DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**11/16/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVERADO RED ROCK	**7540 SMOKE RANCH ROAD, LAS VEGAS, NEVADA ,89128**

(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 a complaint investigation completed at your facility on 11/16/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was 28. The sample size was seven. There was one complaint investigated. The facility received a grade of A. Complaint #NV00067126 with two allegations was substantiated. Allegation #1: The facility was understaffed; and residents were at risk for falls was substantiated. (See TAG Y0966) Allegation #2: Facility staff were not properly administering medications; and computer screens containing the Medication Administration Record (MARs) were left unsecured was substantiated without deficiencies based on interviews with the Director of Health Care Services who reported an anonymous call was sent into Human Resources indicating a Medication Technician and a Nurse were not administering medications properly; residents were being given medications and the staff were not ensuring all medications were administered; and not following medication storage procedures. The Director of Health Care services indicated being unaware until receiving a notification from Human Resources two months ago. The Director of Health Care Services reported a training in-service was provided to the Medication Technicians and the Nurses on 10/19/22. A Training in-service log titled Medication Pass, Protocol and Medication Guidelines, dated 10/19/22 documented staff were trained on these subjects. 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	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: PENNY MUNN Title: Administrator Date: 12/06/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	laws. The following regulatory deficiency was identified:			
0966 SS= F	Alzheimer's Care - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 5. The administrator of such a facility shall prescribe and maintain on the premises of the facility a written statement which includes: (b) Evidence that the facility has established interaction groups within the facility which consist of not more than six residents for each caregiver during those hours when the residents are awake; Inspector Comments: Based on interview and document review, the facility failed to ensure there was staffing of one Caregiver for every six residents during residents' waking hours in an Alzheimer's endorsed facility. Findings include: On 11/16/22 at 8:30 AM, upon arrival to the facility, the facility was not providing one Caregiver to six residents who resided in the facility which was endorsed for Alzheimer's disease. There were three Caregivers and a Nurse interacting with and assisting residents in the facility with a census of 28 residents. Review of the September and November staffing schedule for 2022 documented the following dates and times the facility was not providing one caregiver to six residents who resided in the facility which was endorsed for Alzheimer's Disease. -09/20/22, between the hours of 6:30 AM-2:30 PM and 9:00 AM-5:30 PM. The census was 20 residents. -09/22/22, between the hours of 6:30 AM-2:30 PM, 6:00 AM-10:30 PM and 9:00 AM-5:30 PM. The census was 21 residents. - 09/24/22, between the hours of 6:00 AM-2:30 PM. The census was 21 residents. -11/06/22, between the hours of 2:00 PM-10:30 PM and 6:00 AM-10:30 PM. The census was 30 residents. -11/07/22, between the hours of 6:00 AM-2:30 PM and 6:00 AM-8:00 PM. The census was 30 residents. -11/09/22,	0966	Tag 0966: As of 12/6/22 we have not moved any additional Residents into the community until staffing requirements are met. We have a large pool of interested Candidates and immediately after the survey,began interviewing. To date we have hired (4) FT, (2) PT, and (2) per diemcaregivers who are all in the orientation/onboardingprocess. As of 12/12/22, they will all betrained and we will meet the 1:6 caregiverratio which will include our chargenurses. (Please see staff pattern attachment). This staffing ratio will be maintained on an ongoing basis on the day and evening shifts (6am-2:30pm &2-10:30pm) per the surveyor's direction.	12/06/2022

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	between the hours of 6:00 AM-2:30 PM, 6:00 AM-10:30 PM and 9:00 AM to 5:30 PM. The census was 30 residents. -11/11/22, between the hours of 6:00 AM-2:30 PM and 9:00 AM-5:30 PM. The census was 30 residents. - 11/12/22, between the hours of 6:00 AM-2:30PM. The census was 30 residents. On 11/15/22 at 10:00 AM, the Director of Health Care Services and the Administrator acknowledged there were gaps in the schedule and the facility was not meeting the 6 staff members to 1 resident ratio for the months of September and November 2022 on various shifts. Severity: 2 Scope: 3			