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 _____	**09/03/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AWAY FROM HOME ADULT CARE	**1040 VIA DELL BACIO DRIVE, HENDERSON, NEVADA ,89052**

(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 survey completed at your facility on 09/03/24, 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, Category II residents. The census at the time of the survey was nine. The sample size was six employees. The facility received a grade of A. There was one complaint investigated. Substantiated: Complaint #NV00071224 was substantiated. (See Tag's 0072 and 0100) Investigation of the complaint included: Observation of the facility. Interviews were conducted with a Caregivers and the Owner. Four employee records were reviewed. 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		
0072 SS= F	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain	0072	1) Eight hour annual medication management training has been completed for employees #2, #3, and #4. 2) Eight hour annual medication management training will be completed before the next expiration date. 3) Schedule eight hour annual medication management training 1-2 months prior to expiration date. 4) Owner 5) 10/14/2024 6) Medication management training certificates attached.	10/14/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: BRIEN SONSON Title: Owner Date: 10/14/2024

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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	a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 4 employees received annual eight hours of medication management training (Employee #2, #3 and #4). Findings include: Employee #2 (E2) E2 was hired on 08/01/23 as the Owner. E2's file revealed a 16 hour initial Medication Management certificate dated 07/22/23. E2's file lacked evidence of eight hours annual Medication Management training. Employee #3 (E3) E3 was hired on 10/01/23 as a Caregiver. E3's file revealed a 16 hour initial Medication Management certificate dated 07/22/23. E3's file lacked evidence of eight hours annual Medication Management training. Employee #4 (E4) E4 was hired on 10/01/23 as a Caregiver. E4's file revealed a 16 hour initial Medication Management certificate dated 07/22/23. E4's file lacked evidence of eight hours annual Medication Management training. On 09/03/24 in the morning, the Owner verbalized E2, E3, and E4 administered medications to the residents. On 09/03/24 in the morning, the Owner acknowledged E2, E3, and E4 did not complete eight hours of annual Medication Management training. Severity: 2 Scope: 3			
0100 SS= F	Personnel File - NAC 449.200 & R043-22 Personnel files. (NRS 449.0302) 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	0100	1) Owner will terminate employees #5 and #6 effective 10/14/2024. 2) Owner will require prospective employees to have a complete employee file before hire.	10/14/2024

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	must include: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his or her employment at the residential facility; (c) Records relating to the training received by the employee, including, without limitation: (1) Certificates of completion for all training completed by the employee; and (2) If a tier 2 training is not provided through a course listed on the Internet website maintained by the Division pursuant to subsection 2 of section 7 of this regulation, a list of topics covered by the training which may consist of, without limitation, the syllabus for the training or an outline of the training; (e) Evidence that the references supplied by the employee were checked by the residential facility. Inspector Comments: Based on record review and interview, the facility failed to have an employee file for 2 of 6 employees. (Employee #5 and #6). Findings include: Employee #5 (E5) E5 was hired as a cook and housekeeper. There was no employee file on site for E5 containing a current background check clearance letter, physical examination and tuberculin screening test. Employee #6 (E6) E6 was hired as a cook and housekeeper. There was no employee file on site for E6 containing a current background check clearance letter, physical examination and tuberculin screening test. On 09/03/24 in the morning, the Owner acknowledged the two staff members providing cooking and cleaning services, did not have an employee file containing a current background check clearance letter, physical examination and tuberculin screening test. The Owner verbalized not knowing the two staff members providing cooking and cleaning services required an employee file. Severity: 2 Scope: 3		3) Owner will keep file requirements up to date to remain compliant with the state. 4) Owner 5) 10/14/2024 6) No relevant documents uploaded.	