|
| allegation category | sub-description | frequency |
| quality of care/treatment | client srvs not performed per poc and physician | 1 |
| quality of care/treatment | resident not assessed after change in condition timely | 1 |
| state licensure | incomplete record | 1 |
| 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.dcss.state.nv.us/desertwillow.pdf

accreditation:

The Joint Commission

current bed count:

58

date of last inspection:

November 14, 2012



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 (July 1, 2010 – June 30, 2013) | | 5 | |
|---|-----------|--------------|--|
| deficiency | frequency | regulation | |
| nursing services | 1 | NAC 449.361 | |
| protection of patient | 1 | NAC 449.3628 | |
| total deficiencies for this facility | 2 | | |

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. Two are under investigation, and two were referred.

| COMPLAINTS (July 1, 2010 – June 30, 2013) | | | 8 | |
|--|---------------|-----------------|---|--|
| complaint | substantiated | unsubstantiated | | |
| state | 2 | 2 | | |
| federal | 0 | 0 | | |
| total complaints for this facility | 2 | 2 | | |

how to read this table:

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.

| SUBSTANTIATED ALLEGATIONS (July 1, 2010 – June 30, 2013) | | | 2 | |
|---|----------------------|-----------|---|--|
| allegation category | sub-description | frequency | | |
| quality of care/treatment | facility staffing | 1 | | |
| resident/patient/client abuse | employee to resident | 1 | | |
| total substantiated allegations for this facility | | 2 | | |

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&view=article&id=17&Itemid=13

accreditation:

The Joint Commission

current bed count:

70

date of last inspection:

May 13, 2013



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 | | 3 |
|---|------------------|-------------------------|
| (July 1, 2010 – June 30, 2013) | | |
| deficiency | frequency | regulation |
| appropriate transfer | 3 | 489.24(e)(1)-(2) |
| compliance with 489.24 | 1 | 489.20(l) |
| delay in examination or treatment | 2 | 489.24(d)(4-5) |
| emergency room log | 2 | 489.20(r)(3) |
| hospital must maintain records | 3 | 489.20(r)(1) |
| medical screening exam | 2 | 489.24(r) and 489.24(c) |
| posting of signs | 1 | 489.20(q) |
| stabilizing treatment | 2 | 489.24(d)(1-3) |
| total deficiencies for this facility | 16 | |

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 | | 2 |
|---|----------------------|------------------------|
| (July 1, 2010 – June 30, 2013) | | |
| complaint | substantiated | unsubstantiated |
| state | 0 | 1 |
| federal | 1 | 0 |
| total complaints for this facility | 1 | 1 |

how to read this table:

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.

| SUBSTANTIATED ALLEGATIONS (July 1, 2010 – June 30, 2013) | | 3 |
|---|------------------------|------------------|
| allegation category | sub-description | frequency |
| EMTALA (patient dumping) | screening | 1 |
| EMTALA (patient dumping) | transfer/discharge | 1 |
| EMTALA (patient dumping) | treatment | 1 |
| total substantiated allegations for this facility | | 3 |

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&view=article&id=30&Itemid=56

accreditation:

unaccredited

current bed count:

66

date of last inspection:

August 16, 2012

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 (July 1, 2010 – June 30, 2013) | 6 | |
|---|-----------|--------------------|
| deficiency | frequency | regulation |
| QAPI | 1 | 482.21 |
| QAPI improvement activities | 1 | 482.21(c)(2) |
| administration of drugs | 1 | 482.23(c)(1) |
| construction standards | 1 | NAC 449.3154 |
| emergency preparedness | 1 | NAC 449.316 |
| emergency services | 1 | 482.12(f)(2) |
| executive responsibilities | 1 | 482.21(e)(1) |
| executive responsibilities | 1 | 482.21(e)(2) |
| executive responsibilities | 1 | 482.21(e)(5) |
| facilities, supplies, equipment maintenance | 1 | 482.41(c)(2) |
| governing body | 1 | NAC 449.313 |
| housekeeping services | 1 | NAC 449.322 |
| infection control officer(s) | 1 | 482.42(a) |
| infections and communicable diseases | 1 | NAC 449.325 |
| life safety from fire | 1 | 482.41(b)(1)(2)(3) |
| maintenance of physical plant | 1 | 482.41(a) |
| medical staff | 1 | 482.12(a) |
| medical staff | 1 | 482.62(b)(1) |
| medical staff | 1 | NAC 449.358 |
| medical staff periodic appraisals | 1 | 482.22(a)(1) |
| nursing services | 1 | NAC 449.361 |
| organ donations | 1 | NAC 449.313 |
| organ, tissue, eye procurement | 1 | 482.45 |
| patient rights: advanced directives | 1 | 482.13(b)(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 | 1 | 482.13(a)(2) |
| patient rights: notice of grievance decision | 1 | 482.13(a)(2)(iii) |

