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
	10202	A. BUILDING _____ B. WING _____	03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENDER LOVING MEMORY CARE & ASSISTED LIVING HOME L	3429 WEST LONE MOUNTAIN ROAD, NORTH LAS VEGAS, NEVADA ,89031

(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 survey completed at your facility on 03/19/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's Disease, Assisted Living Services, Category II residents. The census at the time of the survey was nine. Nine resident files and eight employee files were reviewed. The facility received a grade of A. 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: NICHOLE SCHMAL Title: Administrator Date: 04/04/2024

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0106 SS= F	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure 5 of 8 sampled employees received cardiopulmonary resuscitation (CPR) and first aid training (Employees #1, #2, #3, #4, and #5). Findings include: Employee #1 (E1) E1 was hired on 06/13/23 as a Caregiver. E1 completed CPR and first aid training provided by an online company on 10/04/22. The training through this company did not contain an in-person component, a requirement per the regulation. Employee #2 (E2) E2 was hired on 01/09/23 as a Caregiver. E2 completed CPR and first aid training provided by an online company on 02/25/23. The training through this company did not contain an in-person component, a requirement per the regulation. Employee #3 (E3) E3 was hired on 10/04/21 as a Caregiver. E3 completed CPR and first aid training provided by an online company on 01/19/23. The training did not contain an in-person component, a requirement per the regulation. Employee #4 (E4) E4 was hired on 03/29/22 as a Caregiver. E4 completed CPR and first aid training provided by an online company on 01/29/23. The training did not contain an in-person component, a requirement per the regulation. Employee #5 (E5) E5 was hired on 05/01/23 as a Caregiver. E5 completed CPR and first aid training provided by an online company on 05/06/23. The training did not contain an in-person component, a requirement per the regulation. On 02/19/24 in the afternoon, the Owner and the Administrator acknowledged the CPR and first aid training completed by E1, E2, E3, E4 and E5 did not contain an in-person component, and the employees should complete training as required by the regulation. Severity: 2 Scope: 3	0106	Employees 1, 2, 3, 4 & 5 have already completed a certified CPR and First aide class that was in person and included CPR demonstrations and practice on 3/24/24 through an authorized HSI Trainer. Certifications are attached for your review. 1. We have corrected this finding by hiring a CPR instructor to hold class of employees with just CPR First Aide certificates. 2. The systematic change will occur every 2 years for renewals. 3. This will be monitored monthly in audit. 4. The administrator will audit charts monthly for expirations. 5. This was corrected on March 24, 2024 6. Attached is the CPR cards 7. We will monitor monthly employee binders to make sure no other documents are expired.	03/24/2024

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0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 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 or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (b) Operational alarms, buzzers, horns or other technology for notifying staff 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 the door leading from the kitchen to the outdoors was equipped with an audible alarm. On 03/19/24 in the afternoon, the Owner acknowledged the door leading from the locked kitchen area to the outdoors was not equipped with an audible alarm, and was unaware the door needed to be alarmed. Severity: 2 Scope: 3	0991	The door in question as indicated by the surveyor is a door that is inside the kitchen space. The kitchen space is secured with a locked door and keypad code that only staff have access to. The door does lead to the exterior but is not a public exit as it is contained within an employee only space. The owner was unaware the door needed to be alarmed because no prior surveyors have ever questioned or commented on this arrangement. However to satisfy this surveyor's expectations, an alarm has been added. 1. We corrected this finding by adding an alarm to the key coded kitchen door. 2. The systematic change that will be in place is alarm sound check monthly with audit. 3. This will be monitored monthly with audit. 4. The administrator will be conducting the audit monthly 5. This alarm was added March 20, 2024 6. Attached is picture of alarm on door. 7. We will check all doors in monthly audit.	03/20/2024

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1830 SS= D	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary infection control staff completed 15 hours of infection control training (Employee #6) Findings include: Employee #6 (E6) E6 was hired as the Administrator on 05/01/23. E6's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. On 03/19/24 in the morning, E6 confirmed E6 was the primary infection control program staff. E6 was unable to provide documented evidence the required infection control and prevention training from an approved organization had been completed for E6. Severity: 2 Scope: 1	1830	1. We will correct this finding by printing list of certificate TRAIN by the CDC proof of completion from the program. 2. This systematic change will be done quarterly for any additional training completed and filed in Infection Control Program Binder. 3. This will be completed quarterly for the Infection Control Program binder. 4. The administrator will be printing this quarterly to add the the Infection Control Binder. 5. This was corrected on 3/21/2024 as stated on the Training Plan Proof of Completion form. 6. Attached is the Training Plan Proof of Completion form 7. We will identify and correct this finding by auditing monthly all other certificates that we are mandated to hold on employees.	03/21/2024