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
	10619	A. BUILDING _____ B. WING _____	12/18/2024

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 an annual State Licensure survey completed at your facility on 12/18/24 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, Category II residents. The census at the time of the survey was nine. Nine 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		
0356 SS= D	Bathrooms and Toilet Facilities - NAC 449.222 Bathrooms and toilet facilities; toilet articles. (NRS 449.0302) 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times. Inspector Comments: Based on observation and interview the facility failed to ensure residents' bathroom doors were equipped with a single motion lock. Findings include: On 12/18/24 in the morning, it was observed that the resident bathroom door next to bedroom #3 had locks which required more than one motion to unlock the door leading to the interior of the facility from the bathroom. On 12/18/24 in the morning, the Owner acknowledged the double motion lock on the door and acknowledged it should be single motion. Severity: 2 Scope: 1	0356	1) Owner will replace non compliant bathroom door lock with a single motion lock. 2) Owner will ensure all doors are installed with a single motion lock. 3) Owner will inspect facility routinely to verify facility is in compliance. 4) Owner 5) 12/29/2024 6) See attached file	12/29/2024

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: BRIEN SONSON Title: Owner Date: 01/07/2025

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0430	Requirements and Precautions - NAC 449.229 Requirements and precautions regarding safety from fire. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. 2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire. Inspector Comments: Based on observation and interview, the facility failed to ensure fire extinguishers were inspected annually. Findings include: The fire extinguisher near the hallway was last inspected on 08/09/23 and the kitchen fire extinguisher had no tag which indicated when it had last been inspected. On 03/18/24 in the morning, the Owner confirmed the two fire extinguishers were last inspected in 2023. The Owner acknowledged the fire extinguishers should be inspected annually. A referral to the State Fire Marshall was completed on 12/18/24.	0430	1) Fire extinguisher with expired inspection tag will be renewed. 2) Owner will renew fire extinguisher inspection tag annually before expiration date. 3) Owner will add annual renewal of fire extinguisher tag to list of requirements mandated by the state. 4) Owner 5) 12/23/2024 6) See attached file	12/23/2024

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0557 SS= D	Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or Inspector Comments: Based on observation and interview, the facility failed to ensure full bed rails were not used as a restraint for 1 of 9 residents (Resident #4). Findings include: Resident #4 (R4) R4 was admitted on 03/22/24 with a diagnosis of senile degeneration of the brain. On 12/18/24 in the morning, R4 was observed lying in bed, with full bed rails up on both sides of the bed. R4 was unable to indicate if they knew how to lower the bed rails or understood what the bed rails were for. On 12/18/24 in the afternoon, the Owner verbalized hospice delivered the bed with the full bedrails for R4 and acknowledged they should not be utilized in the facility. Severity: 2 Scope: 1	0557	1) Resident #4 full bed rails will be replaced by half bed rails. Bedrails will no longer be used as a restraint for Resident #4. 2) All hospital beds for residents will be equipped with half bed rails. Bedrails will not be used as a restraint for any resident. 3) Owner will coordinate with DME company to deliver hospital bed with half bed rails only. 4) Owner 5) 12/19/2024 6) See attached file	12/19/2024
1825 SS= E	Designation/Training persons for IC Program - NAC 449.0109 Designation and training of person responsible for infection control. 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 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	1825	1) All 15 hours initial infection control training has been completed for both Employee #1 (Brien Sonson, Owner) and Employee #3 (Geoffrey Gomez, Administrator) 2) Owner and administrator will renew infection control training annually 3) Owner will ensure infection control training renewal is completed prior to certificate expiration 4) Owner 5) 12/24/2024 6) Supporting documents attached 7) All other trainings will be renewed annually	12/28/2024

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	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. 6. The plan for emergency preparedness developed pursuant to paragraph (c) of subsection 1 must address internal and external emergencies and local and widespread emergencies. Such emergencies must include, without limitation, emerging infectious diseases. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control designee completed the initial 15 hour infection control training (Employee #1 and #3). Findings include: Employee #1 (E1) was hired on 09/05/23, as the Owner/Primary Infection Control Designee. Employee #3 (E3) was hired on 12/24/23, as the Administrator/Secondary Infection Control Designee. E1 and E3's file lacked documented evidence of initial 15 hours of infection control training from a nationally recognized organization. On 12/18/24 in the afternoon, the Owner confirmed the required infection control and prevention training from a nationally recognized organization had not been completed for E1 and E3. Severity: 2 Scope: 2			