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
	2175	A. BUILDING _____ B. WING _____	07/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSS SENIOR RESIDENCE	**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
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 07/13/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility was licensed for five Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease. Category II residents. The census at the time of the survey was five. Five resident files and two employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination 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: WENDY RAMIREZ Title: Administrator Date: 08/09/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2175	A. BUILDING _____ B. WING _____	07/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSS SENIOR RESIDENCE	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
0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation and interview, the facility failed to implement safe infection control practices for the protection of residents in response to the COVID-19 Pandemic. Findings include: On 07/13/21 at 10:30 AM, the Health Inspector was not screened for COVID-19 symptoms. A temperature check was not performed prior to being allowed entry to the facility. The Health Facilities Inspector was not asked to perform hand hygiene. One Caregiver was not wearing a mask. Two non-essential visitors were not wearing a mask. The Owner verbalized all visitors and staff members were supposed to be screened for COVID-19 with a questionnaire and a temperature check and required to perform hand hygiene prior to entry. The Caregiver acknowledged the Health Inspector was not screened prior to entry. Severity: 2 Scope: 3	0050	**Tag 0050 Administrators Responsibility.** The administrator will ensure that all Policies and Procedures are followed through on Safety and Infection practices. All staff members, outside agencies and visitors will be required to sanitize and have their temperature taken before entry to the facility. The facility will log all temperatures on the questionnaire that will be provided and required for everyone to fill out. All staff and visitors will be required to wear a mask for the entire time they are in the facility. If a visitor does not have a mask the facility will provide a mask for them. Those masks will be kept at a table by the front door. If anyone refuse to wear a mask, that person will not be allowed to enter the facility. Signs will be posted at the entry way on the outside of the door. Staff will be mandated to perform all essential safety protocols.	08/04/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2175	A. BUILDING _____ B. WING _____	07/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSS SENIOR RESIDENCE	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
0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure medications were kept in a secured and locked area. Findings include: Resident #1 (R1) R1 was admitted on 03/31/21, with diagnoses including hypertension and Osteoporosis. On 07/13/21 at 10:45 AM, the following was observed in R1's room on the bedside table: -A bottle of Antacid 1000 milligrams (mg) -A bottle Mucinex (maximum strength) -A bottle of Tylenol PM R1's Ultimate User Agreement dated 03/31/21, documented the Caregivers of the facility to possess and administer the resident's medications. On 07/13/21 at 11:00 AM, the Owner acknowledged three of R1's medications were not secure. The Owner indicated medications should not be in a resident's room if they were not approved by the physician to self-administer medications. Severity: 2 Scope: 3	0920	**Tag 0920 Medication Storage** The administrator along with all staff members will be responsible for making sure all medications are in a locked cabinet at all times for the residents. The staff has read the regulations and understand that the medication must be kept out of the residents room unless ordered by a physician to self administer. The resident must comply with having his / her own lock box to keep the medication in the room so others cannot access the medication. The facility must be provided a key by the resident in case of emergency. Please see attached training sheet.	08/09/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2175	A. BUILDING _____ B. WING _____	07/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSS SENIOR RESIDENCE	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
0991 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: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure an audible alarm system was activated on 2 of 3 doors exiting the facility. Finding include: On 07/13/21, at 10:30 AM, during a tour of the facility, two audible alarm systems on the exit doors leading to the backyard and the garage were not activated. The caregiver acknowledged both alarms were not turned on. The Owner indicated all exit door alarms should be turned on. Severity: 2 Scope: 3	0991	**Tag 0991 Alzheimer's Care Standards for Safety** The administrator will ensure that all safety measures are in place for those residing in the facility. Safety procedures will include a 2 hour check daily on all doors to protect anyone from exiting the facility. All staff will be instructed to fill out the log on a daily basis and communicate to the owner or administrator if alarms need servicing or replacing at any time. Doors should remain secured at all times unless a resident would like to go out for fresh air or to smoke. Staff will remain with the resident while this break in protocol happens. Batteries and other supplies will on be on the premises if needed for the doors. All visitors that wish to take the resident outside must ask the staff members to open the door. Once the visit is over the staff will secure the door once again. Please see attached document.	08/05/2021
1550	The facility shall keep documentation in the Inspector Comments: Based on interview 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. Findings include: On 7/13/21 at 11:45 AM, the Owner acknowledged there was no cultural competency training program implemented for the employees.	1550	Tag 1550 Cultural Competency Training The Administrator is working on getting all staff members enrolled in the training with "Nevada Cultural Competency" Training through Reno, NV. Enroll dates are: **August 21st through August 27th. Course will be for 3 days, 3 hours each day for a total of 9 hours.**	08/09/2021