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
	10745	A. BUILDING _____ B. WING _____	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHESDA CARE HOME	**5700 EXOTIC ROSETTE AVE, LAS VEGAS, NEVADA ,89139**

(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 10/23/24 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 six 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		

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: BASILIA CASIBANG Title: Administrator Date: 11/10/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10745	A. BUILDING _____ B. WING _____	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHESDA CARE HOME	5700 EXOTIC ROSETTE AVE, LAS VEGAS, NEVADA ,89139

(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
0106 SS= E	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 6 employees received the in person component of cardiopulmonary resuscitation (CPR) and first aid training per the requirement (Employees #3, #5, and #6). Findings include: Employee #3 (E3) E3 was hired on 11/1/22 as Owner/Caregiver. E3 completed CPR training provided by an online company on 08/21/23. The training through this company did not contain the in-person component, a requirement per the regulation. Employee #5 (E5) E5 was hired on 03/06/23 as a Caregiver. E5 completed CPR and first aid training provided by an online company on 08/21/23. The training through this company did not contain the in-person component, a requirement per the regulation. Employee #6 (E6) E6 was hired on 10/05/22 as the Owner/Administrator. E6 completed CPR training provided by an online company on 03/22/24. The training through this company did not contain the in-person component, a requirement per the regulation. The online training the facility utilized was reviewed and the training lacked documented evidence of the in-person component. On 10/23/24 in the afternoon, the Owner/Administrator confirmed the CPR training from the online company utilized by the caregivers was solely online and did not have an in-person component. The Owner confirmed the employees took the training without the in-person component. Severity: 2 Scope: 2	0106	Employees #3, #5, and #6 completed their CPR training on November 5, 2024. This training included an in-person component and was provided by an AHA accredited company. Administrator Basilia Casibang will be responsible in ensuring that required annual trainings are completed for both Administrator and Staff. Administrator will be using a Reminders/Notes Application to set up reminders to monitor credentials and training renewal due dates. Staff will be notified by the Administrator at least a week prior to their credentials/trainings expiration dates to give them ample time to fulfill the requirement.	11/10/2024
1830 SS= F	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 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	1830	Employees #3 and #6 completed the Nursing Home Infection Preventionist Training Course from the Centers for Disease Control and Prevention with 2	11/10/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10745	A. BUILDING _____ B. WING _____	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHESDA CARE HOME	5700 EXOTIC ROSETTE AVE, LAS VEGAS, NEVADA ,89139

(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
	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 primary and secondary infection control staff completed 15 hours of approved infection control training (Employees #3 and #6). Findings include: Employee #3 (E3) E3 was hired as Owner/Caregiver on 11/01/22. On 10/23/24 in the afternoon, the Owner/Administrator identified E3 as the secondary infection control staff. E3's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. Employee #6 (E6) E6 was hired as the Owner/Administrator on 10/05/22. On 10/23/24 in the afternoon, E6 identified themselves as the primary infection control staff. E6's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. On 10/23/24 in the afternoon, the Owner/Administrator confirmed neither E3 nor E6 had completed the required 15 hours of infection control and prevention training from an approved organization. Severity: 2 Scope: 2		CEUs (20 hour) credits. Employee #3 completed this training on November 10, 2024 and Employee #6 completed it on November 8, 2024. Administrator Basilia Casibang will be responsible in ensuring that required annual trainings are completed for both Administrator and Staff. Administrator will be using a Reminders/Notes Application to set up reminders to monitor credentials and training renewal due dates. Staff will be notified by the Administrator at least a week prior to their credentials/trainings expiration dates to give them ample time to fulfill the requirement.	