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
	2016	A. BUILDING _____ B. WING _____	09/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HEARTS CARE HOME	**64 NORTH PEARL STREET, LAS VEGAS, NEVADA ,89110**

(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 State Licensure and infection control survey conducted at your facility on 09/08/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or mental illness, Category II residents. The census at the time of the survey was 10. Ten resident files and four employee files were reviewed. The facility received a grade of A. 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: LUCKY ARCHIE GUY Title: Owner Date: 09/20/2022

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0106 SS= F	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 record review and interview, the facility failed to ensure 3 of 4 employees had current cardiopulmonary resuscitation/first aid (CPR) certification (Employee #2, 3 and 4). Findings include: Employee #2 (E2) E2 was hired on 09/10/03 as a Caregiver. The employee file lacked documented evidence of a current CPR card. The card in the file expired on 07/23/22. Employee #3 (E3) E3 was hired on 09/15/03 as a Caregiver. The employee file lacked documented evidence of a current CPR card. The card in the file expired on 07/23/22. Employee #4 (E4) E4 was hired on 09/28/18 as a Caregiver. The employee file lacked documented evidence of a current CPR card. The card in the file expired on 07/23/22. On 09/08/22 in the afternoon, the Owner/Caregiver acknowledged all three CPR cards had expired on 07/23/22. Severity: 2 Scope: 3	0106	1) All employees and residents files old and new will be reviewed every first Monday of the month to ensure renewal timeliness of these time sensitive documents, these include but not limited to First aid and CPR training renewals 2) The facility will utilize both digital app reminder and a big desk calendar to remind renewals of these documents, trainings and certifications 3) This corrective action shall be discussed every first week of the month personnel meeting to effectively carry this measure 4) Both the Administrator and designee will be responsible to carry this measure 5) September 14, 2022 we completed the CPR and First Aid training renewals for employee 2,3,4 (attachment 1,2,3)	09/20/2022