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 _____	**02/02/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARADISE CREST HOME CARE	**4462 FARMCREST DRIVE, LAS VEGAS, NEVADA ,89121**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and infection control survey conducted at your facility on 02/02/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or Mental Illness, Category II residents. The census at the time of the survey was 8. The sample size was eleven. Eleven resident files and five 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 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: There were two complaints investigated: Unsubstantiated: 1) Complaint #NV00067550 could not be substantiated. No regulatory deficiencies could be identified. 2) Complaint #NV00067668 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the Complaints included: - Observations of staff interacting and assisting residents with activities of daily living (grooming, eating, assistance to the toilet, transfer assistance to the wheelchair). -Interviews were conducted with the Administrator, two Caregivers, and three residents. -Record review of 11 residents, including the two residents of concern. - Document review included Incident Reports, photographs, and text messages. 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	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: PRUDENCE LANDICHO | Title: Administrator | Date: 03/20/2023

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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	under applicable federal, state, or local laws. The following regulatory deficiencies were identified:			
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 and exterior of the premises was clean and maintained. On 02/02/23 in the morning, the backyard of the facility had broken fans, wheel chairs, bed frames, mattresses, walkers, a large wooden broken deck and bags of trash. The fence used to contain garbage was leaning at an angle and was unstable with nails protruding out in multiple locations. On 02/02/23 in the morning, the upstairs of the facility had a room with old mattresses, dressers, trash and long, brown hard substances which resembled rat/mice droppings in three bedrooms. The tub was filled with a standing brown liquid about 3 inches deep and had an odor. The main bathroom had a black/brown substance in the shower. The wall of the shower was partially covered by plywood with significant water damage. In the hallway adjacent to main the bathroom, the ceiling was crumbling with plaster and drywall pieces on the ground. On 02/02/23 in the morning, the Caregiver explained the ceiling had been crumbling for over a year. On 02/02/23 in the morning the Manager confirmed the findings in the house and the multiple broken items, broken fence and trash throughout the backyard which the Manager ackowledged needed to be removed. Severity: 2 Scope: 3	0178	All the trash at the back of the facility have been disposed off and so are the ones inside. The entire facility inside and outside are now clear of any debris. I have a meeting with the owner and all employees to make sure that no unnecessary debris will be at the facility at any time. I will inspect the home every week to make sure this is followed through. Administrator is in charge to compliance	03/20/2023

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0181 SS= D	Health & Sanitation-Temperature - NAC 449.209 Health and sanitation. (NRS 449.0302) 8. The temperature in the facility must be maintained at a level that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit. Inspector Comments: Based on observation and interview the facility failed to ensure temperatures in a resident's room was maintained between 68 degrees Fahrenheit (*F) and 82 *F. Findings include: On 02/02/23 during a tour of the facility, Resident #8 (R8) was observed laying in bed watching television under multiple blankets but was in everyday clothing. The room was checked with a thermometer. The reading on the thermometer registered 62* F. On 02/02/23 in the morning, Two Caregivers acknowledged the temperature was 62 *F and stated they use a space heater to keep the room warm at night. Severity: 2 Scope: 1	0181	A new converter air conditioning unit that can be converted to a heater was just ordered by owner and will be delivered within a few weeks. Owner, employees, and administrator will make sure that the rooms of every residents are properly heated. I will inspect the home every week to insure compliance. Administrator is in charge.	03/20/2023

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0220 SS= F	Laundry & Linen Services Provided - NAC 449.213 Laundry and linen services. (NRS 449.0302) 1. A residential facility shall: (a) Provide laundry and linen services on the premises of the facility; or (b) Contract with a commercial laundry for the provision of those services. 2. A residential facility that provides its own laundry and linen services shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. Inspector Comments: Based on observation and interview, the facility failed to ensure the dryer in the laundry room was free of heavy lint build-up. The Manager acknowledged the lint build-up in the dryer's lint trap and stated normally it was cleaned daily. Severity: 2 Scope: 3	0220	The dryer at the laundry room have now been cleaned and free of any heavy lint build-up. I Have a meeting with the owner, and employee to make sure that the laundry is always clean. I will inspect the facility every week to ensure compliance. Administrator is in charge.	03/20/2023

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0251 SS= F	Storage of Food-Perishable Foods Refrigerated - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees Fahrenheit or less. Inspector Comments: Based on observation and interview, the facility failed to ensure eggs were refrigerated. Findings include: On 2/02/23 in the afternoon, two flats of eggs were observed stacked on the kitchen floor. Upon physical inspection the eggs were not cold to the touch. On 02/02/23 at 2:50 PM, the Administrator stated that they always store the eggs outside of the refrigerator at room temperature. The Administrator acknowledged the flats of eggs were on the ground and should not have been. Severity: 2 Scope: 3	0251	I have a meeting with the owner and employees to make sure that all perishable food are stored in the refrigerator. I will make the owner and employee responsible to over see that this is followed through. I will inspect the facility every week to ensure compliance. Administration is in charge.	03/20/2023
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The	0878	I have a meeting with the owner and employees to make sure that all medications are followed exactly how it is written by the physician of any residents. Owner and employees are responsible to ensure that all medications are administered correctly. I will inspect the home every week to ensure. Compliance. Administration is in charge	03/20/2023

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	caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, interview, and record review the facility failed to ensure physician orders were followed for a medication for 1 of 8 residents (Resident # 1). Findings include: Resident #1 (R1) R1 was admitted on 01/24/23 with diagnoses of Non-Hodgekins Lymphoma and Megaloblastic Anemia. R1's medication bin contained a medication bottle labeled Allopurinol 100 milligrams (mg) tablet take two tablets by mouth twice a day. The date on the medication bottle was 01/25/23. A physician order dated 01/24/23 documented Allopurinol 100 mg take two tablets once a day. R1's February 2023 MAR documented Allopurinol 100 mg tablet, take one tablet by mouth twice a day. A medication review dated 01/18/23 documented Allopurinol 100 mg take two tablets once a day. On 02/02/23 at 1:27 PM, Employee #1 (E1) explained they followed the medication review from Hospice when dispensing medication and then explained they followed the directions on the bottle when administering medications. Severity: 2 Scope: 1			