DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**10/10/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHUTNEY RESIDENTIAL HOME	**3881 CHUTNEY ST, LAS VEGAS, NEVADA ,89121**

(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 State Licensure complaint investigation completed in your facility on 10/10/23 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was 7. The sample size was six. There was one complaint investigated. The facility received a grade of A. Unverified: 1. Complaint #NV00069313 could not be verified. No regulatory deficiencies could be identified. The investigation of the complaint included: Observation of grooming and physical appearance for residents, meal observation, and a tour of the facility. Interviews were conducted with residents, Caregivers and Administrator. Clinical Record Review of 6 resident records, which included the resident of concern. Document Review of facility menus, mealtimes and staff schedule. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CRISANTA PASION Title: Administrator Date: 11/18/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 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 the interior of the facility was well maintained. Findings include: On 10/10/23 in the morning, observations of multiple areas of the home were very cluttered with a wide range of assorted items. See below for descriptions of areas: In the dining room area were boxes and bags of personal belongings, clothes and other items that were stacked along the three walls that lined the dining room area. The dining room table was cluttered with boxes of mail and other assorted items making it impossible for residents to eat at the table if they chose. The kitchen counters were cluttered with drying dishes, pots and pans and cooking equipment, leaving little space for preparation and cooking of food. The living room area contained a desk and office equipment, along the walls of the room were multiple items cluttering the room and not making sufficient sitting space for residents. On 10/10/23 in the afternoon, the Administrator acknowledged the areas need to be cleaned for resident access and use. Severity: 2 Scope: 3	0178	1. a) -The night before inspection took place, administrator cleared the room closet hallway near the kitchen to be sorted and to be given out to a charitable organization. The boxes and bags of personal belongings lining the kitchen walls were delivered to the organization 4 days after (10/14/23). -The boxes of mail and other items from the closet on the kitchen table was cleared after inspection took place (10/10/23). -The kitchen counter was cleared at the end of the day (nighttime) (October 10). -The spare copier on the living room desk was stored in the closet, the newly delivered boxes incontinent supplies were placed in resident's rooms, and the folders on chairs were arranged in the table. b) -Next time the administrator needs to organize things to be given away, administrator will make sure that she has enough time to sort, organize, and deliver it as soon as possible so that it will not be stacked inside the facility. If it cannot be delivered right away, it will be temporarily stored in the garage. -Caregivers were told to clear the kitchen counter after every meal and keep the living room organized and clutter free as much as possible. Administrator will monitor for compliance.	11/17/2023

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0994 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: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure sharp objects were not accessible to residents. Findings include: On 10/10/23 at 10:00 AM, on the dining room table was a sharp letter opener mixed with opened and unopened mail. In the kitchen on the counter was a dish holder for drying dishes containing four sharp kitchen knives. On 10/10/223 at 12:00 PM, the Administrator acknowledged the the letter opener and kitchen knives were accessible to residents and should have been stored in a locked area for resident safety. Severity: 2 Scope: 3	0994	1a) -Letter opener was placed inside the locked filing cabinet during inspection (10/10/23). -Knives were placed in the locked drawer in the kitchen during inspection (10/1023). b) -Administrator reiterated to caregivers to secure all sharp objects immediately after use for the safety of the residents. Administrator will monitor for compliance.	11/17/2023