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
	2726	A. BUILDING _____ B. WING _____	11/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMELA HOMES	5500 CLEARY COURT, LAS VEGAS, NEVADA ,89109

(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 annual State Licensure survey conducted at your facility on 11/14/18, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, Category II residents. The census at the time of the survey was six. Six resident files were reviewed 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 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:	0000		
0178 SS= D	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 bathroom equipment was maintained for 1 of 2 bathrooms. Findings include: On 11/14/18 in the morning, a bathroom located in bedroom #4 had a loose water faucet. When the faucet knob was pulled to turn the water on, the faucet fixture was not fully attached to the bathroom counter. On 11/14/18, Resident #4 verbalized the fixture had been loose for a little while, and had gotten worse. The resident indicated the bathroom was used by Resident #4 and Resident #1. On 11/14/18 in the afternoon, Employee #1 confirmed the faucet in the bathroom of bedroom #4 was very loose, and needed to be repaired. Severity: 2 Scope: 1	0178	0178 a) Water faucet in bedroom #4 was fixed on 11/18/2018 (Attachment #1 0178 , Attachment #2 0178) b) The administrator of residential care facility shall ensure that the premises are clean and that the interior, exterior, and landscaping of the facility are well maintained. The administrator/owner will monitor for compliance. c) 12/19/2018	11/18/2018
0940 SS= C	449.2749(1)(g)(3) - Resident file - ADL Evaluation Annually - NAC 449.2749	0940	0940 a) Activities of Daily Living Assessments of	11/19/2018

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	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: (3) In any event, not less than once each year. Inspector Comments: Based on interview and record review, the facility failed to perform an annual evaluation of a resident's ability to perform the activities of daily living for 5 of 6 residents (Resident #1, #2, #4 #5 and #6) residing in the facility longer than a year. Findings include: Resident #1 Resident #1 was admitted on 03/16/17, with diagnoses including atrial fibrillation and hypertension. The resident's file lacked documented evidence an annual Activities of Daily Living (ADL) assessment had been completed in 2018. Resident #2 Resident #2 was admitted on 05/02/17, with diagnoses including diabetes, hypertension and depression. The resident's file lacked documented evidence an annual Activities of Daily Living (ADL) assessment had been completed in 2018. Resident #4 Resident #4 was admitted on 11/15/05, with diagnoses including diabetes and depression. The resident's file lacked documented evidence an annual Activities of Daily Living (ADL) assessment had been completed in 2017 or 2018. Resident #5 Resident #5 was admitted on 07/23/16 with diagnoses including depression and anxiety. The resident's file lacked documented evidence an annual Activities of Daily Living (ADL) assessment had been completed for 2017 or 2018. Resident #6 Resident #6 was admitted on 07/09/14 with diagnoses including depression and cellulitis. The resident's file lacked		Resident #1, #2, #4, #5, #6 were done on 11/15/2018. (Attachment #1 0940 , Attachment #2 0940 , Attachment #4 0940 , Attachment #5 0940 , Attachment #6 0940) b) An evaluation of the residents ability to perform the activities of daily living and a brief description of any assistance need to perform not less than once each year. The owner/administrator will monitor for compliance. c) 11/19/2018	

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	documented evidence an annual Activities of Daily Living (ADL) assessment had been completed in 2018. On 11/14/18 in the afternoon, Employee #1 verbalized they were not aware residents required an annual ADL assessment. The employee confirmed the facility had not completed annual ADL assessments for the residents. Severity: 2 Scope: 3			