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
	110	A. BUILDING _____ B. WING _____	03/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH LIFE LLC	5220 RANCHER AVE, LAS VEGAS, NEVADA ,89108

(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 conducted in your facility on 3/27/17. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility is licensed for eight 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 seven. Seven resident files were reviewed and five 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 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: LETICIA SUBLATEN Title: owner Date: 04/06/2017

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0994 SS= F	449.2756(1)(e) - Alzheimer's facility - Dangerous items - NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure dangerous items were not accessible to 9 of 9 residents (Residents #1-9). Findings include: On 3/27/17 in the morning, the following was observed: Caregiver bedroom - Scissors on dresser. Backyard - Lighter belonging to owner/caregiver on table. Living room - During inspection, Employee #3 lit a candle and the flame was accessible. On 3/27/17 in the morning, Employee #3 acknowledged the observations and reported they were unaware the lit candle was dangerous item. Severity: 2 Scope: 3 This was a repeat deficiency from the annual licensing survey conducted on 4/19/16.	0994	0994- All tools and other items that constitute danger to a resident has been removed and placed in a locked cabinet (scissor, lighter, candle etc.) the day of the survey. The administrator and or designee will make sure all dangerous items are not accessible to all residents to insure their safety. The administrator of the facility will monitor and make sure the facility is always in compliance at all times. 4/5/17	04/06/2017

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0999 SS= F	449.2756(1)(g) - Alzheimer's Facility-Toxic substances - NAC 449.2756 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; training for employees. 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were not accessible to 9 of 9 residents (Residents #1-9). Findings include: On 3/27/17 in the morning, the following was observed: Caregiver room was unlocked and had hand sanitizer, lens cleaner and nail polish on a dresser. Resident #1 bedroom - Nail polish remover on nightstand and nail polish in drawer. Backyard - Pack of cigarettes belonging to the owner/caregiver on a table. On 3/27/17 in the morning, Employee #3 acknowledged the observations and reported Resident #1 had been doing her nails this morning. Severity: 2 Scope: 3 This was a repeat deficiency from the annual licensing survey conducted on 4/19/16.	0999	0999- All toxic substances including cigarettes was removed from the rooms/table and was placed in a locked drawer. The administrator and or designee will make sure that all toxic substances such as those mentioned are kept locked in a cabinet and not accessible for the safety of residents. The administrator will make sure the facility is always in compliance of NAC 449.2756 4/5/17	04/06/2017