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 _____	**07/25/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAS VEGAS	**3025 E RUSSELL ROAD, LAS VEGAS, NEVADA ,89120**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an Annual and Complaint State Licensure survey initiated at your facility on 07/25/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 105 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness and/or persons with Alzheimer's disease and assisted living services, 89 Category 1 and 16 Category II residents. The census at the time of the survey was 60. Fifteen resident files and ten employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Verified without deficient Practice: 1. Complaint #NV00068070 was verified with no deficient practice. The investigation of the complaint included: Observation of grooming and physical appearance for residents, pressure sore treatment, meal observation, and a tour of the facility. Interviews were conducted with the Regional Health and Wellness Coordinator and the Administrator. Record Review of eleven staff files. Document Review included letters to and from the board of nursing. 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 investigation, 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		
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility	0074	Training transcript for Employee #6 showed a completed training for Elder Abuse on 2/8/2023 but an additional new Elder abuse training was given and completed on 7/26/2023. Administrator and/or Designee reviewed training files for other Associates to verify that they have completed the Elder Abuse training and are in compliance.	08/26/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CHRIS MIRANDO Title: ADMINISTRATOR Date: 08/09/2023

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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	for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home		Administrator and/or Designee assign this training and will monitor going forward for any new hire and annual renewals of associates for continued compliance.	

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	and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with			

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	the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on interview and record review, the facility failed to ensure 1 of 10 sampled employees had completed an annual Elder Abuse Training (Employee #6). Findings include: Employee #6 (E6) E6 was hired on 12/13/07 as a Caregiver. E6's personnel record documented E6 had completed Elder Abuse Training on 04/20/21. E6's personnel record lacked documented evidence E6 completed an annual Elder Abuse Training for 2022 and 2023. On 07/25/23 in the afternoon, the Office Manager acknowledged E6's personnel record lacked documentation of annual Elder Abuse Training. Severity: 2 Scope: 1			

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0255 SS= E	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 07/25/2023, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. Various dishware in the memory care unit were washed in a household grade dish machine and were not properly sanitized. 2. Major Violations: a. The hand washing sink in the memory care kitchen was used to dispose food and beverages. b. The interior of the cabinet under the hand washing sink in the memory care kitchen had water and grime build-up. 3. Equipment and Maintenance Violations: a. There was heavy grime build-up and deterioration in the floor sinks at the three-compartment sink and the dish machine. Severity: 2 Scope: 2	0255	1. Memory Care Dishwasher is no longer in use as of 7/25/2023. All dishware is being washed in the commercial dishwasher in the commercial kitchen and on an ongoing basis. 2. a. Memory Care hand washing sink retraining was done with associates in the department to ensure it is only used for hand washing on 7/25/2023. Any new staff for that department will also be trained to only use that sink for hand washing going forward by Administrator and/or Designee. b. Interior cabinet of the sink in Memory care was cleaned of water and grime build up on 7/25/2023 by Maintenance Director. 3. Floor sinks in the kitchen at the 3 compartment sink and the dish machine are currently being bid to replace the floor drains. Expect to have replaced/completed by 9/30/2023 or sooner.	07/25/2023

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1540 SS= D	Cultural Competency Training - R016-20 Section 14.1 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. Inspector Comments: Based on interview and employee record review, the facility failed to ensure one of ten sampled employees had training in Cultural Competency within 30 days of hire (Employee #1). Findings include: Employee #1 (E1) was hired on 05/09/23. E1's employee record lacked documented evidence of initial Cultural Competency Training. On 07/25/23 in the morning, the Office Manager acknowledged E1's employee record lacked evidence of initial Cultural Competency Training. Severity: 2 Scope: 1	1540	Cultural Competency training for Employee #1 was held and completed on 7/28/2023. Administrator and/or Designee will ensure new associates receive their Cultural Competency training within 30 business days of hire going forward.	08/09/2023