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 _____	**11/01/2022**

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 a State Licensure Annual Grading and Complaint Investigation survey conducted at your facility on 11/01/22, 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 nine. Ten resident files and four employee files were reviewed. The facility received a grade of D. Two complaints were investigated: Complaint #NV00066968 with three allegations was substantiated: Allegation #1: A resident had a fall and sustained scratches on the arm. The facility did not report the resident's fall, decline in condition, and open wounds to the resident's Guardian. See TAG Y850. Allegation #2: On 08/24/22, a resident was observed to be visibly thinner that when admitted, in extreme pain, and with swollen legs was substantiated with no regulatory deficiencies based on interview with the Manager and review of the resident of concern's hospital records which documented a significant decline in condition. Documentation revealed the facility notified the physician of the resident's condition on several occasions. Allegation #3: A resident had wounds which were not in a healing condition. The resident was admitted to the hospital with necrotic wounds which required debridement was substantiated with no regulatory deficiencies based on interview with the Manager and review of the resident of concern's hospital records which documented necrotic wounds. There was lack of documentation at the facility of the wound development. Documentation revealed the facility notified the physician of the resident's condition on several occasions. Complaint #NV00067119 with	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CHRIS CHAN TAN Title: Administrator Date: 02/03/2023

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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	two allegations was substantiated. Allegation #1: A resident developed serious wounds at the facility which required debridement at the hospital was substantiated with no regulatory deficiencies based on interview with the Manager and review of the resident of concern's hospital records which documented necrotic wounds. There was lack of documentation at the facility of the wound development. Documentation revealed the facility notified the physician of the resident's condition on several occasions. Allegation #2: The facility failed to report the resident's wounds and declining condition to the Guardian. See TAG Y850. 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:			
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 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	0074	1. The current elder abuse training for employee #1 in the roster list provided was taken at breaktime/lunch. 2. The administrator must ensure that all annual requirements are taken before the due date and filed in the employee's file. 3. The administrator and the managing employee will monitor annual requirements for compliance. 4. The administrator and the managing employee. 5. Nov. 1, 2022 6. Elder Abuse Training certificate attached.	11/01/2022

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	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 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			

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	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 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 document review, the facility failed to ensure elder abuse training was completed for 1 of 5 employees (Employee #1). Employee #1 was hired on 08/01/22. There was no documented elder abuse training in the record of Employee #1. The Administrator was unable to provide			

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	documented evidence of elder abuse training for Employee #1. Severity: 2 Scope: 1			
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 document review, the facility failed to ensure a two-step tuberculosis (TB) test was completed upon hire for 2 of 5 employees (Employee #1 and Employee #5) and a physical exam was on file for 1 of 5 employees (Employee #5). Employee #1 was hired on 08/01/22. There was no documented two-step TB test in the record of Employee #1. Employee #5 was hired on 03/09/22. A TB test was administered on 03/29/22. There was no documentation of a second step TB test or a physical exam. The Administrator confirmed Employee #1 and Employee #5 did not complete two-step TB tests, per the requirement, and Employee #5 had no documented physical exam. Severity: 2 Scope: 1	0102	1. Employee #1 completed an Annual TB Symptoms Check record on 5/10/2022. Employee #5 can't be identified, name on roster list is missing. 6. Annual TB Symptoms record attached.	12/30/2022

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0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 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: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on interview and document review, the facility failed to ensure a background check was completed upon hire for 1 of 5 employees (Employee #5). Employee #5 was hired on 03/09/22. There was no documented background check in the record of Employee #5. The Administrator was unable to provide documented evidence a background check was completed for Employee #5. Severity: 2 Scope: 1	0104	1. Recorded background check for Employee #1 was done on 8/23/18. NV Clearance came out on 8/27/18. 6. NV Clearance letter attached.	12/30/2022
0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on interview and document review, the facility failed to ensure cardiopulmonary resuscitation (CPR) training was completed within 30 days of hire for 1 of 5 employees (Employee #1). Employee #1 was hired on 08/01/22. There was no documented CPR training in the record of Employee #1. The Administrator was unable to provide documented evidence of CPR training for Employee #1. Severity: 2 Scope: 1	0106	1. CPR-First Aid Training for employee #1 was taken on 3/9/2022 and will expire on 3/9/2024. 2. CPR-First Aid certificate/card attached.	12/30/2022

