Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10031	A. BUILDING _____ B. WING _____	11/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANQUILLIUM-HALEH SENIOR CARE	**3460 W HALEH AVE, LAS VEGAS, NEVADA ,89141**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and infection control survey completed at your facility on 11/29/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was seven. Seven resident and five employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims of relief that may be available to any part under applicable federal, state, or local law. The following regulatory deficiencies were identified.	0000		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: NICHOLE SCHMAL Title: Administrator Date: 02/04/2022

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0936 SS= E	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 7 residents had a two-step tuberculosis (TB) test or an annual TB test (Resident #1 - admitted 11/05/2021 and #3 - admitted 06/04/21). Residents #1 was admitted with no initial two-step TB test completed. Resident #3 had a two-step TB test read on 06/24/20 and no annual TB test on file. The Administrator was unable to provide documented evidence Resident #1 received an initial two-step TB test and Resident #3 received an annual TB test. Severity: 2 Scope: 2	0936	1. Tranquillium-Haleh will correct this finding by requiring two steps prior to moving in. We have contacted HomeBase a Home Health agency that travels to residents's homes to conduct the TB or Quantiferon gold test. 2. HomeBase will assist in going out to new residents current location and administer the test. Upon receipt from HomeBase will will admit them to the facility. 3. Tranquillium-Haleh will monitor this corrective action by a check list provided to the new resident or the family upon move in. Along with making an appointment with HomeBase to ensure timely confirmation of test is completed for move-in. Signing a release of records for Tranquillium to obtain this medical information. 4. This corrective action will be monitored by the Administrator and Housing Manager for completion of documents. 5. This was done and completed on 11/30/2021 by all residents signing the current form 6. See Medical release waiver form for HomeBase 7. Tranquillium has a check list for all necessary documents to be held by the non-medical facility for the resident to ensure physical, TB, Care Plans, Medication Reviews are completed on time.	11/30/2021