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 _____	**12/18/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALTA CARE HOME, INC.	**2007 ALTA DRIVE, LAS VEGAS, NEVADA ,89106**

(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 completed at your facility on 12/18/24, in accordance with Nevada Administrative Code, Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents. The census at the time of the survey was nine. The sample size was five. The facility received a grade of A. There was one complaint investigated: Substantiated: Complaint #NV00072422 was substantiated. (see Tags Y0515 and Y0645) The investigation of the complaint included: Observations of residents in and out of bed, available wheelchairs, breakfast meal services, available food supplies and caregivers providing care to residents. Interviews were conducted with a Manager, the Administrator, a hopsice nurse, caregivers and residents. Record review of five residents, including the resident of concern. Document review of facility incident reports and admission packet. 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 deficiency was identified: A deficiency unrelated to the complaint was identified:	0000		
0251 SS= F	Storage of Food-Perishable Foods Refrigerated - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees Fahrenheit or	0251	**Plan of Correction:** 1. **Corrective Action for Affected Residents:** ◦ On 12/18/24, the	01/30/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: PETERSON DURIAS Title: Administrator Date: 01/16/2025

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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	less. Inspector Comments: Based on observation and interview, the facility failed to ensure eggs were properly stored. Findings include: On 12/18/24, at 9:15 AM, 52 raw eggs were observed sitting on the kitchen counter, at room temperature. On 12/18/24, at 9:16 AM, a caregiver revealed the raw eggs on the counter had been there since yesterday, 12/17/24 because they had not put them away yet. The Caregiver confirmed the eggs were improperly stored and should have been placed in the refrigerator immediately. Severity: 2 Scope: 3		improperly stored eggs were immediately discarded to prevent potential health risks. ◦ Staff members were re-educated on the proper storage of perishable food items, including eggs, on 12/19/24. 2. **Identification of Others Potentially Affected:** ◦ Conducted a full audit of all perishable food items in the facility's kitchen on 12/19/24. No other improperly stored food items were identified. 3. **Measures to Prevent Recurrence:** ◦ Conduct monthly food safety training sessions for staff, beginning January 2025. 4. **Monitoring Plan:** ◦ The Administrator or designated supervisor will conduct weekly audits of food storage practices for the next 90 days, with any findings reviewed during staff meetings.	

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			5. **Responsible Party:** ◦ Peterson Durias, Residential Facility Administrator, is responsible for implementing and monitoring compliance. 6. **Anticipated Date of Correction:** ◦ January 30, 2025	
0515 SS= E	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on interview and record review, the facility failed to ensure care plans were complete and accurate for 1 of 5 residents (Resident #5) and reviewed by caregiving staff for 2 of 5 residents (Resident #2 and Resident #5). Findings include: Resident #2 (R2) R2 was admitted on 11/01/24 with type 2 diabetes mellitus and chronic kidney failure. Physical exam for R2, dated 11/07/24 and care plan dated 11/08/24 documented diabetic diet, limit sugars. Resident #5 (R5) R5 was admitted on 09/09/24 with end stage renal failure and muscle weakness. Physical exam and discharge summary for R5, dated	0515	**Plan of Correction:** 1. **Corrective Action for Affected Residents:** ◦ Resident #5: Care plan updated on 12/20/24 to include dietary needs as specified in the resident's medical records. Although discharged, this was done to rectify documentation errors. ◦ Resident #2: Care plan updated on 12/20/24 to reflect the diabetic diet requirements. Caregiving staff were immediately informed. 2. **Identification of Others Potentially Affected:**	01/31/2025

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	09/09/24 documented renal diet due to end stage renal failure. Care plan dated 09/09/24 did not document R5 was on a special diet. On 12/18/24, in the morning, a caregiver indicated R2 and R5 were not on special diets. A caregiver acknowledged they were unaware R2 and R5 had special diets listed in their records. On 12/31/24, in the morning, a Manager acknowledged there was no special diet listed on the care plan of R5. Severity: 2 Scope: 2 Complaint #NV00072422		◦ A full review of all resident care plans was conducted from 12/20/24 to 12/22/24. Any residents with dietary requirements that were identified had their care plans updated accordingly. 3. **Measures to Prevent Recurrence:** ◦ Administrator re-educated the manager and caregivers during the admission process to thoroughly review medical records and special dietary needs during care plan creation. 4. **Monitoring Plan:** ◦ The Administrator will randomly audit 25% of care plans monthly to ensure compliance. 5. **Responsible Party:** ◦ Peterson Durias, Residential Facility Administrator, is responsible for implementation and oversight.	