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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. Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior of the building was free of debris and items which could be harmful to residents. Construction equipment including broken wood, dry wall, saws, screws, hammers, screwdrivers and chemicals were observed throughout the backyard, in an area accessible to residents. The Administrator confirmed there were multiple construction items present in the backyard which needed to be removed or locked up and out of reach of residents. Severity: 2 Scope: 3	0178	1. The debris was removed and all construction equipment was put in a locked room. 2. The administrator and managing employee must ensure that construction materials that may be unsafe to residents must be put away in a locked room and not made accessible to residents. 3. The administrator and managing employee must monitor that residents do not have access to where the construction is ongoing and must provide alternate space or area where they can roam/have fresh air. 4. Administrator and managing employee. 5. 11/2/2022 6. Photos of backyard attached.	11/02/2022
0850 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 1. If a resident of a residential facility becomes ill or is injured, the resident ' s physician and a member of the resident ' s family must be notified at the onset of illness or at the time of the injury. The facility shall: (a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident if the resident ' s physician is not available; and (b) Request emergency services when such services are necessary. Inspector Comments: Based on interview and record review, the facility failed to ensure a resident's guardian was notified upon a change of condition for 1 of 10 residents (Resident #10). Findings include: Resident #10 (R10) R10 was admitted to the facility on 07/25/22 with diagnoses including dementia with behaviors. The	0850	1. The administrator reminded the managing employee to notify the guardian/family/POAs of any change in the condition of the resident including falls, pressure sores or changes in behavior or remind the administrator to notify guardian/family/POAs of any change in the condition of the resident including falls, pressure sores or changes in behavior. 2. The managing employee must adhere to the policy of reporting any change in the condition of the resident including falls, pressure sores or changes in behavior. 3. The administrator will monitor. 4. Administrator and managing employee. 5. 8/24/22.	11/03/2022

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	Physician's Note dated 07/25/22 documented R10 had no skin integrity loss. R10 was transferred to the hospital on 08/24/22 via ambulance. The Hospital Emergency Provider Report documented on arrival to the hospital R10 was found to have unstageable pressure ulcers to the right elbow and right heel. R10 arrived at the Emergency Room (ER) on 08/24/22 at 2:56 PM with diagnoses including deep vein thrombosis sepsis due to wounds right heel and right elbow. Per Emergency Medical Services (EMS), staff reported that R10 had an unwitnessed fall on 07/28/22 and symptoms developed and progressively worsened over the past week. The Patient Plan at the hospital was for R10 to have surgical wound debridement as R10 had a right heel unstageable wound with severe sepsis without organ failure. On 11/01/22 at 10:30 AM, the Manager acknowledged R10 sustained the pressure ulcers on the elbow and heel after admission to the facility. The Manager reported notifying the physician when R10 fell in another resident's room, was refusing to eat, getting weaker, and only wanted to lay around, but had not notified R10's guardian. The Manager and the Administrator confirmed R10's guardian was not notified of the resident's change of condition, pressure ulcers, and fall at the facility until 08/24/22, when the guardian arrived at the facility to visit R10. The Administrator acknowledged the facility's policy was to notify the guardian of any change of condition, any fall, and any pressure sores. Severity: 2 Scope: 1 Complaint #NV00067119 Complaint #NV00066968			

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on interview and record review, the facility failed to ensure a physical exam was completed annually for 1 of 10 residents (Resident #4). Resident #4 (R4) was admitted on 09/06/12. A physical exam was last completed for R4 on 10/05/21. A Caregiver confirmed R4 last completed a physical exam on 10/05/21 and there was no documented evidence R4 had an annual physical examination. Severity: 2 Scope: 1	0859	1. Resident #4 can't be identified, name in the roster list is missing.	12/30/2022

