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
	1970	A. BUILDING _____ B. WING _____	12/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VEGAS ALZHEIMER AND MEMORY CARE 1	3224 BRAZOS STREET, LAS VEGAS, NEVADA ,89169

(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 grading and infection control survey conducted at your facility on 12/03/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly persons with Alzheimer's disease, Category II residents. The census at the time of survey was 10. Ten resident files and four employee files 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 nondiscrimination 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 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		

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: TOLENTINO I. TAN Title: Administrator Date: 12/24/2021

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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 ensure annual tuberculosis (TB) testing was completed for 1 of 4 employees (Employee #3). Employee #3 was last screened for TB on 10/11/20. The Manager confirmed Employee #3 had not been screened for TB annually. Severity: 2 Scope: 1	0102	1. Employee #3 was instructed to take his annual TB test but did not do it right away. Employee #3 underwent 2-steps TB test starting 12/4/21, first step, then 12/15/21, second step. Both yield negative result for TB. 2. Administrator or facility manager must check employee file monthly to ensure annual requirements are up-to-date. 3. Administrator or facility manager must monitor monthly all employees' file to ensure annual requirements are up-to-date. 4. Administrator and/or facility manager. 5. Completed: 12/17/21. 6. Attached TB Test Screening Form: 2-Steps	12/17/2021
0644 SS= F	Posting Requirements - 1. A person who operates a residential facility for groups shall: (a)?Post his or her license to operate the residential facility for groups; (b)?Post the rates for services provided by the residential facility for groups; and (c)?Post contact information for the administrator and the designated representative of the owner or operator of the facility, in a conspicuous place in the residential facility for groups. Inspector Comments: Based on observation and interview, the facility failed to ensure signage was posted which indicated the designated representative in the absence of the Administrator. The Manager confirmed the designee information was not posted. Severity: 2 Scope: 3	0644	1. Contact information for the administrator and the designated administrator was posted but lacking information about designated representative of employee in the absence of the administrator. Facility amended posting and posted it on the wall near the main door. 2. Administrator must ensure contact information for the administrator and the designated representative of the owner or manager of the facility is posted in a conspicuous place in the facility. 3. Administrator/facility manager must monitor posting of contact information for the administrator and the designated representative of the owner or manager of the facility is updated and posted in a conspicuous place in the facility. 4. Administrator and facility manager. 5. Completed 12/3/21. 6. List of contact information of administrator, designated administrator and designated employee of the facility.	12/03/2021

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0923 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation and interview, the facility failed to ensure a medication was labeled with a residents name and directions for use. A bottle labeled Quetiapine was found in the medication cart and did not indicate the resident or how the medication was to be administered. The Manager acknowledged the bottle of Quetiapine did not include the resident's name and directions for use. Severity: 2 Scope: 1	0923	1. Facility manager properly discarded the contents of the bottle labeled Quetiapine. 2. Facility manager must ensure all medication are in their original bottles with names and instructions of how to take it. 3. Facility manager and/or caregiver tasked for medication administration must monitor and ensure all medication bottles have correct labels including OTC medications. 4. Administrator/facility manager/caregiver assigned to administer medication. 5. Completed 12/3/21. 6. Medication Destruction Log.	12/03/2021

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0936 SS= E	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 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 interview and record review, the facility failed to ensure tuberculosis (TB) testing was completed annually for 4 of 10 residents (Resident #3, Resident #5, Resident #6 and Resident #9). TB testing was last completed for Resident #3 on 11/25/20, Resident #5 on 10/20/20, Resident #6 on 10/02/20 and Resident #9 on 10/20/20. The Manager confirmed TB testing for R3, R5, R6 and R9 was not completed annually. Severity: 2 Scope: 2	0936	1. Resident #3 underwent 2-Steps TB test screening, started 12/4/21. Resident #6 had Quantiferon-TB Gold Plus 12/20/21. Residents #5 and #9 had Quantiferon testing on 12/22/2021. 2. The Administrator or facility manager must ensure annual requirement for TB Test of residents are met and up-to-date. 3. The Administrator or facility manager must monitor monthly all resident's files to ensure annual requirements are met and updated. 4. The Administrator or facility manager. 5. 2-Steps TB Test Screening for Resident #3 completed on 12/17/21. Resident #6's result is not out yet according to PCP as of 12/23/21. Results for residents #5 and #9 are not out yet as of this date, 12/24/2021. 6. Resident #3's TB Test screening. Waiting for results for residents #5, #6 and #9.	12/24/2021

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0938 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on interview and record review, the facility failed to ensure an Activities of Daily Living (ADL) assessment was completed annually for 1 of 10 residents (Resident #8). Resident #8's ADLs were last assessed on 09/30/20. The Manager confirmed R8's ADLs had not been assessed annually. Severity: 2 Scope: 1	0938	1. The facility manager filled out the ADL Assessment form for Resident #8. 2. The Administrator or facility manager must check resident's file to ensure annual requirements are up-to-date. 3. The Administrator or facility manager must monitor monthly all residents' file to ensure that annual requirements are met and updated. 4. The administrator and/or facility manager. 5. Completed 12/3/2021. 6. ADL Assesment Form	12/03/2021