STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1774	A. BUILDING _____ B. WING _____	07/23/2024

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 State Licensure survey completed at your facility on 07/23/24, 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 I and 16 Category II residents. The census at the time of the survey was 59. Fifteen resident files and ten employee files were reviewed. The facility received a grade of C. 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		
0170 SS= F	Health And Sanitation-Safe Water & Sewage - NAC 449.209 Health and sanitation. (NRS 449.0302) 1. A residential facility must: (a) Have a safe and sufficient supply of water, adequate drainage and an adequate system for the disposal of sewage. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure water temperatures were at safe temperatures for residents and within the acceptable range of 100 degrees Fahrenheit (F) and 110 degrees Fahrenheit (F). Findings include: On 07/23/24 at 9:30 AM, resident room #69 and #79's sink water felt hot to the touch and were tested with a thermometer. When water temperatures were measured, both rooms reached 128 degrees F. On 07/23/24 at 9:45 AM, there were two hot water tanks located in the outside mechanical room. The first hot water tanks temperature gauge was non-operational, and the second hot water tank had a temperature gauge reading 135 degrees F. The Maintenance	0170	Plumber installed new Mixing Valve for Hot water tank on 8/2/2024. Temperatures averaging between 100 and 110 degrees. Maintenance Director/Designee to test water temps twice a week for next 30 days to verify compliance.	08/02/2024

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	Director verbalized being unaware the water temperature was too hot. The Maintenance Director verbalized a plumbing company was on site on 07/23/24 and did a temporary fix on the mixing valves and ordered parts to repair the broken temperature gauge. The Maintenance Director adjusted the temperature knobs on both hot water tanks to 110 degrees F. On 07/23/24 between 10:00 AM and 10:30 AM, the following rooms sink water temperatures were measured: Room #63: 110.3 degrees F Room #10: 126.3 degrees F Room #27: 118 degrees F On 07/23/24 between 11:10 AM and 11:20 AM, the following rooms sink water temperatures were measured: Room #51: 124 degrees F Room #52: 119.2 degrees F On 07/23/24 between 11:40 AM and 12:00 PM, the following rooms sink water temperatures were measured: Room #68: 131.7 degrees F Room #69: 128.1 degrees F Room #79: 124 degrees F In addition to the sink water for room #79, the shower temperature was taken and measured 124 degrees F but then dropped to 120.4 degrees F in a matter of approximately 2 minutes. On 07/23/24 at 12:30 PM, the Maintenance Director acknowledged the sink water temperatures were not at safe temperatures for residents and out of the acceptable range of 100 degrees F and 110 degrees F. The Maintenance Director indicated water temperature logs were completed monthly and was unaware the water temperatures were out of range. The Maintenance Director verbalized the facility had a plumbing company coming to the facility on 07/23/24 (same day) at 2:00 PM to evaluate the hot water system. On 07/23/24 in the afternoon, the Administrator acknowledged the facility sink water temperatures were too hot and not at safe temperatures for residents and not in the acceptable range of 100 degrees F and 110 degrees F. The Administrator verbalized the facility would do water temperature checks in all rooms within the memory care unit and water temperature checks in random rooms in the assisted living portion of the facility. The Administrator verbalized the facility would do 15-minute checks on the residents in the memory care unit to ensure residents with			

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	cognitive disabilities did not use the water unattended until the problem was fixed. Severity: 2 Scope: 3			
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 facility was clean and well maintained. Findings include: On 07/23/24 in the morning, in the hallway adjacent to room #10 was a drinking fountain with hard water stains around the nozzle and bowl. When the drinking fountain was activated, the water that came out of the nozzle was discolored and gray. On 07/23/24 in the morning, the Administrator verbalized the drinking fountain should be repaired, removed or secured with an out of order notice. On 07/23/24 in the morning, in resident room #79, the sliding closet door was off the track and leaning into the closet. On 07/23/24 in the morning, the unit coordinator acknowledged the closet door was in disrepair and was a safety hazard. On 07/23/24 in the morning, in the main hallway of the memory care unit across from room #73 was a large area of the wall approximately 5 foot by 5 foot with water damage exposing bare sheetrock and plaster. The area had picture hardware protruding from the area causing a potential hazard. On 07/23/24 in the morning, the unit coordinator acknowledged the disrepair and potential hazard of the sheetrock and plaster. On 07/23/24 in the afternoon, the Maintenance Director and the Administrator acknowledged the disrepair of the drinking fountain, the closet door hanging off the track and the damaged wall in the memory care unit. Severity: 2 Scope: 3	0178	Memory Care wall area was covered, painted and restored back to normal on 7/31/2024. Apartment 79 closet door was repaired on 7/31/2024. Drinking fountain has a sign showing Out of Order at this time pending repair/removal if needed as of 7/23/2024. Common area water fountains and closet doors were checked for concern and cleaned/repaired as needed. Common area drinking fountains and apartment closet doors added to routine cleaning/environmental check schedule. Maintenance Director/Designee will check drinking fountains and 2 resident apartments weekly for 4 weeks to verify compliance.	07/31/2024

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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 07/23/2024, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. In the dry storage room and walk-in cooler, multiple cartons of thickened milk product were expired on 06/21/24. 2. Major Violations: a. There was grime build-up on and around the interior plastic shield of the ice machine. b. There was a thick layer of dust on the condenser of the reach-in refrigerator and grease build-up on the underside of the shelf on the range on the cook's line. Severity: 2 Scope: 2	0255	Thicken milk liquid was disposed of at time of survey on 7/23/2024 in dry storage and cooler area. Ice machine was also cleaned on 7/23/2024. Condenser of reach in freezer was also deep cleaned and shelf on the range on 7/23/2024. Kitchen audit completed for expired items. Dining Services Manager and/or Administrator will audit kitchen once a week for the next 4 weeks to verify compliance.	07/23/2024