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0870 SS= D	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on interview and record review, the facility failed to ensure a review of medication was completed every six months for 1 of 10 residents (Resident #4). Resident #4 (R4) was admitted on 09/06/12. A medication review was last completed for R4 on 10/26/21. A Caregiver confirmed the last documented medication review for R4 was completed on 10/26/21 and acknowledged R4 had not had a medication review completed every six months. Severity: 2 Scope: 1	0870	1. Resident #4 can't be identified, name on roster list is missing.	12/30/2022
0878 SS= F	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a	0878	1. Resident #1's Irbesartan in the NOV MAR has been written to twice daily. Resident #2's Robafen has been made available, delivery ticket attached. Current PCP said there was no record of Resident #2's Dextromerphan, so D/C. Refer to note from	11/01/2022

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	resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure physician's orders for medications were followed and the medications were available for seven of 10 sampled residents (Resident #1, #2, #3, #4, #6, #8, and #9). Findings include: Resident #1 (R1) R1 was admitted to the		pharmacist, attached. Resident #3's Triamcinolone has been delivered 12/19/2022. Resident #6 Ensure had been discontinued, D/C order attached. Resident #8's Artificial Tears in Nov 2022 MAR. Residents #4 and #9 can't be identified, names in roster list are missing. 2. Managing employee must ensure that medications and supplements are ordered before they ran out and that medications are administered as ordered by the physician. 3. Managing employee/med tech must monitor for compliance. 4. Managing employee/med tech. 5. See attached documents. 6. Documents uploaded for residents #1, #2, #3, #6 and #8	

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	facility on 01/12/19 with diagnoses including dementia and hypertension. The physician's order dated 05/06/22 documented the Irbesartan was to be administered 75 milligrams (mg) twice a day. The October 2022 and November 2022 Medication Administration Records (MAR's) documented Irbesartan, 150 mg 1 tablet by mouth once daily. On 11/01/22 in the morning, the Caregiver acknowledged the physician's order should have been followed to administer the Irbesartan twice daily. Resident #2 (R2) R2 was admitted to the facility on 09/29/20 with diagnoses including dementia and hypertension. Physician's Orders dated 11/20/20 documented Robafen, 20 milliliters (ML) by mouth as needed for cough. The October and November 2022 MAR's listed Robafen, 20 ML by mouth as needed for cough. The Caregiver indicated the Robafen was not available in the medication cart and acknowledged there was no discontinuation order by the physician. Physician's orders dated 10/09/22 documented Dextromethorphan, take 20 ML every 4 hours as needed. On 11/01/22 in the morning, the Caregiver indicated the Dextromethorphan had run out and was not available, and acknowledged there was no discontinuation order by the physician. Resident #3 (R3) R3 was admitted to the facility on 10/21/19 with diagnoses including dementia and diabetes mellitus. Physician's orders dated 05/21/22 documented Triamcinolone Acetonide, 0.1%, apply 1 inch to right clavicular area twice a day as needed for skin irritation. The MAR listed Triamcinolone, 0.1% cream, apply 1 inch to right clavicular area twice a day as needed for skin irritation. There was no Triamcinolone cream available in the medication cart for R3. On 11/01/22 in the morning, the Caregiver indicated the Triamcinolone was not available in the medication cart and acknowledged there was no discontinuation order by the physician. Resident #6 (R6) R6 was			

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	admitted to the facility on 02/05/20 with diagnoses including dementia and diabetes mellitus. Physician's orders dated 07/28/22 documented Ensure Active High Protein Liquid, 2 bottles two times daily in between meals. The Ensure was not available. On 11/01/22 in the morning, the Caregiver indicated the facility had run out of the Ensure. Resident #8 (R8) R8 was admitted to the facility on 02/06/20 with diagnoses including dementia and hypertension. Physician's Orders dated 08/20/21 documented Artificial Tears Solution, instill 2 drops into both eyes four times daily as needed for dry eyes. The medication cart contained over-the-counter eye drops, instill 2 drops in both eyes four times daily as needed for dry eyes. The MAR's for October and November 2022 did not list the eye drops. On 11/01/22 in the morning, the Caregiver verified R8 was administered the eye drops however there was no documentation on the October and November MAR's to indicate the Artificial Tears Solution were administered. Resident #4 Resident #4 (R4) was admitted on 09/16/12 with diagnoses including dementia and hypertension. Physician's orders dated 07/13/21 documented Acetaminophen, 325 milligram tablets, take two tablets by mouth every six hours as needed for pain and Azelastine HCL 0.05% solution, instill one drop into both eyes twice a day as needed for itching and burning. Neither Acetaminophen or Azelastine were available on the medication cart. On 11/01/22 at 11:05 AM, a Caregiver confirmed the Acetaminophen and Azelastine for R4 were not available. Resident #9 Resident #9 (R9) was admitted on 06/21/22 with diagnoses including dementia and asthma. Physician's order dated 10/05/21 documented Formoterol / Budesonide nebulizer solution 12 micrograms per 0.5 milliliters. Inhale the content of one vial via nebulizer twice a day approximately 12 hours apart as needed. Review of the MAR for October 2022			

