

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2175	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2019
NAME OF PROVIDER OR SUPPLIER ROSS SENIOR RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 W SADDLE AVE, LAS VEGAS, NEVADA ,89103		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of a annual State Licensure at your facility on 01/04/19, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and three 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 investigations, 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:			

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 Name: WENDY RAMIREZ Title: Administrator Date: 02/12/2019
REPRESENTATIVE'S SIGNATURE

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2175	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2019
NAME OF PROVIDER OR SUPPLIER ROSS SENIOR RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 W SADDLE AVE, LAS VEGAS, NEVADA ,89103		
(X4) ID PREFIX TAG 0072 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0072	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 01/24/2019
	449.196(3)(a-c) - Qualifications of Caregiver-Med Training - NAC 449.196 Qualifications of caregivers. 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.037, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 3 employees completed the required 16 hours initial medication management training (Employee #3). Findings include: Employee #3 Employee #3 was hired on 06/28/17 as the Administrator. The employee's file contained a training certificate dated 3/31/18, for the completion of eight hours of Medication Management training. The file lacked documented evidence the employee completed the initial 16 hours of Medication Management training. On 01/04/19 at 12:15 AM, the Owner acknowledged the initial Medication Management training course was not in the employees file. Severity: 2 Scope: 1		Tag 0072 Employee File. The administrator will ensure that all proper paper work is in the personnel file at all times. All compliances will be updated as needed and will be placed into employees file. The correction for this tag will be that employee #3 take another medication class to receive her 16 hours. Administrator has had her 6 years ago and has just misplaced the certificate. The completion for med tech class will be February 28th.	

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2175	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2019
NAME OF PROVIDER OR SUPPLIER ROSS SENIOR RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 W SADDLE AVE, LAS VEGAS, NEVADA ,89103		
(X4) ID PREFIX TAG 0178 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 449.209(5) - Health and Sanitation-Maintain Int/Ext - NAC 449.209 Health and sanitation. 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 premises was clean and well maintained. Findings include: On 01/04/19 at 9:00 AM, three broken dresser drawers, a unused chair and unraveled hose was observed during a facility tour. On 01/04/19 at 9:05 AM, a Caregiver acknowledged the unused furniture and unraveled hose. The Caregiver indicated the furniture had been in the yard for awhile and was going to be donated. Severity: 2 Scope: 1	ID PREFIX TAG 0178	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG 0178 Sanitation The administrator along with the owner will make sure the grounds is kept free of any debris, all plants and scrubs will be maintained on a regular basis. Any extra furniture that is laying around should be donated immediately or disposed of. The correction was made by disposing of all furniture , debris and garbage.	(X5) COMPLETION DATE 01/24/201 9
0938 SS= F	449.2749(1)(g)(1) - Resident file - ADL Evaluation Admission - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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 needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident. Inspector Comments: Based on record review and interview, the facility failed to ensure Activities of Daily Living (ADL) assessments were done initially for 3 of 4 residents (Resident #1, #3 and #4). Findings include: Resident #1 Resident #1 was admitted on 04/25/10 with a diagnoses including Hypertension and depression. The resident had an annual ADL assessment completed on 11/03/18. The resident's medical record lacked documented	0938	Tag 0938 Resident File The administer will ensure all admission paper work is done at the time of residency and all ADL's have been planned out and adhered to. The staff will be informed of all care plans and will document daily on each resident. All residents will have their own ADL sheet and will be filled out properly. The correction was made by assessing the resident and making a care plan to follow for ADL's with documentation.	01/24/201 9

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2175	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2019
NAME OF PROVIDER OR SUPPLIER ROSS SENIOR RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 W SADDLE AVE, LAS VEGAS, NEVADA ,89103		
(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
	evidence a initial ADL assessment . Resident #3 Resident #3 was admitted on 03/31/17 with a diagnosis including dementia and difficulty walking. The resident had an annual ADL assessment completed on 10/30/18. The resident's medical record lacked documented evidence of an initial ADL assessment. Resident #4 Resident #4 was admitted on 03/01/18 with a diagnosis including Parkinson's Disease and schizophrenia. The resident had an annual ADL assessment completed on 10/30/18. The resident's medical record lacked documented evidence of an initial ADL assessment. On 01/04/19 at 12:10 PM, the Owner acknowledged the ADL assessment was not in the resident's medical record. The Owner indicated the initial ADL assessment should have been completed. Severity: 2 Scope: 3			

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2175	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2019
NAME OF PROVIDER OR SUPPLIER ROSS SENIOR RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 W SADDLE AVE, LAS VEGAS, NEVADA ,89103		
(X4) ID PREFIX TAG 0960	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0960	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 01/25/2019
	449.2754(1) - Alzheimer's Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer's disease: Application for endorsement; general requirements. 1. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer ' s disease. The Health Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on record review and interview, the facility failed to obtain an Alzheimer's endorsement to provide care to residents with dementia for 2 of 4 residents (Resident #2 and #3). Findings include: Resident #2 Resident #2 was admitted on 04/15/13, with diagnoses including dementia and hyperlipidemia. A Physical Examination dated 05/01/18, documented the resident had a diagnosis of dementia. Resident #3 Resident #3 was admitted on 03/31/17, with diagnoses of dementia. A Physical Examination dated 10/22/18, documented the resident had a diagnosis of dementia. On 01/04/19 at 9:45 AM, the Owner acknowledged both residents had a diagnosis of dementia. The Owner indicated she had recently been notified of the requirement to obtain an Alzheimer's disease endorsement.		Tag 0960 Alzheimer's Endorsement The administrator will ensure that all licenses fit the facilities ability to take care of person's with Alzheimer's. The corrective action will be to get an endorsement as soon as possible.	