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0354 SS= F	Bathrooms and Toilet Facilities - NAC 449.222 Bathrooms and toilet facilities; toilet articles. (NRS 449.0302) 4. All bathrooms and toilet facilities must be located convenient to sleeping, recreational and living areas. A bathroom must have a window that can be opened or a vent to outside the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure the resident bathrooms were vented to the outside. Findings include: On 07/23/24 in the morning, in the resident bathrooms of room #69 and room #79 was an odor of urine and the ceiling vents were observed to be non operational. On 07/23/24 in the morning, the unit coordinator acknowledged the odor and the non operational vents in the resident bathrooms of room #69 and #79. On 07/23/24 in the morning, multiple rooms through the facility were randomly sampled and observed to have non operational vents in the resident's bathrooms. On 07/23/24 in the afternoon, the Maintenance Director and the Administrator acknowledged the vents in all the resident bathrooms were non operational. The Maintenance Director and the Administrator verbalized they did not know why or for how long, the vents in resident bathrooms were non operational. Severity: 2 Scope: 3	0354	Due to the tenure of the building, there never were any ceiling vents in the original construction of the Resident bathrooms. An exemption request has been submitted by the Administrator to HCQC on 8/8/2024 for request of approval of exemption of this regulation due to significant financial impact to the community and potential burden/displacement of some Residents if required to install vents and no Residents have ever filed any grievances for such an issue to date. If exemption request is not approved, community will work to comply potentially needing at least 24-36 months to complete this project.	08/08/2024
0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container	0920	Residents R2 and R4 were re-educated on self-administration policy and storage requirements. Other Residents who self-medicate checked to verify compliance with policy. HWD/Clinical team will complete reassessments to verify Residents ability to self-medicate per policy time intervals. ED/Designee will audit 2 Residents who self-medicate weekly for 4 weeks to verify compliance.	08/13/2024

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	for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure resident medications were secured. Findings include: Resident #2 (R2) R2 was admitted on 05/01/24, with a diagnosis of diabetes. On 07/23/24 at 11:45 AM, R2's room was unoccupied, and the corridor door was not locked. On R2's bathroom cabinet shelf there was a bottle of Acetaminophen tablets and a bottle of Docusate Sodium 100 milligrams (mg) unsecured. On 07/23/24 at 11:47 AM, the Activities Assistant acknowledged R2's medications were not secured and should have been. Resident #4 (R4) R4 was admitted on 02/16/24, with diagnoses including diabetes and chronic kidney disease. On 07/23/24 at 11:51 AM, R4's room was unoccupied, and the corridor door was not locked. In R4's bathroom cabinet there was a tube of Antibiotic ointment, a bottle of Oxymetazoline Nasal Decongestant, a bottle of Ibuprofen 200 milligram (mg) tablets, and a bottle of Diphenhydramine HCL 25 mg unsecured. On 07/16/24 at 11:53 AM, a Caregiver acknowledged R4's medications were not secured and should have been. The Facility's Self-Administration of Medication Policy dated 08/23 documented locking the resident's apartment door is considered the first level for securing medications in their apartment. Residents who self-administer their own medications may store and secure their non-controlled medications in their apartment by locking the apartment door each time upon departure. Severity: 2 Scope: 3			
1600 SS= F	Preferred Name/Pronoun P& P - Preferred Name/Pronoun P& P R016-20 Sec. 19 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) Adapt	1600	Resident records are being updated to meet requirements. This will be completed by 9/15/2024. Upon move in, residents will have required information entered into PCC Demographic sections to appear on Face Sheet. ED/Designee will audit up to 2 new Residents move ins a week for the next 8	09/15/2024

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	electronic records and any paper records the facility has to reflect the gender identities or expressions of patients or residents with diverse gender identities or expressions, including, without limitation: (2) If the facility is a facility for the dependent or other residential facility, adapting electronic records and any paper records the facility has to include the preferred name and pronoun and gender identity or expression of a resident. R016-20 Sec. 19 2. If a patient or resident chooses to provide the following information, the health records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. R016-20 Sec. 20 1. Except as otherwise provided in subsection 2, the statements, notices and information required by sections 2 to 22, inclusive, of this regulation and NRS 449.101 to 449.104, inclusive, must be in English and, as appropriate for a facility, in any other language the Department determines is appropriate based on the demographic characteristics of this State. In addition to the notices and information provided in English and any other language the Department determines is appropriate based on the demographic characteristics of this State, a facility may provide the statements, notices and information in any		weeks to verify compliance.	

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	other language the facility may desire. R016 -20 Sec. 20 2. A facility must make reasonable accommodations in providing the statements, notices and information described in subsection 1 for patients or residents who: (a) Are unable to read; (b) Are blind or visually impaired; (c) Have communication impairments; or (d) Do not read or speak English or any other language in which the statements, notices and information are written pursuant to subsection 1. Inspector Comments: Based on record review, the facility failed to ensure there were policies developed and resident records revised in compliance with R016-20 Section 19, regarding resident records to reflect resident preferred name and pronoun, gender identity or expression and sexual orientation. Findings include: On 07/23/24 in the morning, the 15 sampled resident records, Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15, lacked documentation to be in compliance with R016-20 Section 19. Severity: 1 Scope: 3			