| | | |
|---|-----------|-----------------|
| patient rights: restraint or seclusion | 1 | 482.13(e)(8) |
| patient rights: seclusion or restraint | 1 | 482.13(g) |
| personnel policies | 1 | NAC 449.363 |
| pharmaceutical services | 1 | NAC 449.340 |
| physical environment | 1 | NAC 449.316 |
| protection of patients | 1 | NAC 449.3628 |
| QAPI health outcomes | 1 | 482.21(a)(1) |
| QAPI patient safety | 1 | 482.21(c)(1) |
| QAPI program scope | 1 | 482.21(a) |
| QAPI project documentation | 1 | 482.21(d)(3) |
| QAPI quality of care | 1 | 482.21(b)(2)(i) |
| quality improvement | 1 | NAC 449.3152 |
| quality improvement program | 1 | NAC 449.3152 |
| staffing and delivery of care | 1 | 482.23(b) |
| supervision of contract staff | 1 | 482.23(b)(6) |
| total deficiencies for this facility | 43 | |

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 | | 2 | |
|---|----------------------|------------------------|--|
| (July 1, 2010 – June 30, 2013) | | | |
| complaint | substantiated | unsubstantiated | |
| state | 0 | 1 | |
| federal | 0 | 1 | |
| total complaints for this facility | 0 | 2 | |

how to read this table:

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.

| SUBSTANTIATED ALLEGATIONS | | 0 | |
|--|------------------------|------------------|--|
| (July 1, 2010 – June 30, 2013) | | | |
| 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.montevistahospital.com

accreditation:

The Joint Commission

current bed count:

162

date of last inspection:

May 17, 2013



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 (July 1, 2010 – June 30, 2013) | | 15 | |
|---|-----------|--------------|--|
| deficiency | frequency | regulation | |
| assessment of patient | 1 | NAC 449.3624 | |
| construction standards | 1 | NAC 449.3154 | |
| nursing service | 3 | NAC 449.361 | |
| personal needs of patient | 1 | NAC 449.319 | |
| protection of patients | 1 | NAC 449.3628 | |
| psychiatric services | 2 | NAC 449.394 | |
| total deficiencies for this facility | 9 | | |

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. Two are under administrative/off-site investigation, and no action was necessary for another.

| COMPLAINTS (July 1, 2010 – June 30, 2013) | | 25 | |
|--|---------------|-----------------|--|
| complaint | substantiated | unsubstantiated | |
| state | 7 | 15 | |
| federal | 0 | 0 | |
| total complaints for this facility | 7 | 15 | |

how to read this table:

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.

| SUBSTANTIATED ALLEGATIONS (July 1, 2010 – June 30, 2013) | | 10 |
|---|---|------------------|
| allegation category | sub-description | frequency |
| admission, transfer & discharge rights | | 1 |
| physical environment | facility cold and without heat | 1 |
| physical environment | other | 1 |
| quality of care/treatment | resident meds not given according to physician's instructions | 1 |
| quality of care/treatment | resident meds improperly administered | 2 |
| resident/patient/client abuse | employee to resident | 1 |
| resident/patient/client abuse | resident to resident | 1 |
| resident/patient/client rights | no procedure to locate lost clothes/resident personal items | 1 |
| resident/patient/client rights | other | 1 |
| total substantiated allegations for this facility | | 10 |

North Vista Hospital

address:

[1409 E Lake Mead Blvd](#)
[N Las Vegas NV 89030](#)

phone number:

702-657-5504

website:

www.northvistahospital.com

accreditation:

Det Norske Veritas

current bed count:

117 general hospital beds
60 psychiatric beds

date of last inspection:

April 3, 2013



how to read this table:

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 | | 27 |
|---|-----------|-------------------|
| (July 1, 2010 – June 30, 2013) | | |
| deficiency | frequency | regulation |
| adequate respiratory care staffing | 1 | 482.57(a)(2) |
| alcohol-based hand rub dispensers | 1 | 482.41(b)(9) |
| appropriate care of patient | 1 | NAC 449.3622 |
| assessment of patient | 6 | NAC 449.3624 |
| construction standards | 5 | NAC 449.3154 |
| content of record | 1 | 482.24(c)(2) |
| discharge planning | 5 | NAC 449.332 |
| emergency lighting/batteries | 1 | 482.41(b)(4) |
| housekeeping services | 1 | NAC 449.322 |
| implementation of a discharge plan | 1 | 482.43(c)(3) |
| infection control officer responsibilities | 3 | 482.42(a)(1) |
| infection control officer(s) | 1 | 482.42(a) |
| infections and communicable diseases | 2 | NAC 449.325 |
| life safety code standard | 14 | NFPA 101 |
| medical records | 1 | NAC 449.379 |
| nursing service | 3 | NAC 449.361 |
| nutritional status of patients | 1 | NAC 449.339 |
| patient rights: confidentiality of records | 1 | 482.13(d)(1) |
| patient rights: personal privacy | 1 | 482.13(c)(1) |
| patient rights: restraint or seclusion | 1 | 482.13(e)(16)(iv) |
| patient rights: restraint or seclusion | 1 | 482.13(e)(5) |
| pharmacy administration | 1 | 482.25(a) |
| qualified staff | 1 | 482.26(c)(2) |
| quality of care/policies procedures | 1 | NAC 449.314 |
| respiratory services | 1 | 482.57(b)(4) |
| total deficiencies for this facility | 56 | |

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 was referred, seven are under administrative/off-site investigation, and no action was necessary for two.

| COMPLAINTS | | 53 | |
|---|----------------------|------------------------|--|
| (July 1, 2010 – June 30, 2013) | | | |
| complaint | substantiated | unsubstantiated | |
| state | 15 | 27 | |
| federal | 1 | 0 | |
| total complaints for this facility | 16 | 27 | |

how to read this table:

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.

| SUBSTANTIATED ALLEGATIONS | | 21 | |
|--|---|------------------|--|
| (July 1, 2010 – June 30, 2013) | | | |
| allegation category | sub-description | frequency | |
| admission, transfer & discharge rights | | 2 | |
| dietary services | food is cold | 1 | |
| dietary services | other | 1 | |
| infection control | | 1 | |
| nursing services | | 1 | |
| physical environment | facility not clean | 1 | |
| physical environment | safe environment not provided | 1 | |
| quality of care/treatment | no pressure sore precautions taken by facility | 5 | |
| quality of care/treatment | resident meds improperly administered | 1 | |
| quality of care/treatment | resident safety | 1 | |
| quality of care/treatment | responsible party not notified of resident change condition | 3 | |
| resident/patient/client assessment | | 1 | |
| resident/patient/client neglect | assess/monitor | 1 | |
| resident/patient/client neglect | pressure sores | 1 | |
| total substantiated allegations for this facility | | 21 | |

Northern Nevada Medical Center

address:

[2375 E Prater Wy](#)
[Sparks NV 89434](#)

phone number:

775-331-7000

website:

www.nnmc.com

accreditation:

The Joint Commission

current bed count:

80 general hospital beds
28 psychiatric beds

date of last inspection:

January 24, 2013



how to read this table:

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 (July 1, 2010 – June 30, 2013) | | 11 | |
|---|-----------|--------------|--|
| deficiency | frequency | regulation | |
| assessment of patient | 1 | NAC 449.3624 | |
| housekeeping services | 1 | NAC 449.322 | |
| infections and communicable diseases | 1 | NAC 449.325 | |
| medication orders | 1 | NAC 449.343 | |
| nursing service | 1 | NAC 449.361 | |
| sterile supplies and medical equipment | 1 | NAC 449.327 | |
| total deficiencies for this facility | 6 | | |

