STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	158	A. BUILDING _____ B. WING _____	12/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNCAN MANOR GROUP HOME	6165 DUNCAN DRIVE, LAS VEGAS, NEVADA ,89108

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and infection control survey conducted at your facility on 12/15/21, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illness, and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was seven. Seven resident records and four employee records were reviewed. The facility received a grade of B. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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		
0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on interview and record review, the facility failed to	0102	This plan of correction is not to be construed as an admission of or agreement with the finding and conclusion in the statement of Deficiencies, or the proposed administrative penalty (with a right to correct) on the	12/16/2021

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	ensure a two-step tuberculosis (TB) test was completed for 1 of 4 employees (Employee #1). Employee #1 was hired on 01/01/19 and the record lacked documentation of TB testing being completed. The Administrator confirmed there was no two-step TB testing on file for Employee #1. Severity: 2 Scope: 1		community. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors. The facility desires that this plan of correction be considered the facility's allegation of compliance. Y0102 PERSONNEL FILE - TB SCREENING 1. HOW TO IDENTIFY OTHER CAREGIVERS A 100% of all personnel files in regards to TB testing will be conducted to identify potential deficiencies	

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			1. SYSTEMIC CHANGE All new employees will be required to have a TB test" two-step QuantiFERON or proof of PPD converter. If the employee is a PPD converter a chest x-ray with proof of PPD converter is required 1. MONITORING PROCESS The administrator or his representative will monitor all TB testing on an ongoing basis. 1. DATE OF COMPLETION 12-16-2021 AND ONGOING	
0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior of the facility was well	0178	Y0178 HEALTH AND SANITATION- MAINTAIN 1. HOW TO IDENTIFY	12/16/2021

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	maintained. Trash in bags and large boxes was observed on the side of the facility in the front yard. Trash bags, boxes of trash, bed frames, a broken oven and a sink were observed in the backyard. The Administrator and Owner acknowledged there was trash in the front and backyard and the exterior had not been well maintained. Severity: 2 Scope: 3		OTHER HEALTH AND SANITATION-MAINTAIN A full inspection of the facility to identify potential deficiencies 1. SYSTEMIC CHANGE The facility will ensure that the premises are well maintained. 1. MONITORING PROCESS The administrator or his representative will monitor that the facility premises are well maintained. 1. DATE OF COMPLETION 12-16-2021 AND ONGOING	
0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS	0936	Y0936 MAINTENANCE AND CONTENTS OF SEPARATE	12/16/2021

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	449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 7 residents had completed two-step tuberculosis (TB) testing (Resident #2 - admitted on 03/23/20). Resident #2 completed a first step TB test on 02/26/20. There was no documented evidence a second step TB test was completed. The Administrator acknowledged Resident #2 did not have documented evidence of a second step TB test. Severity: 2 Scope: 1		FILE 1. HOW TO IDENTIFY OTHER MAINTENANCE AND CONTENTS OF SEPARATE FILES A 100% of all resident's files in regards to TB testing will be conducted to identify potential deficiencies. 1. SYSTEMIC CHANGE A full ongoing audit will be conducted. 1. MONITORING PROCESS The administrator or his representative will monitor all TB testing on an ongoing basis. 1. DATE OF COMPLETION 12-16-2021 AND ONGOING	

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0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 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 shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure an audible alarm system was activated on 1 door exiting the facility. There was no audible alarm system on the exit door leading to the backyard. The Administrator acknowledged the exit door to the backyard should have had an audible alarm system activated. Severity: 2 Scope: 3	0991	TAG 0991 ALZHEIMER'S CARE STANDARDS FOR SAFETY HOW TO IDENTIFY OTHER STANDARDS FOR SAFETY I. A complete inspection of all exit alarms will be conducted on an ongoing basis. II. SYSTEMIC CHANGE The facility will ensure that all alarms are functioning. III. MONITORING PROCESS The administrator or his representative will ensure that all audible devices are activated when a door is opened DATE OF COMPLETION	12/16/2021

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 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 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 stored secured and inaccessible to residents. Cleaning supplies were stored unsecured under the kitchen sink and the cabinet was unlocked. The Caregiver and Administrator acknowledged the cleaning products were unsecured and should have been locked. Severity: 2 Scope: 3	0999	Y0999 ALZHEIMER'S CARE STANDARDS FOR SAFETY 1. HOW TO IDENTIFY OTHER STANDARDS FOR SAFETY The facility will conduct an ongoing inspection regarding toxic substances to ensure that they are locked and secured. 1. SYSTEMIC CHANGE The facility will inspect on an ongoing basis to ensure that all toxic substances are secured. 1. MONITORING PROCESS The administrator and his representative will ensure that all toxic substances are not	12/16/2021

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			accessible to the residents of the facility 1. DATE OF COMPLETION 12-16-2021 AND ONGOING	