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	documented Formoterol / Budesonide nebulizer solution 12 micrograms per 0.5 milliliters. Inhale the content of one vial via nebulizer twice a day. The MAR had signatures which documented the medication as given twice a day routinely for the month of October 2022. On 11/01/22 at 11:45 AM, a Caregiver indicated they administered R9 Formoterol/Budesonide nebulizer solution twice a day routinely in the month of October 2022 and confirmed the medication was not administered per the physician's order, which documented the medication should only be given as needed. Severity: 2 Scope: 3			

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on interview and record review, the facility failed to ensure the Medication Administration Record (MAR) accurately documented all medications prescribed for 1 of 10 residents (Resident #9). Findings include: Resident #9 Resident #9 (R9) was admitted on 06/01/21 with diagnoses including dementia and asthma. A physician's order dated 10/05/21 documented Calcium carbonate-vitamin D3 600 milligrams, 800 unit tablet. Take one tablet by mouth every day. The medication was on the medication cart but was not listed on the MAR. On 11/01/22 in the morning, a Caregiver confirmed the facility administered Calcium to R9 daily and confirmed it was not accurately listed on the MAR. Severity: 2 Scope: 1	0895	1. Res. #9 can't be identified, name missing on roster list.	11/28/2022

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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 medications were properly labeled for 1 of 10 residents (Resident #9). Findings include: Resident #9 (R9) was admitted on 06/01/21 with diagnoses including dementia and asthma. On 11/01/22 in the morning, a bottle of Calcium tablets and Vitamin B12 tablets were found on the medication cart and did not have a label indicating who the medication was for, the dosage and physician's instructions for administration. On 11/01/22 in the morning, a Caregiver indicated the Calcium and Vitamin B12 tablets belonged to R9 and confirmed the medications were missing the labels. Severity: 2 Scope: 1	0923	1. Can't identify resident #9, on roster list is missing.	12/27/2022
0936 SS= F	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.	0936	1. Managing employee requested for copies of TB test/Quantiferon Test from PCP and put it on resident's file respectively. Res. #2 taken 5/16/22; Res. #3 completed on 12/18/22; Res. #6 taken on 1/5/23; Res. #8 taken on 10/12/22. Res. #7 is unidentifiable, name not on roster list. Res. #5 was taken to Sunrise Hospital by brother to obtain a TB test, was admitted according to brother but was discharged to another group home. Discharge record attached. 2. Managing employee must ensure that tb testing is done annually and filed for compliance. 3. Administrator and managing employee will monitor that annual requirements are completed and filed. 4. Administrator and managing employee.	01/29/2023