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. No action was necessary for one.

| COMPLAINTS (July 1, 2010 – June 30, 2013) | | | 10 | |
|--|---------------|-----------------|----|--|
| complaint | substantiated | unsubstantiated | | |
| state | 2 | 7 | | |
| federal | 0 | 0 | | |
| total complaints for this facility | 2 | 7 | | |

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.

| SUBSTANTIATED ALLEGATIONS | | 5 |
|--|--|------------------|
| (July 1, 2010 – June 30, 2013) | | |
| allegation category | sub-description | frequency |
| quality of care/treatment | no pressure sore precautions taken by facility | 1 |
| quality of care/treatment | other | 2 |
| resident/patient/client neglect | malnutrition/dehydration | 1 |
| resident/patient/client neglect | medications | 1 |
| total substantiated allegations for this facility | | 5 |

Rawson-Neal Hospital at 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&view=article&id=21&Itemid=14

accreditation:

unaccredited

current bed count:

289

date of last inspection:

June 10, 2013

how to read this table:

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

| INSPECTIONS | | 17 |
|---|-----------|---------------------------|
| (July 1, 2010 – June 30, 2013) | | |
| deficiency | frequency | regulation |
| RN supervision of nursing care | 3 | 482.23(b)(3) |
| administration of drugs | 1 | 482.23(c) |
| alcohol-based hand rub dispensers | 1 | 482.41(b)(9) |
| assessment of patient | 1 | NAC 449.3624 |
| compliance with 489.24 | 1 | 489.20(l) |
| construction standards | 2 | NAC 449.3154 |
| content of record - informed consent | 1 | 482.24(c)(2)(v) |
| criteria for discharge evaluations | 2 | 482.43(a) |
| development of assessment/diagnostic data | 1 | 482.61(a)(4) |
| development of assessment/diagnostic data | 1 | 482.61(a)(5) |
| discharge planning | 1 | 482.43 |
| discharge planning | 3 | 482.61(e) |
| discharge planning | 2 | NAC 449.332 |
| discharge planning needs assessment | 2 | 482.43(b)(1), (3), (4) |
| documentation of evaluations | 1 | 482.43(b)(6) |
| emergency room log | 1 | 489.20(r)(3) |
| facilities | 1 | 48.41(c) |
| facilities, supplies, equipment maintenance | 1 | 482.41(c)(2) |
| governing body | 2 | 482.12 |
| implementation of a discharge plan | 2 | 482.43(c)(3), (5) |
| infection control officer responsibilities | 1 | 482.42(a)(1) |
| life safety code standard | 71 | NFPA 101 |
| maintenance of physical plant | 1 | 482.41(a) |

| | | |
|---|------------|----------------------------|
| medical screening exam | 1 | 489.24(r) and 489.24(c) |
| medical staff | 1 | 482.22 |
| medical staff | 1 | 482.62(b)(2) |
| medical staff - accountability | 1 | 482.12(a)(5) |
| medical staff accountability | 1 | 482.22(b) |
| medical staff bylaws | 1 | 482.22(c) |
| nursing service | 4 | NAC 449.361 |
| nursing services | 1 | 482.23 |
| nursing services | 1 | 482.62(d)(1) |
| patient rights: free from abuse/harassment | 1 | 482.13(c)(3) |
| patient rights: grievances | 1 | 482.13(a)(2) |
| patient rights: informed consent | 4 | 482.13(b)(2) |
| patient rights: review of grievances | 1 | 482.13(a)(2) |
| policies for laboratory services | 1 | 482.27(a)(4) |
| protection of patient | 1 | NAC 449.3628 |
| psychiatric evaluation | 1 | 482.61(b)(6) |
| psychiatric evaluation | 1 | 482.61(b)(7) |
| social services | 1 | 482.62(f) |
| special medical record requirements for psych hospitals | 1 | 482.61 |
| stabilizing treatment | 2 | 489.24(d)(1-3) |
| supervision of contract staff | 2 | 482.23(b)(6) |
| treatment plan | 1 | 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)(2) |
| written description of services | 1 | 482.27(a)(2) |
| total deficiencies for this facility | 137 | |

how to read this table:

