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
	11176	A. BUILDING _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SRC SOUTHWEST	7864 APACHE CLIFF, LAS VEGAS, NEVADA ,89113

(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 08/21/24, 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 seven. Seven resident files and seven 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		

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0995 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; (2) Has at least 40 square feet of space for each resident in the facility; (3) Is fenced; and (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. Inspector Comments: Based on observation and interview, the facility failed to ensure the side yard gate of the facility leading to the street was secure. Findings include: On 08/21/24 at 8:45 AM, the gate in the side yard, which led to the street was unlocked. On 08/21/24 in the morning, the Manager explained the gate was unlocked for the landscapers and the Caregivers forgot to lock the gate after the landscaper left. Severity: 2 Scope: 3	0995	1) The gate lock is a combination type lock. The only time it is unlocked is when the lawn maintenance people are working. The caregiver on duty will unlock the gate and when the maintenance people leave will lock the gate, take a photograph of the lock, and send the photograph to the home supervisor. 2) New policy training, control of key by head caregiver or caregiver in charge. 3) Monitored by management, specifically the home supervisor. 4) Administrator 5)08/23/2024	08/21/2024

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1840 SS= E	UNL Caregiver Training - R063-21 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 3 of 7 employees (Employees #1, #4, and #6) acquired the required infection control training. Findings include: The following employee files lacked documented evidence infection control training was completed through a nationally recognized course. Employee #1 was hired on 07/02/23, as a Caregiver. Employee #4 was hired on 01/02/23, as a Caregiver. Employee #6 was hired on 05/10/23, as a Caregiver. On 08/21/24 in the afternoon, the Manager acknowledged the employees did not receive infection control training through a nationally recognized course. Severity: 2 Scope: 2	1840	1) Please see attached certificates for E 1,4,and 6. Each caregiver to receive additional CDC training on various topics in the field of infection control 2) Infection control training will be monitored similar to other required training, logs and schedules will be recorded and updated 3)Monitored by Administration and general manager 4) Administrator 5)10/30/24	08/23/2024