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
	10572	A. BUILDING _____ B. WING _____	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWEET HOME BELMONT LLC	2908 BELMONT DRIVE, HENDERSON, NEVADA ,89074

(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 09/25/24, 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 Alzheimer's disease. The census at the time of the survey was eight. Eight resident files and four 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		
0179 SS= E	Health & Sanitation - Screens - NAC 449.209 Health and sanitation. (NRS 449.0302) 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. Inspector Comments: Based on observation and interview, the facility failed to ensure 5 of 16 windows had screens. Findings include: On 09/25/24 in the morning, the Administrator toured the outside perimeter of the facility with this inspector. The tour of the building exterior revealed five of sixteen window screens were missing from a resident room, kitchen, living room, and another common activities area. On 09/25/24 in the afternoon, the Administrator and a Caregiver indicated they were unaware the windows were missing screens. The Administrator acknowledged the five window screens were missing and needed to be installed to prevent insects from entering the home. Severity: 2 Scope: 2	0179	1. We have corrected the specific citation by repairing and installing new screens for the windows. 2. To ensure that the deficiency will not reoccur, it will be monitored to make sure that the window screens are in good condition at all times. 3. We will monitor the corrective action by checking window screens on a regular basis, making sure that there are no tears or rips to prevent insects from entering the facility. 4. The Lead Caregiver owner and ADMINISTRATOR will be responsible for implementing the plan of correction. 5. Corrective action was done on October 4, 2024 6. Please see attach pictures	10/04/2024

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: CHARO DALE | Title: Administrator | Date: 10/31/2024

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0451 SS= F	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans; (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or other device that may be used to determine the bodily temperature of a person. Inspector Comments: Based on observation and interview, the facility failed to ensure the first aid kit was fully stocked and the contents were unexpired and safe for use. Findings include: On 09/25/2024 in the morning, the facility's first aid kit contained tongue depressors with an expiration date 10/22, and a package of alcohol swabs with an expiration date of 12/22. The Administrator and Caregiver acknowledged a process needed to be developed to ensure the first aid kit was fully stocked and the contents were unexpired and safe for use. Severity: 2 Scope: 3	0451	1. This citation was corrected by purchasing a new first aid kit. 2. To ensure that this deficiency will not be occur, we will make sure that the first aid kit essentials are available at all times. 3. We will monitor the corrective action by making sure that the first aid kit supplies are available at all times. 4. The lead Caregiver, Owner and ADMINISTRATOR will work together to ensure that this plan of correction is being implemented. 5. Corrective action done October 1, 2024 6. pls see pic	10/01/2024