This table shows the number of complaints received against Rawson-Neal Hospital at Southern Nevada Adult Mental Health Services, including whether they involved state or federal regulation and whether they were substantiated. One is under investigation, three are under administrative/off-site investigation, and no action was necessary for two.

| COMPLAINTS | | 37 | |
|---|----------------------|------------------------|--|
| (July 1, 2010 – June 30, 2013) | | | |
| complaint | substantiated | unsubstantiated | |
| state | 1 | 24 | |
| federal | 4 | 2 | |
| total complaints for this facility | 5 | 26 | |

how to read this table:

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

| SUBSTANTIATED ALLEGATIONS | | 7 |
|--|---------------------------------------|------------------|
| (July 1, 2010 – June 30, 2013) | | |
| allegation category | sub-description | frequency |
| EMTALA (patient dumping) | screening | 1 |
| EMTALA (patient dumping) | transfer/discharge | 1 |
| admission, transfer & discharge rights | | 1 |
| physician services | | 1 |
| quality of care/treatment | resident meds improperly administered | 1 |
| resident/patient/client rights | | 1 |
| resident/patient/client rights | failed to acquire informed consent | 1 |
| total substantiated allegations for this facility | | 7 |

Red Rock Behavioral Health Hospital

address:

[5975 W Twain Ave](#)
[Las Vegas NV 89103](#)

phone number:

702-364-1111

website:

www.redrockhospital.com

accreditation:

The Joint Commission

current bed count:

21

date of last inspection:

January 24, 2013



how to read this table:

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

| INSPECTIONS (July 1, 2010 – June 30, 2013) | | 10 | |
|---|-----------|------------------|--|
| deficiency | frequency | regulation | |
| assessment of patient | 1 | NAC 449.3624 | |
| discharge planning | 2 | NAC 449.332 | |
| nursing service | 1 | NAC 449.361 | |
| treatment plan | 1 | 482.61(c)(1)(iv) | |
| total deficiencies for this facility | 5 | | |

how to read this table:

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

| COMPLAINTS (July 1, 2010 – June 30, 2013) | | | 9 | |
|--|---------------|-----------------|---|--|
| complaint | substantiated | unsubstantiated | | |
| state | 4 | 5 | | |
| federal | 0 | 0 | | |
| total complaints for this facility | 4 | 5 | | |

how to read this table:

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

| SUBSTANTIATED ALLEGATIONS | | 5 |
|--|---------------------------------------|------------------|
| (July 1, 2010 – June 30, 2013) | | |
| allegation category | sub-description | frequency |
| admission, transfer & discharge rights | | 2 |
| quality of care/treatment | resident meds improperly administered | 1 |
| quality of care/treatment | resident safety/falls | 1 |
| resident/patient/client assessment | | 1 |
| total substantiated allegations for this facility | | 5 |

Seven Hills Behavioral Institute

address:

[3021 W Horizon Ridge Pkwy](#)
[Henderson NV 89052](#)

phone number:

702-646-5000

website:

www.sevenhillsbi.com

accreditation:

The Joint Commission

current bed count:

94

date of last inspection:

May 17, 2013



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.

| INSPECTIONS (July 1, 2010 – June 30, 2013) | | 10 | |
|---|-----------|-------------|--|
| deficiency | frequency | regulation | |
| dietary requirements | 2 | NAC 449.337 | |
| discharge planning | 2 | NAC 449.332 | |
| nursing services | 1 | NAC 449.361 | |
| personal needs of patient | 1 | NAC 449.319 | |
| psychiatric services | 1 | NAC 449.394 | |
| social services | 1 | NAC 449.352 | |
| total deficiencies for this facility | 8 | | |

how to read this table:

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. One is under administrative/off-site investigation.

| COMPLAINTS (July 1, 2010 – June 30, 2013) | | 14 | |
|--|---------------|-----------------|--|
| complaint | substantiated | unsubstantiated | |
| state | 4 | 8 | |
| federal | 0 | 1 | |
| total complaints for this facility | 4 | 9 | |

