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 _____	01/20/2026

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

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RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey completed at your facility on 01/20/26. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. 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.			
Y 0930 SS= D	NAC 449.2749 **Maintenance and contents of separate file of information concerning each resident; contents; confidentiality of information.** 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (a) The full name, address, date	Y 0930	**1. How the specific finding will be corrected:**Resident #1's two-step TB screening has been initiated. The first PPD test was administered on January 22, 2026, with a reading completed on January 25, 2026 showing 0 mm (negative). The second PPD test was administered on January 29, 2026. The second reading will be completed and documented within the required 48-72 hour window (by February 1, 2026). The completed TB testing record will be filed in R1's resident record, ensuring compliance with the two-step TB screening requirement. **2. Systematic changes to prevent recurrence:**The facility has implemented a TB Screening Tracking Log that documents: admission date, first TB test date, first reading date/result, second TB test due date, second TB test administered date, and second reading date/result. This log will be reviewed during each new admission to ensure both steps are scheduled and completed within required timeframes. The admission checklist has been updated to	01/30/2026

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	of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the resident.		include verification that the two-step TB process is fully scheduled before the admission file is considered complete. **3. How corrective actions will be monitored:**The Owner will review the TB Screening Tracking Log weekly for the first 90 days, then monthly thereafter, to verify all new admissions have completed two-step TB testing. Any resident with an incomplete TB screening will be flagged for immediate follow-up. Documentation of these reviews will be maintained in the facility's file. **4. Title of person responsible:**Owner **5. Date corrective action will be completed:**February 1, 2026 **6. Supporting documents attached:**Patient Tuberculosis Testing Record for R1 showing first and second PPD test administration and results **7. Other areas with potential to be affected:**All current resident files were reviewed to verify TB screening compliance. A facility-wide audit confirmed all other residents have completed two-step TB testing documentation on file.	

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	(g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and (3) In any event, not less than once each year. (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. (i)The name and telephone number of the vendors and medical professionals that provide services for the resident. (j) A document signed by the administrator of the facility when the resident permanently leaves the facility. 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the			

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	location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. 3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A resident's file must be made available upon request at any time to an employee of the bureau who is acting in his capacity as an employee of the bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure a two-step tuberculosis (TB) test was completed upon admission for 1 of 8 residents. (Resident #1) Findings include: Resident #1 (R1) R1 was admitted on 02/16/25, with a diagnosis of chronic obstructive pulmonary disease. Review of R1's medical record revealed R1 completed a one-step TB screening on 02/16/25 with a negative result. There was no documented evidence R1 completed a second step TB screening.			

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	On 01/20/26 in the morning, the Owner was unable to provide documented evidence of R1's second step TB test. The Owner acknowledged R1's second step TB test had not been completed per the requirement. Severity: 2 Scope: 1			
Y 1840 SS= E	**R063-21 Sec. 4.** Sec. 4. 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 4 sampled employees completed the annual required infection control training for unlicensed caregivers (Employee #2 and #3). Findings include: Employee #2 (E2)	Y 1840	**1. How the finding will be corrected:** Employee #2 and Employee #3 completed annual infection control training through a nationally recognized organization on 01/21/2026. Documentation of completed training has been uploaded to the system. **2. Measures to ensure deficient practice does not recur:**The facility has implemented an infection control training tracking log that documents each caregiver's hire date, most recent training completion date, and next due date. Training will be scheduled 30 days prior to annual expiration. The Administrator will receive calendar alerts 45 days before each employee's training expires. **3. How corrective action will be monitored:**The Administrator will conduct monthly audits of the infection control training log to verify all unlicensed caregivers have current training. Quarterly reviews of all personnel files will confirm documentation is present and up to date. **4. Person responsible:**Owner **5. Date corrective action completed:**01/21/2026 **6. Supporting documents:**Infection control training certificates for Employee #2 and Employee #3 attached. **7. Identifying other affected areas:**All caregiver files were reviewed on 01/21/2026 to verify current infection control training status. Any additional employees requiring training have been identified and scheduled for completion.	01/21/2026

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	E2 was hired on 09/05/23 as a Caregiver. E2 last completed annual infection control training on 12/13/24. E2's file lacked documented evidence of 2025 annual infection control training through a nationally recognized organization. Employee #3 (E3) E3 was hired on 10/01/23 as a Caregiver. E3 last completed annual infection control training on 12/13/24. E3's file lacked documented evidence of 2025 annual infection control training through a nationally recognized organization. On 01/20/26 in the morning, the Owner acknowledged E2 and E3's missing infection control training and was unable to provide the documentation. Severity: 2 Scope: 2			
Y 1825 SS= D	**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	Y 1825	**1. How the finding will be corrected:** Employee #1, the Secondary Infection Control Designee, completed 15 hours of infection control training through CDC TRAIN (Nursing Home Infection Preventionist Training Course) on 01/21/2026. Training modules completed include: Infection Prevention & Control Program, The Infection Preventionist, QAPI Integration, Infection Surveillance, Outbreaks, Standard Precautions, Transmission-Based Precautions, Hand Hygiene, Injection Safety, Respiratory Hygiene and Cough Etiquette, Indwelling Urinary Catheters, Central Venous Catheters, Wound Care Infection Prevention, Point-of-Care Blood Testing, Reprocessing Reusable Equipment, Environmental Cleaning and Disinfection, Water Management, Linen Management, Bacterial Respiratory Infection Prevention, Tuberculosis Prevention, Viral Respiratory Infection Prevention, Occupational Health	01/21/2026

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	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 secondary infection control designee completed 15 hours of infection control training annually for 1 of 4 employees (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 09/05/23 as the Owner. E1's record documented E1 had last completed 15 hours of infection control training on 12/28/24. E1's record lacked documented evidence of 15 hours of training concerning the control and prevention of infections from an approved organization annually. On 01/20/26 in the morning, E1 confirmed E1 was the secondary infection control program designee. E1 was unable to		Considerations, Antibiotic Stewardship, and Care Transitions. Documentation of all 24 completed training modules has been uploaded to the system. **2. Measures to ensure deficient practice does not recur:** The facility has implemented an Infection Control Designee Training Tracking Log that documents the Primary and Secondary Infection Control Designees, their training completion dates, total hours completed, and annual due dates. Training will be scheduled to begin 60 days prior to annual expiration to allow adequate time to complete all 15 hours. Calendar alerts have been set for 90 days and 60 days before each designee's annual training deadline. **3. How corrective action will be monitored:** The Administrator will conduct quarterly audits of infection control designee training documentation to verify compliance with the 15-hour annual requirement. A training hour log will be maintained for each designee showing courses completed, hours earned, and completion dates. Audit results will be documented and reviewed during quarterly QAPI meetings. **4. Person responsible:** Owner **5. Date corrective action completed:** 01/21/2026 **6. Supporting documents:** 24 CDC TRAIN infection control training certificates for Employee #1 attached Training documentation for the Primary Infection Control Designee was reviewed on 01/21/2026 to verify current compliance with the 15-hour annual requirement. The facility's Infection Control Program policy has been updated to include the tracking and monitoring procedures described	

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	provide documented evidence the required annual infection control and prevention training had been completed for E1. Severity: 2 Scope: 1		above.	