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
	10740	A. BUILDING _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY FRIENDLY CARE HOME	**3784 EDISON AVENUE, LAS VEGAS, NEVADA ,89121**

(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 in your facility on 09/20/2023, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities for Groups. The facility is licensed for 10 Residential Facility for Groups beds for elderly and disabled persons and/or persons with Chronic Illness, Category II residents. The census at the time of the survey was five. Five resident records were reviewed, 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 investigation, 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		

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: JULIA ASUNCION G DUGAY	Title: Administrator	Date: 09/23/2023

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0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, interview, and record review the facility failed to obtain a bedfast exemption for 1 of 5 sampled residents (Resident #4). Findings include: Resident #4 (R4) R4 was admitted to the facility on 06/15/23 with a diagnosis of cerebral vascular accident (CVA) and chronic kidney disease (CKD). A History and Physical examination dated 11/22/22, documented R4 had limited ambulation. On 09/20/23 at 10:22 AM, a Caregiver indicated R4 was bedfast and needed assistance being turned and repositioned every two hours. On 09/20/23 at 10:31 AM, R4 was observed lying in bed and was unable to turn or reposition themselves independently. R4's record lacked documented evidence a current bedfast exemption had been obtained. On 09/20/23 at 11:20 AM, the Administrator indicated the facility was unaware R4 needed a bedfast exemption to be retained at the facility and acknowledged the facility did not obtain or apply to the Bureau for a bedfast exemption for R4. Scope: 2 Severity: 1	0620	1) On 9/23/23, I applied for a Bedfast Waiver for R4. Results are pending. 2) Lead Caregiver and Administrator will ensure that any new and existing residents that are bedfast are applied for Bedfast Waivers as soon as possible. 3) Lead Caregiver will communicate with the Administrator if any existing resident/s become bedfast so that a Bedfast Waiver will be applied for as soon as possible. 4) The Administrator is ultimately responsible for any resident who is bedbound and bedfast to apply for a Bedfast Waiver as soon as possible. 5) On 9/23/23, a Bedfast Waiver was applied for R4. Results are still pending. 6) Please see attached documents that a Bedfast Waiver was applied for R4.	09/23/2023