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.

| SUBSTANTIATED ALLEGATIONS | | 7 |
|--|--|------------------|
| (July 1, 2010 – June 30, 2013) | | |
| allegation category | sub-description | frequency |
| admission, transfer & discharge rights | | 1 |
| dietary services | therapeutic diets not provided/monitored | 1 |
| physical environment | no hot water | 1 |
| quality of care/treatment | resident is over sedated | 1 |
| quality of care/treatment | resident not assessed after change in condition timely | 1 |
| quality of care/treatment | resident safety | 1 |
| state licensure | lack of protective supervision | 1 |
| total substantiated allegations for this facility | | 7 |

Spring Mountain Sahara

address:

[5460 W Sahara Ave](#)
[Las Vegas NV 89146](#)

phone number:

702-873-2400

website:

www.springmountainsahara.com

accreditation:

The Joint Commission

current bed count:

30

date of last inspection:

January 31, 2013



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 (July 1, 2010 – June 30, 2013) | | 8 | |
|---|-----------|--------------|--|
| deficiency | frequency | regulation | |
| infections and communicable diseases | 1 | NAC 449.325 | |
| psychiatric services | 1 | NAC 449.394 | |
| rights of patient | 1 | NAC 449.3626 | |
| total deficiencies for this facility | 3 | | |

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. Two are under administrative/off-site investigation.

| COMPLAINTS (July 1, 2010 – June 30, 2013) | | | 11 | |
|--|---------------|-----------------|----|--|
| complaint | substantiated | unsubstantiated | | |
| state | 2 | 7 | | |
| federal | 0 | 0 | | |
| total complaints for this facility | 2 | 7 | | |

how to read this table:

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.

| SUBSTANTIATED ALLEGATIONS (July 1, 2010 – June 30, 2013) | | | 2 | |
|---|------------------------------------|-----------|---|--|
| allegation category | sub-description | frequency | | |
| physical environment | equipment not maintained | 1 | | |
| resident/patient/client rights | failed to acquire informed consent | 1 | | |
| total substantiated allegations for this facility | | 2 | | |

Spring Mountain Treatment Center

address:

[7000 W Spring Mountain Rd](#)
[Las Vegas NV 89117](#)

phone number:

702-873-2400

website:

www.springmountaintreatmentcenter.com

accreditation:

The Joint Commission

current bed count:

82

date of last inspection:

June 25, 2013



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 (July 1, 2010 – June 30, 2013) | | 19 |
|---|-----------|---------------------------|
| deficiency | frequency | regulation |
| administration of drugs | 1 | 482.23(c)(1) |
| appropriate care of patient | 2 | NAC 449.3622 |
| assessment of patient | 1 | NAC 449.3624 |
| discharge planning | 2 | NAC 449.332 |
| discharge planning needs assessment | 2 | 482.43(b)(1), (3), (4) |
| infection control officer responsibilities | 1 | 482.42(a)(1) |
| life safety code standard | 11 | NFPA 101 |
| nursing care plan | 1 | 482.23(b)(4) |
| nursing service | 1 | NAC 449.361 |
| outpatient services | 1 | 482.54 |
| patient rights | 2 | 482.13 |
| patient rights: care in safe setting | 4 | 482.13(c)(2) |
| patient rights: notice of rights | 1 | 482.13(a)(1) |
| policies for laboratory services | 1 | 482.27(a)(4) |
| protection of patient | 1 | NAC 449.3628 |
| psychiatric services | 1 | NAC 449.394 |
| secure storage | 1 | 482.25(b)(2)(i) |
| staffing committees and staffing plans | 1 | NRS 449.2421 |
| written protocol for tissue specimens | 2 | 482.27(a)(3) |
| total deficiencies for this facility | 37 | |

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. One is under investigation, two are under administrative/off-site investigation, and no action was necessary for another.

| COMPLAINTS | | 22 | |
|---|----------------------|------------------------|--|
| (July 1, 2010 – June 30, 2013) | | | |
| complaint | substantiated | unsubstantiated | |
| state | 6 | 3 | |
| federal | 6 | 3 | |
| total complaints for this facility | 12 | 6 | |

how to read this table:

