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 _____	**09/17/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARADISE CREST HOME CARE	**4462 FARMCREST DRIVE, 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 complaint investigation completed in your facility on 09/17/2024, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities for Groups. The census at the time of the survey was 10. The sample size was 5. The facility received a grade of A. There was one complaint investigated. Substantiated: Complaint #NV00071920 was substantiated. (See tag #Y0178) An investigation into the complaint included: Observation of grooming and physical appearance for residents, secured railings, the condition of the back yard, staff providing care, and a tour of the facility. Interviews were conducted with residents, Caregivers, and the Owner. Record review of five resident records and three employee files. 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 deficiency was identified:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CHARO DALE Title: SUPPLIER REPRESENTATIVE Date: 11/12/2024

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 exterior of the facility was well maintained. Findings include: On 09/17/24 in the morning, the backyard area contained an area partially rocked with brown and green grass/weeds around the perimeter of the area and protruding through the rocks, leaving the area not well maintained. On 09/17/24 in the morning, the owner acknowledged the backyard area was not well maintained. Severity: 2 Scope: 3	0178	1. In order to correct the specific citation, the exterior and landscaping will be maintained once a month by professional landscaper. 2. To ensure that this will not reoccur, the owner Will hire a landscaper to keep the premises clean and maintained. 3. By cleaning the yard on a regular basis for professional landscaper, helps maintain the cleanliness. Caregivers will do the part by making sure to walk around the yard to keep clean the cleanliness and maintain it 4. Abdul the owner and then Lead Caregiver will make sure that this plan of correction is implemented. The ADMINISTRATOR during her visit will check the yard to make sure that this it well maintained 5. Ken the yard was corrected 9/25/2024	09/25/2024