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	Inspector Comments: Based on interview and record review, the facility failed to ensure tuberculin (TB) testing was provided, per the requirement, for 6 of 10 residents per the requirement (Resident #2, #3, #5, #6, #7, and #8). Findings include: Resident #2 (R2) R2 was admitted to the facility on 09/29/20 with diagnoses including dementia and hypertension. There was no documentation of annual TB testing for R2, per the requirement. The most recent documented TB test was dated 09/11/21. Resident #3 (R3) R3 was admitted to the facility on 10/21/19 with diagnoses including dementia and coronary artery disease. There was no documentation of annual TB testing for R3, per the requirement. The most recent documented TB test was dated 10/22/20. Resident #5 (R5) R5 was admitted to the facility on 08/22/21 with diagnoses including dementia and syncope. There was no documentation of annual TB testing for R5, per the requirement. The most recent documented TB test was dated 08/17/21. Resident #6 (R6) R6 was admitted to the facility on 02/05/20 with diagnoses including dementia and asthma. There was no documentation of annual TB testing for R6, per the requirement. The most recent documented TB test was dated 09/11/21. Resident #8 (R8) R8 was admitted to the facility on 02/06/20 with diagnoses including dementia and hypertension. There was no documentation of annual TB testing for R8, per the requirement. The most recent documented TB test was dated 10/13/21. Resident #7 (R7) R7 was admitted to the facility on 10/06/22. There were no documented TB tests in R7's record, per the requirement. On 11/01/22 at 12:00 PM, a Caregiver confirmed the lack of documented TB testing for R2, R3, R5, R6, R7, and R8. Severity: 2 Scope: 3		5. 1/30/23 6. Readings/Results attached for residents #2, #3, #6, #8. Discharge summary for Res.#5	

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0990 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: (a) Swimming pools and other bodies of water are fenced or protected by other acceptable means. Inspector Comments: Based on observation and interview, the facility failed to ensure an audible alarm was present on the front door which led out of the home. No alarm was present on the front door of the home, which lead to the street. A Caregiver confirmed the alarm on the front door was removed and there was currently no audible alarm, per the requirement. Severity: 2 Scope: 3	0990	1. A new door alarm was installed 11/2/2022. 2. Managing employee must ensure that door alarm is working at all times for compliance. 3. Managing employee will monitor. 4. Managing employee. 5. 11/2/2022. 6. New door alarm on front door installed.	02/02/2023

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0994 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: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure kitchen drawers containing knives and a cabinet containing cleaning chemicals were locked and inaccessible to residents. An unlocked gate was used to keep residents out of the kitchen. The gate was observed opened on multiple occasions with no staff present. A drawer containing multiple knives and a cabinet below the sink which contained multiple cleaning supplies were found unlocked. A Caregiver confirmed the knives and chemicals were not locked up and should have been. Severity: 2 Scope: 3	0994	1. Staff was reminded to not leave the kitchen accessible to residents where knives and chemicals are kept. 2. Managing employee and other staff must ensure that knives and cleaning chemicals are kept in a locked drawer or cabinets. 3. Managing employee must monitor. 4. Managing employee. 5. 11/1/2022. 6. Locked drawers, locked gate.	11/01/2022

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1035 SS= D	Care to Persons with Dementia - NAC 449.2768 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (1) Within the first 40 hours that such an employee works at the facility after he or she is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer ' s disease, and providing support for the members of the resident ' s family. Inspector Comments: Based on interview and document review, the facility failed to ensure two hours of Alzheimer's training was completed within 40 hours of start date for 1 of 5 employees (Employee #1). Employee #1 was hired on 08/01/22. There was no documented Alzheimer's training in the record of Employee #1. The Administrator confirmed there was no documented evidence of two hours of Alzheimer's training in the record of Employee #1. Severity: 2 Scope: 1	1035	1. Employee #1 completed an annual Dementia/Alzheimer's training on 2/11/2022. 6. Annual Dementia/Alzheimer's Training certificate attached.	11/25/2022

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1540 SS= E	Cultural Competency Training Inspector Comments: Based on interview and record review, the facility failed to submit to the Division a cultural competency course/training program or provide documented evidence of a contract with a third party, to develop and operate the program for cultural competency for employee training. The facility also failed to ensure 2 of 5 employees (Employee #1 and Employee #5) received cultural competency training, per the requirement. Employee #1 started on 08/01/22 and Employee #5 started on 03/09/22. The training records for Employee #1 and Employee #5 lacked documentation of cultural competency training. The Administrator acknowledged the facility had not submitted to the Division a cultural competency course/training program and there was no cultural competency training for Employee #1 and Employee #5. Severity: 2 Scope: 1	1540	1. Employee #1 has completed Cultural Competency Training on 2/15/22 and another one on 6/23/22. 6. Certificates attached.	12/30/2022