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.

| SUBSTANTIATED ALLEGATIONS | | 16 | |
|--|---|------------------|--|
| (July 1, 2010 – June 30, 2013) | | | |
| allegation category | sub-description | frequency | |
| admission, transfer & discharge rights | | 2 | |
| death - general | | 2 | |
| physical environment | other | 1 | |
| quality of care/treatment | facility staffing | 1 | |
| quality of care/treatment | resident meds not given according to physician's instructions | 1 | |
| quality of care/treatment | resident safety | 2 | |
| quality of care/treatment | responsible party not notified of resident change condition | 2 | |
| resident/patient/client rights | no precautions to prevent accident | 2 | |
| resident/patient/client rights | no procedure to locate lost clothes/resident personal items | 1 | |
| state licensure | lack of protective supervision | 1 | |
| unqualified personnel | staff improperly qualified | 1 | |
| total substantiated allegations for this facility | | 16 | |

Willow Springs Center

address:

[690 Edison Wy](#)
[Reno NV 89502](#)

phone number:

775-858-3303

website:

www.willowspringscenter.com

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 | | 8 | |
|---|------------------|-------------------|--|
| (July 1, 2010 – June 30, 2013) | | | |
| deficiency | frequency | regulation | |
| appropriate care of patient | 1 | NAC 449.3622 | |
| housekeeping services | 1 | NAC 449.322 | |
| protection of patient | 1 | NAC 449.3628 | |
| protection of patients | 1 | NAC 449.3628 | |
| rights of patient | 1 | NAC 449.3626 | |
| total deficiencies for this facility | 5 | | |

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 | | 9 | |
|---|----------------------|------------------------|--|
| (July 1, 2010 – June 30, 2013) | | | |
| complaint | substantiated | unsubstantiated | |
| state | 6 | 3 | |
| federal | 0 | 0 | |
| total complaints for this facility | 6 | 3 | |



accreditation:

The Joint Commission

current bed count:

116

date of last inspection:

June 17, 2013

how to read this table:

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.

| SUBSTANTIATED ALLEGATIONS | | 6 |
|--|---|------------------|
| (July 1, 2010 – June 30, 2013) | | |
| allegation category | sub-description | frequency |
| other | | 1 |
| resident/patient/client abuse | employee to resident | 3 |
| resident/patient/client rights | resident not treated with dignity/respect | 1 |
| state licensure | lack of protective supervision | 1 |
| total substantiated allegations for this facility | | 6 |

CITATIONS

- ASPEN. Alpine Technologies. 2010-07-01–2013-06-30. accessed 2013-09-09.
- Licensure and Certification database. HCQC. 2010-07-01–2013-06-30. accessed 2013-09-09.

APPENDICES

Appendix A

PSYCHIATRIC HOSPITALS LICENSED FROM SFY2010 TO SFY2013

| | medical | surgical | obstetrical | psychiatric |
|---|---------|----------|-------------|-------------|
| BHC West Hills Hospital | | | | ✓ |
| Carson Tahoe Regional 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 | ✓ | ✓ | ✓ | ✓ |
| Rawson-Neal Hospital at Southern Nevada Adult Mental Health Services | | | | ✓ |
| Red Rock Behavioral Health Hospital | | | | ✓ |
| Seven Hills Behavioral Institute | | | | ✓ |
| Spring Mountain Sahara | | | | ✓ |
| Spring Mountain Treatment Center | | | | ✓ |
| Willow Springs Center | | | | ✓ |

POINT-OF-CONTACT

For additional information regarding this publication, contact:

Jay Kvam, MSPH
State Biostatistician

jkvam@health.nv.gov

(775) 684-4161

4126 Technology Way
Carson City NV 89706

FUNDING SOURCE

This report was produced by the Office of Public Health Informatics and Epidemiology of the Division of Public and Behavioral Health (406) with funding from budget account 3219.

RECOMMENDED CITATION

Office of Public Health Informatics and Epidemiology. *Psychiatric Hospitals Special Report*. Carson City, Nevada. i 2. September 2013.



Public Health
Prevent. Promote. Protect.