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
	3062	A. BUILDING _____ B. WING _____	04/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON MANOR	**478 PEARBERRY AVE, LAS VEGAS, NEVADA ,89183**

(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 conducted at your facility on 04/26/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 6 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was 5. Five 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		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MARGIE ANTONIO Title: Adminsitrator Date: 05/17/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3062	A. BUILDING _____ B. WING _____	04/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON MANOR	478 PEARBERRY AVE, LAS VEGAS, NEVADA ,89183

(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
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 items which could constitute a danger to residents were inaccessible. Findings include: On 04/26/23 in the morning, a kitchen cupboard with knives was left unlocked. The Manager and Caregiver acknowledged there was an unlocked cabinet with knives. The left-side bottom drawer of Resident #1's dresser contained a razor, two razor blades and a pair of scissors. The bottom drawer of Resident #1's bedside table contained two pairs of scissors, tweezers, and a razor. At 1:40 PM, the locks on the gates on both sides of the kitchen were unlocked, and the kitchen cupboard containing knives was still unlocked. The Caregiver was in another room. The Manager and the Caregiver acknowledged the gates and cupboards were unlocked and the knives were accessible to residents and there were sharps in Resident #1's room accessible to Resident #1 and other residents. Severity: 2 Scope: 3	0994	1. Caregiver must ensure that all sharps including razors and knives are locked up in a cabinet. 2. Caregiver to do a frequent check in all drawers/cabinets to ensure that it is all locked for safety and it will not recur. 3. Manager to remind and double check that all sharps are not placed in resident's cabinet unless it is locked. 4. Administrator/Manager to ensure that all sharps are locked up in a cabinet and that a frequent check must be done. 5. The razor, tweezer were removed from Resident #1 cabinet and place and was paced in a lock cabinet on 4/26/202Save36.	05/17/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3062	A. BUILDING _____ B. WING _____	04/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON MANOR	478 PEARBERRY AVE, LAS VEGAS, NEVADA ,89183

(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
0999 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: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were inaccessible to residents. Findings include: On 04/26/23 in the morning, a kitchen cupboard with bottles of toxic cleaning fluids was left unlocked. The Manager and Caregiver acknowledged there was an unlocked cabinet with cleaning fluids. At 1:40 PM, the locks on the gates on both sides of the kitchen were unlocked, and the kitchen cupboard containing toxic fluids was still unlocked. The Caregiver was in another room. The Manager and the Caregiver acknowledged the gates and cupboards were unlocked and the bottles of cleaning fluids were accessible to residents. Severity: 2 Scope: 3	0999	1. Caregiver must ensure that all cleaning fluids are locked up in a cabinet and so with the kitchen gates . 2. Caregiver to must check cabinets to ensure that it is locked for safety and it will not recur. 3. Manager to remind caregivers and double check that all toxic fluids are placed in cabinet that is locked. 4. Administrator/Manager to ensure that all toxic fluids are locked up in a cabinet along with the gates to the kitchen and that a frequent check must be done. 5. The toxic fluids were locked up in a cabinet along with the kitchen gates on 4/26/202.	05/17/2023