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			6. **Anticipated Date of Correction:** ◦ January 31, 2025	
0645 SS= D	Disclosure of Information Concerning Rates - NAC 449.2704 and R043-22 Disclosure of information concerning rates and payment for services. (NRS 449.0302) 1. The administrator of a residential facility shall, upon the request of any person, make the following information available in writing: (a) The basic rate for the services provided by the facility; (b) The schedule for payment; (c) The services included in the basic rate; (d) The charges for optional services which are not included in the basic rate; and (e) The residential facility ' s policy on refunds of amounts paid but not used. 2. Upon admitting a resident to a residential facility, changing the services provided for in a person-centered service plan or changing the cost of those services or upon request, the administrator of a residential facility shall provide a written description of the services included in the person-centered service plan of a resident and the cost of those services to the person paying for those services or his or her representative. SB298 (effective 1.1.24) Sec. 9. A contract between a resident and a residential facility for groups for the delivery of services to the resident must: 1. Be entitled "Service Delivery Contract for Residential Facility for Groups"; 2. Be printed in at least 12 point type; and 3. Include, without limitation, the following information in the body of the contract or in a supporting document or attachment: (a) The name, physical address and mailing address, if different, of the residential facility for groups; (b) The name and mailing address of every person, partnership, association or corporation which establishes, conducts, manages or operates the residential facility for groups; (c) The name and address of at least one	0645	**Plan of Correction:** 1. **Corrective Action for Affected Residents:** ◦ Resident #5: Although discharged, the facility created a retrospective contract for internal review and filed it in R5's records on 12/24/24. 2. **Identification of Others Potentially Affected:** ◦ Conducted a review of all current residents' admission contracts on 12/25/24. No additional unsigned or incomplete contracts were identified. 3. **Measures to Prevent Recurrence:** ◦ Residential Facility Administrator re-educated manager that the administrator or manager is to verify the completion and	01/31/2025

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	person who is authorized to accept service on behalf of the parties described in paragraph (b); (d) A telephone number or the address of the Internet website of: (1) The Division that the resident or a representative of the resident may use to verify the status of the license of the residential facility for groups; and (2) Each licensing board or other regulatory body that has issued a license to a provider of health care or other person required to be licensed who provides services to residents at the residential facility for groups that the resident or a representative of the resident may use to verify the status of the license of the provider of health care or other person; (e) The duration of the contract; (f) The manner in which the contract may be modified, amended or terminated; (g) The base rate to be paid by the resident and a description of the services to be provided as part of the base rate; (h) A fee schedule outlining the cost of any additional services; (i) Any additional fee to be paid by the resident pursuant to the fee schedule and a description of any additional services to be provided as part of that fee, either directly by the residential facility for groups or by a third-party provider of services under contract with the facility; (j) A statement affirming the freedom of the resident to receive services from a provider of services with whom the residential facility for groups does not have a contractual arrangement, which may also disclaim liability on the part of the residential facility for groups for any such services; (k) The procedures and requirements for billing and payment under the contract; (l) A statement detailing the criteria and procedures for admission, management of risk and termination of residency; (m) The obligations of the resident in order to maintain residency and receive services, including, without limitation, compliance with the annual physical examination and assessment required by NRS 449.1845; (n) A description of the process of the residential		signature of all admission contracts prior to resident placement. 4. **Monitoring Plan:** ◦ The Administrator will review all new admission contracts within 48 hours of admission to confirm compliance. ◦ Monthly audits of admission records will be conducted for three months, with findings discussed in staff meetings. 5. **Responsible Party:** ◦ Peterson Durias, Residential Facility Administrator, is responsible for implementation and compliance monitoring. 6. **Anticipated Date of Correction:** ◦ January 31, 2025	

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	facility for groups for resolving the complaints of residents and contact information for the Aging and Disability Services Division and the Division of Public and Behavioral Health of the Department of Health and Human Services; (o) The name and mailing address of any representative of the resident, if applicable; and (p) Contact information for: (1) The State Long-Term Care Ombudsman appointed pursuant to NRS 427A.125; (2) The Nevada Disability Advocacy and Law Center, or its successor organization; or (3) Other resources for legal aid or mental health assistance, as appropriate. Inspector Comments: Based on interview and record review, the facility failed to ensure a contract, which outlined services provided, rates for services and optional services, payment methods, and refund policy, was properly completed, and signed off for 1 of 5 residents (Resident #5). Findings include: Resident #5 (R5) was admitted on 09/09/24 with end stage renal failure and muscle fatigue. R5 was discharged on 10/12/24. Review of R5's medical record revealed the facility admission contract was blank and unsigned. The facility was unable to provide a signed contract for R5. On 12/23/24, at 8:45 AM, the Administrator confirmed R5 did not sign the admission contract prior to admission to the facility. Severity: 2 Scope: 1 Complaint #NV00072422			