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
	2916	A. BUILDING _____ B. WING _____	03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESTIGE ASSISTED LIVING AT HENDERSON	1050 E LAKE MEAD PARKWAY, HENDERSON, NEVADA ,89015

(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 completed in your facility on 03/30/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for 70 Residential Facility for Group beds for elderly and/or disabled persons and/or persons with chronic illness and/or persons with mental illness and/or persons with intellectual disabilities and/or persons with Alzheimer's disease, and provides assisted living services, Category II residents. The census at the time of the survey was 56. Fifteen resident files and eight employee files were reviewed. The facility received a grade of B. 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		
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 record review, the facility failed to ensure the water temperatures at resident room sinks were not above 110 degrees Fahrenheit (F) after being repaired by a local plumber several times and to notify residents and staff of the hot water issue in a timely manner. Findings include: On 03/30/23 between 10:00 AM and 10:25 AM, the sink water at resident's sinks felt hot to the touch. The following sink	0050	1) Hot Water tanks have been adjusted, water temps in resident apartments are now reading between 101-108 degrees. 2) Water temperatures throughout the community will be recorded monthly 3) Executive Director will check temp. in random rooms/areas within the community to verify testing is being completed 4) Maintenance Director and Executive Director 5) 04/14/23 and ongoing 6) documentation attached 7) Trust but verify that all monthly inspections are being conducted as required 8) N/A	04/14/2023

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	water temperatures were measured by the Interim Maintenance Director: " Room #118: 120.4 degrees F " Room #104: 120.4 degrees F " Room #07 (Located in the memory care unit): 119.3 degrees F " Room #204: 119.3 degrees F " Room #225: 118.8 degrees F On 3/30/23 at 11:00 AM, the Administrator confirmed the facility was aware of the hot water issue and was continuing to address the issue with the hot water temperatures. A plumbing company assessed the issue on 03/28/23 and the Administrator verbalized to waiting to receive an assessment and estimate for the repair of the thermostat. On 03/30/23 at 11:15 AM, the Interim Maintenance Director explained he turned the hot water tank temperature down to 110 degrees F to lower the facilities sink water temperatures after being made aware the gauge on the hot water tank read 130 degrees F by the surveyor. On 03/30/23 in the morning residents and staff were unaware of the increased temperatures of the water and no safety interventions had been put in place by the Administrator. On 03/30/23 in the afternoon, the Administrator acknowledged the facility sink water temperatures should have been in the acceptable range of 100 degrees F and 110 degrees F. There was no documented evidence the facility was keeping water temperature logs to ensure the facilitiy's water temperatures were below 110 degrees F after the facility became self aware of the issue of the hot water or while the issue was being repaired. On 04/07/23 in the afternoon, the following water temperatures were measured at resident room sinks: Room #119: 119.8 degrees F Room #115: 119.2 degrees F Room #08: 118.2 degrees F Room#09: 118.2 degrees F On 04/07/23 in the afternoon, the Administrator acknowledged the water temperatures were still above the acceptable range of 100 degrees F and 110 degrees F. On 04/07/23 in the afternoon, the hot water tank temperature gauge read 120 degrees F. On 04/07/23 in the afternoon, the Administrator acknowledged the hot water tank gauge was currently set at 120 degrees F and proceeded to turn the temperature gauge down to 95 degrees F to cool the water in the existing pipes. On			

