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
	10193	A. BUILDING _____ B. WING _____	01/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANIKEHA RESIDENTIAL	465 EAST ROBINDALE ROAD, LAS VEGAS, NEVADA ,89123

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual and infection control survey conducted at your facility on 01/10/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illness, and/or persons with Alzheimer's disease Category II residents. The census at the time of survey was six. Six resident files and seven employee files were reviewed. The facility received a grade of C. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of non-discrimination 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 for relief that may be available to any party under applicable federal, state, or local laws. 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: ROSALLEN AZUCENA	Title: RFA	Date: 01/23/2022

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0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on interview and document review, the facility failed to ensure 2 of 7 employees met the requirements concerning tuberculosis (TB) testing (Employee #5 and #6). Findings include: On 01/10/22 in the morning, a review of staff files revealed the following: Employee #5 (E5) E5 was hired on 09/07/21 and completed a single-step TB test on 10/09/21. The file lacked documented evidence of completion of a second step TB test. Employee #6 (E6) E6 was hired on 06/22/21 and completed a single-step TB test on 6/25/21. The file lacked documented evidence of completion of a second step TB test. On 01/10/22 in the afternoon, the Administrator acknowledged, the files for E5 and E6 lacked documented evidence of completion of the required TB testing. Severity: 2 Scope: 1	0102	1. Administrator immediately instructed stated employees to complete their TB Tests. Employee #5 did her 2nd step on 1/20/2022 (Please see attached copy of document showing TB test was administered, and copy of her results). Employee #6 did her 2nd step on 1/21/2022 (Please see attached copy of document showing TB test was administered, awaiting results) 2. Administrator and owner will make sure that pre employment requirements are to be completed before hiring. 3. Administrator outlined an effective way of communicating new hires among the owners and management group to make sure compliance of employees is successfully met even before they start working. 4. Administrator and owners will make sure plan of correction is implemented. 5. Completed on 1/20/2022 for Employee #5 and 1/21/2022 for Employee #6.	01/21/2022

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0178 SS= D	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the interior of the facility was well maintained. Findings include: On 01/10/22 in the morning, the following was observed: - While attempting to turn on the shower in room #7 the knob to the shower faucet fell off. The face plate to the shower faucet was also missing. On 01/10/22 in the morning, a resident in room #7 indicated they did not know when the water was hot or cold as the face plate to the shower faucet was missing and did not have a hot or cold indicator. On 01/10/22 in the morning, Employee #2 acknowledged the knob to the shower faucet had fallen off and the shower faucet was missing a faceplate. Severity: 2 Scope: 1	0178	1. Owner right away ordered repair of the said knob and face plate (Please see attached picture). 2. Administrator and Owner will conduct a regular inspection of the premises to ensure cleanliness and proper maintenance. 3. Administrator came up with a form documenting regular inspection of the premises. (Please see attached copy of form). 4. Administrator and owners will ensure implementation of POC. 5. Completed on January 10, 2022.	01/10/2022

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0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure an audible alarm system was activated on 3 of 3 doors exiting the facility. Finding include: On 01/10/22, in the morning, during a tour of the facility, the audible alarm system on the front door was missing. An exit door from the caregiver area, leading to the backyard was missing an audible alarm system. An alarm on a sliding glass door leading to the rear yard was not activated when the door opened. Employee #2 acknowledged the front door and the door to the backyard area were missing an audible alarm system and the alarm on the sliding glass door to the rear yard did not activate when the door opened. Severity: 2 Scope: 3	0991	1. New alarm systems were installed on the front door and on the caregiver area. Alarm on the glass door was activated.(Please see pictures). 2. Administrator instructed regular inspection of alarms to ensure they are properly functioning. Owner also reinstated to care staff to never turn off an alarm. 3. Administrator came up with a form documenting regular inspection of the alarms. (Please see attached copy of the form). Signage stating "Keep the alarms activated all the time" are posted as a reminder. (Please see attached pictures). 4. Administrator and Owners will make sure the plan of correction is executed. 5. All alarms were addressed same day of the inspection January 10, 2022.	01/10/2022

