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
	2787	A. BUILDING _____ B. WING _____	01/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS CARE HOME	5125 MEADOWS LILLY AVE, LAS VEGAS, NEVADA ,89108

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 1/21/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons with mental illness, Category II residents. The census at the time of the survey was eight. Eight resident files and five 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 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		
0515 SS= F	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on interview and record review, the facility failed to develop a person-centered service plan for 8 of 8 residents (Resident #1, #2, #3, #4, #5, #6, #7 and #8). Findings include: Resident #1 (R1) R1 was admitted on 09/18/24 with diagnoses including dementia, cardiovascular accident and dizziness. R1's record lacked documented evidence of a person-centered service plan. Resident #2 (R2) R2 was admitted on 03/31/23 with diagnoses including blind, schizophrenia and Psychotic disorder. R2's record lacked documented evidence of a	0515	1. Meadows Carehome created a person-centered service plan for the residents and individualized plan will be reviewed annually and will be updated accordingly. Plan will also be reviewed as needed if there is a significant change in patient's condition. This plan will be shared with all staff of the facility, including, without limitation, to a qualified provider of health care, so that appropriate care can be rendered to each resident to optimized their well being. Please see attached individualized person-centered service plan for resident #1, #2, #3, #4, #5, #6, #7 and # 8. 2. Every admission to Meadows Carehome will have individualized person-centered service plan for resident upon admission and chart will be verified by administrator within 1 week of admission to ensure the deficient practice does not recur. 3. Annual chart review will be conducted by care home staff or administrator to ensure each resident of the facility has an individualized person-centered service plan.	01/27/2025

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	person-centered service plan. Resident #3 (R3) R3 was admitted on 03/01/23 with diagnoses including hypertension, anemia, schizophrenia, type II diabetes and insomnia. R3's record lacked documented evidence of a person-centered service plan. Resident #4 (R4) R4 was admitted on 01/23/18 with diagnoses including osteoarthritis, gastroesophageal reflux disease, chronic neck pain, seizure disorder and lower back pain. R4's record lacked documented evidence of a person-centered service plan. Resident #5 (R5) R5 was admitted on 10/01/20 with diagnoses including schizophrenia and nicotine dependence. R5's record lacked documented evidence of a person-centered service plan. Resident #6 (R6) R6 was admitted on 01/26/19 with diagnoses including schizophrenia, gastroesophageal reflux disease, vitamin D deficiency and high cholesterol. R6's record lacked documented evidence of a person-centered service plan. Resident #7 (R7) R7 was admitted on 06/14/22 with diagnoses including type II diabetes, schizophrenia, dyspepsia, chronic hyponatremia and class II obesity. R7's record lacked documented evidence of a person-centered service plan. Resident #8 (R8) R8 was admitted on 04/07/22 with diagnoses including bipolar, type not otherwise specified and schizophrenia. R8's record lacked documented evidence of a person-centered service plan. On 01/21/25 in the afternoon, the Administrator acknowledged the eight resident files did not have person-centered service plan. Severity: 2 Scope: 3		4. The administrator or facility owner is responsible for ensuring the plan of correction is implemented. 5. The plan of correction was completed on 01/27/2025. 6. Please see attached individualized person-centered service plan.	
1825 SS= F	Designation/Training persons for IC Program - NAC 449.0109 Designation and training of person responsible for infection control. 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to	1825	1. Meadows Care Home designated infection control staffs had completed the required 15 hours of training. Current administrator (Employee #1 (E1)) who was hired on 06/01/22, was the designated secondary infection control staff member. He completed required infection training on January 21, 2025 (Please see attached certificate). Employee #2 (E2) E2 was hired on 08/15/2017 as a Caregiver. E2 was designated as the primary infection control staff member. E2's completed her initial infection control training on 05/03/22. She then completed her annual infection	01/27/2025

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	subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on interview and record review, the facility failed to ensure a primary and secondary person responsible for the facilities infection control program had completed the required 15 hours of training initially and annually concerning the control and prevention of infections. Findings include: Employee #1 (E1) E1 was hired on 06/01/22 as the Administrator. E1 was the designated secondary infection control staff member. E1's file lacked documented evidence of the initial infection control training by a nationally recognized organization. Employee #2 (E2) E2 was hired on 08/15/2017 as a Caregiver. E2 was designated as the primary infection control staff member. E2's file revealed the initial infection control training by a nationally recognized organization was completed on 05/03/22. E2's file lacked documented evidence for the completion of an annual infection control training. On 01/21/25 in the afternoon, the Owner/Caregiver acknowledged the missing initial and annual infection control training programs for the primary and secondary infection control program managers as the discoveries were made and was unable to provide the		renewal training on January 23, 2025 (Please see attached certificate). 2. Annual chart review will be conducted to ensure required trainings are up to date and to ensure the deficient practice does not recur. 3. The corrective action will be monitored to ensure the deficient practice does not recur by reviewing employee files and trainings are up to date according to the regulations. 4. The administrator or facility owner is responsible for ensuring the plan of correction is implemented. 5. The corrective action plan was corrected on 01/27/25. 6. Please see attached training certificates.	

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	missing verifications prior to the end of survey. Severity: 2 Scope: 3			