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 _____	08/30/2022

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 08/30/22, 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 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 regulatory deficiencies were identified:	0000		
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, interview and document review, the facility failed to ensure a COVID-19 screening was conducted for a surveyor entering the facility. The facility's screening process for COVID-19 was not performed on the surveyor prior to entry to the facility. The screening questionnaire was not provided, and temperatures were not taken. A review of the facilities COVID-19 policy documented all visitors must be screened upon entry into the facility. A Caregiver confirmed a COVID-19 screening was not completed upon entry into the facility. Severity: 2 Scope: 3	0050	1. Administrator has re-trained staff on how to conduct COVID 19 screening. 2. Administrator has reminded the staff that COVID 19 screening will be conducted on all visitors. 3. Administrator/owner will monitor for compliance. 4. Administrator and Owner 5. 09/07/22	09/07/2022

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: Owner Date: 09/07/2022

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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 and interview, the facility failed to ensure a medication lock box in the refrigerator was locked. A lock box inside a refrigerator, which contained multiple medications, was unlocked, with the key in the lock. A Caregiver confirmed the medication box with medications in it, was not locked and should have been. Severity: 2 Scope: 3	0920	1. Administrator has re-trained staff on medication storage. All medications are stored with a lock and key kept safely by staff. 2. Administrator/owner will conduct random checks on medication storage to ensure they are being locked. 3. Administrator/owner will monitor for compliance. 4. Administrator and Owner 5. 09/07/22	09/07/2022