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0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure sharp items and tools were secured from residents with Alzheimer's disease and/or dementia. Findings include: On 01/10/22 in the morning, unsecured knives were observed on the kitchen counters. In the drawer next to the dishwasher were unsecured butter knives. The drawer next to the oven had a magnetic lock which would not engage and butcher's knives were unsecured in the drawer. On 01/10/22 in the morning, Employee #2 attempted to fix the lock in the drawer next to the oven but the lock would not engage. Employee #2 acknowledged the knives should have been secured. Severity: 2 Scope: 3	0994	1. Knives were secured, and locks were installed on the kitchen drawers. (Please see attached pictures). Administrator also reinstated the importance of securing knives and other items that could constitute danger to residents. 2. Owners, administrator, management and staff will make sure that all items that can cause danger to residents be kept in secured place. 3. Signages stating "Please properly secure all sharp items all the time" are posted on the kitchen wall to serve as a reminder to everyone. (Please see attached picture). 4. Owners, Administrator, management and staff will make sure plan of correction is implemented. 5. Completed on January 11, 2022.	01/11/2022

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were inaccessible to residents with Alzheimer's disease and/or dementia. Findings include: On 01/10/22 in the morning, a bottle of isopropyl alchohol was observed on the bathroom sink connected to Room #7. In the backyard area, behind a casita, there were multiple buckets of exterior paint that were not secured. On 01/10/22 in the afternoon, the Owner acknowledged the chemicals should have been locked up and made inaccessible to residents. Severity: 2 Scope: 3	0999	1. Alcohol on the bathroom sink was removed. Lock was installed on the gate going to the casita to restrict access. (Please see attached picture). 2. A regular inspection of the premises shall be conducted to ensure toxic substances are secured and not accessible to the residents. 3. A form documenting inspection will be used. (Please see attached copy of the form). 4. Administrator, owners management and staff will make sure plan of correction is executed. 5. Completed on January 10, 2022.	01/10/2022

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1021 SS= D	Care for Persons with Chronic Illnesses - NAC 449.2766 Residential facility which offers or provides care for persons with chronic illnesses and debilitating diseases: Application for endorsement; training for employees. (NRS 449.0302) 2. Within 60 days after being employed by a residential facility for persons with chronic illnesses, an employee of the facility shall obtain at least 4 hours of in-service training relating to the care provided to such persons and in the actions necessary to control infections. 3. Evidence of training received pursuant to subsection 2 must be included in the employee ' s personnel file. Inspector Comments: Based on record review and interview, the facility failed to ensure four hours of chronic illness training was completed for 1 of 7 employees (Employee #2). Findings include: On 01/10/22 in the afternoon, a review of employee files revealed the following: Employee #2 (E2) E2 was hired as a Medication Technician on 08/04/21. E2's file lacked documented evidence of four hours of chronic illness training within 60 days of hire. On 01/10/22 in the afternoon, the Administrator acknowledged E2 did not receive four hours of chronic illness training within 60 days of hire. Severity: 2 Scope: 1	1021	1. Administrator contacted a third-party instructor to facilitate Chronic Illness training to the said employee. The training was done on January 20, 2022. (Please see attached copy of training certificate). 2. Administrator will make sure all trainings needed by employees are completed. 3. Administrator outlined an effective way of communicating new hires among the owners and management group to make sure all employees are in compliance when it comes to training. 4. Administrator and owners will make sure plan of correction is implemented. 5. Completed on 01/20/2022.	01/20/2022

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1036 SS= D	Care to Persons with Dementia - NAC 449.2768 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer ' s disease. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 7 employees completed the required eight hours of dementia training within three months of hire (Employee #2). Findings include: Employee #2 (E2) was hired on 08/24/21 as a Medication Technician. E2's personnel file contained documented evidence of five hours of dementia training completed in August 2021. E2's file lacked documented evidence a total of 8 hours of dementia training were completed within three months of hire. On 01/10/22 at in the afternoon, the Administrator acknowledged E2 did not complete dementia training as required. Severity: 2 Scope: 1	1036	1. Administrator contacted a third-party instructor to facilitate Dementia training to the said employee. The training was done on January 22, 2022. (Please see attached copy of training certificate). 2. Administrator will make sure all trainings needed by employees are completed. 3. Administrator outlined an effective way of communicating new hires among the owners and management group to make sure all employees are in compliance when it comes to training. 4. Administrator and owners will make sure plan of correction is implemented. 5. Completed on 01/22/2022.	01/22/2022