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 |
|---|---|---|---|
| | 1932 | A. BUILDING _____ B. WING _____ | 05/20/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **CNC ALZHEIMER'S HOME CARE** | **7765 CLEARWOOD AVE, LAS VEGAS, NEVADA ,89123** |

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| 0000 | Initial Comments<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 05/20/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine 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 five. Five resident files and five employee files were reviewed. The facility received a grade of B. 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 | | |

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: EUGENIA CABUCANA Title: Administrator Date: 07/25/2024

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| 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.<br><br>Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior of the facility was well-maintained and all windows that were capable of being opened in the facility were screened to prevent the entry of insects. Findings include: On 05/20/24 in the morning, the following items were on the backyard patio: - A mattress and box spring - A refrigerator, not in use - File cabinets - Dining room table and chairs - A dresser On 05/20/24 in the morning, windows in two resident rooms and one bathroom did not have screens. On 05/20/24 in the afternoon, two living room windows did not have screens. On 05/20/24 in the morning, the Caregiver acknowledged the items should not have been stored in the backyard, and the windows in two resident rooms and one resident bathroom did not have screens. On 05/20/24 in the afternoon, the Caregiver and the Administrator acknowledged the living room windows did not have screens. Severity: 2 Scope: 3 | 0178 | A. The Administrator immediately had the mentioned areas installed with screens. For the mattress, box spring, refrigerator, filing cabinets, dining room table, chairs, and a dresser found in the backyard, it was explained to the inspector that the son of the owner was in the process of moving out to another home and was loading said items at the time of the inspection.<br><br>B. The Administrator shall ensure that all areas mentioned and other related areas shall be screened at all times. Any breakage shall be repaired or replaced immediately.<br><br>C. Accomplished May 20, 2024 | 05/20/2024 |
| 0874 SS= C | Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 6-month medication reviews were reviewed and initialed by the Administrator for 4 of 5 residents (Residents #1, #2, #3, | 0874 | A. The Administrator immediately initialed the 6 month medication review for Residents#1, #2, #3, and #5.<br><br>B. The Administrator and Staff from hereon shall check more frequently all documentations relating to the medications of all Residents. A note shall be made as well to keep track if any of the Residents will be due for said review. This is to ensure that nothing will be overlooked.<br><br>C. Accomplished May 20, 2024 | 05/20/2024 |

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| | and #5). Findings include: Resident #1 (R1) R1 was admitted on 04/18/21 with diagnoses including generalized weakness, multiple mechanical falls, schizophrenia, and acute-on-chronic renal failure. R1's most recent medication review was performed on 02/12/24. There was no documentation of the Administrator's initials on R4's 02/12/24 medication review. Resident #2 (R2) R2 was admitted on 07/04/11 with diagnoses including generalized weakness, Type 2 diabetes mellitus, hypertension, and Parkinson's Disease. R2's most recent medication reviews were performed on 02/12/24 and 09/01/23. There was no documentation of the Administrator's initials on R2's medication reviews. Resident #3 (R3) R3 was admitted on 10/27/22 with diagnoses including seizure, degenerative joint disease, and dementia with behavior disturbance. R3's most recent medication reviews were performed on 01/30/24 and 09/25/23. There was no documentation of the Administrator's initials on R3's medication review from 09/25/23. Resident #5 (R5) R5 was admitted on 10/14/21 with diagnoses including Type 2 diabetes mellitus, hyperlipidemia, dementia with behavioral disturbance, paranoia, and essential hypertension. R5's most recent medication review was performed on 02/12/24. There was no documentation of the Administrator's initials on R5's 02/12/24 medication review. On 05/20/24 in the afternoon, the Caregiver and the Administrator acknowledged the lack of Administrator review and initials on those medication reviews for R1, R2, R3, and R5. Severity: 1 Scope: 3 | | | |

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| 0994 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: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.<br><br>Inspector Comments: Based on observation and interview, the facility failed to ensure sharp and dangerous items were kept out of reach of residents. Findings include: On 05/20/24 in the morning, an unlocked tool chest containing multiple types of nails and screws was observed on the back patio. On 05/20/24 in the morning, the Caregiver acknowledged the unsecured tool chest with nails and screws was hazardous to residents. Severity: 2 Scope: 3 | 0994 | A. As mentioned by the Administrator to the inspector, the tool box was there along with the other items as that the son of the owner was in the process of moving out to another home and was loading said items at the time of the inspection. Items were not left out due neglect or was forgotten, but rather with the reason stated above. There was no point or time where the Resident's bell being were placed in jeopardy. No one is allowed to go out due to the hot weather and there are safety alarms by the doors if anybody tries to go out. All items were removed upon completion of the loading.<br><br>B. The Administrator and staff shall ensure that by routinely that all sharps and similar items were placed in a locked placed and be returned in a locked placed every after use.<br><br>C. Accomplished May 20, 2024 | 05/20/2024 |

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| 0999 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: (g) All toxic substances are not accessible to the residents of the facility.<br><br>Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were not accessible to residents of the facility. Findings include: Review of resident records revealed 2 of 5 residents had diagnoses of dementia and were mobile. On 05/20/24 at 10:15 AM, two bottles of Febreze spray were observed within residents' reach on a shelf in the hallway. On 05/20/24 at 11:05 AM, a can of Microban spray was observed within residents' reach in the hallway. On 05/20/24 at 12:37 PM, the following items were observed accessible to residents in an unlocked bathroom: - Fabric Softener - Dishwashing liquid - Mouthwash - Hair sculpting foam On 05/20/24, the Caregiver acknowledged the toxic substances should not be accessible to residents of the facility. Severity: 2 Scope: 3 | 0999 | A. The Administrator immediately had all of the items mentioned removed and placed in a locked and secure place at the time of the inspection.<br><br>B. The Administrator and Staff from hereon shall ensure that said items shall be removed and returned to the designated place and kept lock every after use during morning care.<br><br>C. Accomplished May 20, 2024 | 05/20/2024 |

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| 1840 SS= F | 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.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 5 employees (Employees #1, #3 and #4) obtained the required infection control training. Findings include: Employee #1 (E1) E1 was hired on 09/30/04 as a Caregiver. E1's employee file lacked documented evidence of training concerning the control and prevention of infections from the approved nationally recognized organizations. Employee #3 (E3) E3 was hired on 01/03/20 as a Caregiver. E3's employee file lacked documented evidence of training concerning the control and prevention of infections from the approved nationally recognized organizations. E4 was hired on 04/03/14 as a Caregiver. E4's employee file lacked documented evidence of training concerning the control and prevention of infections from the approved nationally recognized organizations. On 05/20/24 in the afternoon, the Caregiver and the Administrator acknowledged E1, E3, and E4 did not have the required infection control training. Severity: 2 Scope: 3 | 1840 | A. The Administrator immediately retrieved Staff training record from CDC. (Please see Attachment)<br><br>B. The Administrator shall ensure to keep track of new trainings required by the state for the Staff to ensure that all are current and compliant.<br><br>C. Accomplished May 20, 2024 | 05/20/2024 |