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 _____	10/10/2024

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

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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 10/10/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons and/or persons with persons with mental illness, Category-II residents. The census at the time of the survey was ten. Ten resident files and four 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	0000		
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 record review and interview, the facility failed to ensure an initial two-step tuberculosis (TB) was completed upon hire for 1 of 4 employees (Employee #3). Findings include: Employee #3 (E3) E3 was hired on 06/01/23, as a Caregiver. E3's record lacked documented evidence an initial two-step TB test was completed per the requirement. On 10/10/24 in the afternoon, the Owner confirmed E3's record lacked documented evidence of an initial two-step TB test. Severity: 2 Scope: 1	0102	0102 1) All employees and residents files old and new will reviewed every first Monday of the month to ensure renewal timeliness of these time sensitive documents. These include but not limited to TB test, background check, CPR and First Aid training renewals. 2) The Facility will utilize both digital app reminder and a big desk calendar, to remind the renewals of those documents, education & training and certifications. 3) This corrective action shall be discussed every first week of the month personnel meeting to effectively carry the measure. 4) Both the Administrator and designee will be responsible to carry this measure. 5) Employee #3's TB testing completed 10/21/2024 (Attachment 0102-1)	11/06/2024

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: 11/06/2024

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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 record review and interview, the facility failed to ensure a background check through the Nevada Automated Background Check System (NABS) was completed for 1 of 4 employees (Employee #3). Findings include: Employee #3 (#3) was hired on 06/01/23 as a Caregiver. Review of E3's record revealed no documentation of completed fingerprints or a background clearance letter. On 10/10/24 in the afternoon, the Owner confirmed E3's file lacked documented evidence of completed fingerprints and a background clearance letter. Severity: 2 Scope: 1	0104	0104 1) All employees old and new will have their document files reviewed every first Monday of the month which include background checks. 2) A big desk calendar will be utilized to track employee document files renewable date. This calendar will be examined and updated daily. 3) This corrective action shall be included in the 1st week of the month personnel monthly meeting to ensure this has been carried out effectively. 4) Both Administrator and designee will monitor its compliance. 5) Employee #3's fingerprint and background check completed 11/2/2024 (Attachment 0104-1).	11/06/2024
1600 SS= C	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 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	1600	1600 1) Preferred Name & Pronoun Policy and Procedure is included in the admission packet and the corresponding form to fill up as part of the residents chart during admission process. 2) Admission packets are updated with the addition of this Preferred Name/Pronoun Policy copy and its corresponding form to fill up ready for each new residents admission. 3) This new policy and practice will be discussed and reviewed every first week of the month personnel meeting to address questions and suggestions to effectively carry this policy. 4) Both Administrator and designee will be responsible to carry this measure. 5) Preferred Name & Pronoun Policy and Procedure, and its corresponding forms are completed 10/15/2024. (Attachment 1600, 1-12).	11/06/2024

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	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 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, documentation review, and interview, the facility failed to ensure a policy was developed and resident records were revised in compliance with R016-20 Section 19, to include residents' preferred name, pronoun, and gender identity or expression. Findings include: On 10/10/24			

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	in the afternoon, the 10 resident records (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10), lacked documentation of residents' preferred name, pronoun, and gender identity or expression. Documentation review revealed a lack of documented evidence the facility developed a policy regarding how the facility would ensure resident records reflected residents' preferred name, pronoun, and gender identity or expression. On 10/10/24 in the afternoon, the Owner confirmed a policy had not been developed and resident records were not revised to include resident preferred name, pronoun, and gender identify or expression. Severity: 1 Scope: 3			

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1830 SS= F	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control designees completed 15 hours of infection control training (Employee #1 and #4). Findings include: Employee #1 (E1) E1 was hired on 09/15/2003 as the Owner. Review of E1's record lacked documented evidence of 15 hours of training concerning the control and prevention of infections from an approved organization. Employee #4 (E4) E4 was hired on 09/15/2003 as the Administrator. Review of E4's record lacked documented evidence of 15 hours of training concerning the control and prevention of infections from an approved organization. On 10/10/2024 in the morning, the Owner confirmed E1 and E4 were the respective primary and secondary infection control program designees. The Administrator acknowledged that the required infection control and prevention training had not been completed for E1 and E4. Severity: 2 Scope: 3	1830	1830 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, testing and trainings. These include Infection Control required trainings. 2) The Facility will utilize both digital app reminder and the big desk calendar to remind us the renewals of these documents, education and training and certification. 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) Employee #1 and Employee #4 completed the Infection Control required training for 19.75 contact hours on 11/5/2024. (Attachment 1830-1, 1830-2)	11/06/2024

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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. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 2 employees acquired the required infection control training from an approved nationally recognized infection control organization (E2 and E3). Findings include: Employee #2 (E2) E2 was hired on 11/18/21 as a Caregiver. E2's record lacked documented evidence of training concerning the control and prevention of infections from an approved nationally recognized infection control organization. Employee #3 (E3) E3 was hired on 06/01/23 as a Caregiver. E3's record lacked documented evidence of training concerning the control and prevention of infections from an approved nationally recognized infection control organization. On 10/10/24 in the afternoon, the Administrator confirmed E2 and E3 did not complete the required infection control training from an approved nationally recognized infection control organization. Severity: 2 Scope: 3	1840	1840 1) All Employees old and new will have their document files reviewed every first Monday of the month which include unlicensed caregiver Infection Control Training annually. 2) A big desk calendar will be utilized to track employee document files renewal date. This desk calendar will be examined and updated daily. 3) This corrective action shall be included in the 1st week of the month personnel monthly meeting to ensure this has been carried but effectively. 4) Both Administrator and designee will monitor for compliance. 5) Employee #2 and #3 completed their Infection prevention for unlicensed caregiver trainings on 11/6/2024. (Attachment 1840, 1-2)	11/06/2024