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 _____	10/07/2021

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 an annual State Licensure and infection control survey initiated at your facility on 10/07/21, 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, with an endorsement for mental illness, six Category II residents. The census at the time of the survey was six. Six resident files were reviewed, and three 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 nondiscrimination 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 investigations, 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: BELMA DIZON | Title: Director | Date: 10/19/2021

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0936 SS= E	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she 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: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on interview and record review, the facility failed to ensure two-step tuberculosis (TB) testing was completed for 2 of 6 sampled residents (Residents #3 and #5). Resident #3 (R3) R3 was admitted on 01/01/20 with a diagnosis of schizophrenia. R3 did not have a documented two-step TB test. Resident #5 (R5) R5 was admitted on 12/18/20 with diagnoses including neurocognitive disorder, traumatic brain injury, and hearing loss. R5 did not have a documented two-step TB test. On 10/07/21, the Owner/ Caregiver acknowledged R3 and R5's records lacked documented evidence of an initial two-step TB test. Severity: 2 Scope: 2	0936	1) a) R3 has a documentation for TB-PPD refusal on 4/1/2014. Attachment #1 0936 b) R5 had a Quantiferon test on 10/19/21 at Rawson Neal Quest Diagnostics. Results will be available in 4-5 days. Attachment #2 0936 2) Administrator/Owner will always ensure 2 Step TB test are done before chest X-ray in file. 3) Administrator/Owner will continuously check files. 4) Administrator/Owner will be responsible for ensuring the plan of correction is implemented. 5) 10/19/2021 6) See Attachment #1 0936 and Attachment #2 0936 7) Administrator/Owner will monitor for compliance.	10/19/2021