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	04/07/23 in the afternoon, staff and residents verbalized they received notification from the facility of the hot water issue on 04/06/23. Residents who were alert and more independent verbalized they received notification of the hot water issue in the form of a written letter. Staff who worked mainly in Memory Care verbalize safety interventions were put in place, to include: monitoring and assisting memory care residents with showers, hand washing and monitoring residents when accessing any water source. On 04/07/23 in the afternoon, the Administrator acknowledged that a letter dated 04/06/23, was put out to staff and residents to notify them of the hot water issue. On 04/07/23 in the afternoon, the Administrator acknowledged water temperatures were not logged or monitored between 03/30/23 and 04/07/23, the facility did not check the hot water gauge before and/or after plumbing work was completed to ensure the appropriate temperate was set. The Administrator acknowledged knowing of the hot water issue on 03/27/23 and notification of the hot water issue to staff and residents did not occur until 04/06/23. Severity: 2 Scope: 3			
0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure water temperatures were within the acceptable range of 100 degrees Fahrenheit (F) and 110 degrees Fahrenheit (F). Findings include: On 03/30/23 in the morning, multiple resident room sinks had running water that felt hot to touch. On 03/30/23 in the morning, one of the facilities hot water tanks located in the mechanical room had a digital temperature gauge read 130 degrees F. On 03/30/23 between 10:00 AM and	0174	1) Hot Water tanks have been adjusted, water temps in resident apartments are now reading between 101-108 degrees. 2) Water temperatures throughout the community will be recorded monthly 3) Executive Director will check temp. in random rooms/areas within the community to verify testing is being completed 4) Maintenance Director and Executive Director 5) 04/14/23 and ongoing 6) documentation attached 7) verify that all monthly inspections are being conducted as required 8) N/A	04/14/2023

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	10:25 AM, the following sink water temperatures were measured by the Interim Maintenance Director: " Room #118: 120.4 degrees F " Room #104: 120.4 degrees F " Room #07 (Located in the memory care unit): 119.3 degrees F " Room #204: 119.3 degrees F " Room #225: 118.8 degrees F On 03/30/23 at 10:30 AM the Interim Maintenance Director acknowledged the sink water temperatures were out of acceptable range of 100 degrees F and 110 degrees F. The Interim Maintenance Director reported the facility was aware of the problem and plumbers had come out earlier in the week. However, the Interim Maintenance Director was only at the facility sporadically because the facility did not have a permanent Maintenance Director and was not aware of what was being done to repair the issue. The facility's maintenance records lacked documented evidence temperature logs were being completed during the hot water issue. On 03/30/23 in the afternoon, the Administrator acknowledged the facility sink water temperatures should have been in the acceptable range of 100 degrees F and 110 degrees F and were not. Severity: 2 Scope: 3			
0255 SS= E	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 03/30/2023, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. In the dry storage room, a large bin of bananas were rotten and moldy. 2. Equipment and Maintenance Violations: a. In the Janitor's closet in the kitchen, there was a hole in the wall between the mop sink and the coving tiles. Severity: 2 Scope: 2	0255	1) Expired food items were disposed of on 03/30/23 / the hole between the mop sink and coving tiles were fixed on 04/03/23 2) kitchen staff have been retrained on inspecting items in food bins daily for freshness / staff have trained on entering items into TELS system that need repair / replaced and to monitor for damage / disrepair during their work day. 3) Weekly walk-throughs of kitchen to verify food is properly labeled and disposed of when expired / monthly inspections of community will be conducted 4) Dietary Director; Maintenance Director; Maintenance Assistant; Executive Director 5) 03/30/23 / 04/03/23 and ongoing 6) documentation attached 7) N/A 8) N/A	03/30/2023

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0991 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: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure the main entry/exit door to the memory care unit was equipped with a functional audible alarm. Findings include: On 03/30/23 at 10:50 AM, the alarm to the main entry/exit door to the memory care unit was not in working order. On 03/30/23 at 10:50 AM, the Resident Service Director confirmed the alarm was not functional. On 03/30/23 in the afternoon, the Administrator acknowledged the alarm should have been functional. Severity: 2 Scope: 3	0991	1) Fastec Technicians were informed immediately that they must not cut power to the alarm system without notifying the E.D. or RSD prior to so we can ensure that the doors in expressions are being monitored 2) Vendors will be informed they must notify management prior to disconnecting any electrical systems within the community 3) Vendors in community will be monitored while on property and Alarms on door will be tested monthly to ensure proper function of 4) Maintenance Director; Expressions Director; Executive Director 5) 03/30/23 and ongoing 6) video attached 7) N/A 8) N/A	03/30/2023