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 _____	**05/13/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BRIDGE AT PARADISE VALLEY ASSISTED LIVING	**2205 EAST HARMON AVE, LAS VEGAS, NEVADA ,89119**

(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 mandatory State Licensure Re-grading survey and Complaint Investigation survey conducted at your facility on 05/12/22 through 05/13/22, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for 91 Residential Facility for Group beds which provides Assisted Living Services for elderly and disabled persons, and/or persons with chronic illness, 81 Category 1, 10 Category II residents. The census at the time of the survey was 49. Nine resident records and eight employee records were reviewed. The facility received a grade of A. One complaint was investigated: Complaint #NV00066106 with two allegations was unsubstantiated: Allegation #1: A resident had a bedsore that re-opened due to the resident not being moved out of bed was unsubstantiated based on record review of the resident of concern documented no evidence the resident was not able to reposition and move independently, and interview with the Lead Caregiver and Administrator, who reported the resident was able to reposition in bed. Hospital records and home health records documented the resident of concern was able to turn from side to side independently, and documented the pressure ulcer was in a healing condition. Allegation #2: A resident was evicted on 04/15/22 because the facility does not want to provide three Caregivers to care for the resident was unsubstantiated based on interview with the Lead Caregiver, Administrative Assistant, and the Administrator, who reported the resident did not meet eligibility criteria and was given a discharge notice due to needing a higher level of care. Document review included facility Progress Notes and Social Worker's Notes regarding assistance with a safe discharge. The investigation into the	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: LEILA HEGLE Title: Executive Director Date: 06/24/2022

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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	allegations included: Interviews with Lead Caregiver, Administrative Assistant, and the Administrator. Record review of nine sampled residents, including the resident of concern. Document review of policies regarding eligibility and transfer / discharge criteria. 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:			
0065 SS= D	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.	0065	All staff and management have been educated on this State reg for annual hours of training. All staff files have been audited by new Executive Director and found certificates were not physically in employee files. This has been corrected, printed, and placed in all employee files. E5 confirmed to have 8 hours training and E8 confirmed to have 6.5 hours training through Healthcare Academy (online education training system). Executive Director conducted 2 hours of in-person in-service training had been completed for all staff to fulfill both E5 and E8's 8-hour minimum training for the year. Executive Director and Business Office Director will ensure monthly in-service training for Caregivers to fulfill 8 hour minimum of annual training.	06/23/2022
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive	0074	Executive Director found after employee file audit that the Elder Abuse training was misplaced for all employees and E5 & E6. Files are now appropriately organized. Business Office Director and Executive Director will audit files within a newly hired employee's 30 days to ensure compliance of Nevada State's Elder Abuse & Neglect Training is given on Day 1 Orientation and annually.	06/23/2022

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	training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must			

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	include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any			

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	violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163.			
0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on interview and employee record review, the facility failed to ensure two of eight employees had certification in first aid and cardiopulmonary resuscitation (CPR) (Employee #5 and #7). Findings include: The personnel files for Employee #5 (E5) and Employee #7 (E7) lacked documentation of first aid and CPR Certification. The Human Resource Director and the Administrator acknowledged E5 and E7 did not complete certification in first aid and CPR. The Administrator acknowledged the facility's plan of correction dated 04/06/22 was not put into place as indicated for E5 and E7. Severity: 2 Scope: 1 Repeat Deficiency: 02/24/22	0106	E2 and E7 will complete required CPR & First Aid Classes. Executive Director got Certified AHA Instructor to teach class on-site for easier access to complete class for compliance. E2 signed up for 06/30/22 Class. E5 signed up for 07/01/22 Class. Executive Director and Business Office Director will ensure all new employees are CPR certified within 30 days of start date per State regs and check this item on employee file checklist.	06/23/2022

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0255 SS= D	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 and interview, the facility failed to ensure the kitchen was maintained in a clean and functional condition. Findings include: On 05/12/22 at 12:00 PM, the fiberglass wall panels in the Janitor's Closet were soiled and stained. The Dietary Manager acknowledged the wall panels were unclean and verbalized the facility planned in the future to get the fiberglass wall panels replaced, as they could not be cleaned properly. The Dietary Manager indicated he did not take action to get the wall panels replaced, as indicated in the facility's Plan of Correction dated 04/06/22. Severity: 2 Scope: 1 Repeat Deficiency: 02/24/22	0255	1.) Dining Services Director will complete daily inspection to ensure sanitary and safety practices. 2.) Hair nets are placed near kitchen door entrance to ensure all dining and kitchen staff put on hair net prior to entering kitchen. 3.) Reach-in Interior cleaned on daily basis and will be on closing checklist. 4.) Walk-in to be monitored and cleaned on a daily basis and will be on closing checklist. 5.) Paper towel dispensers will be checked daily and Dining Services Director will ensure this is in place daily. 6.) Floors will be deep-cleaned daily for safety compliance. 7.) Multiple vendors were contacted by Maintenance Director. 1 BID received. 1 Estimate received from vendor who will get work completed within 30 days. Expecting panels to be completed by 07/30/22. Executive Director and Maintenance Director will inspect all areas of the building on weekly walk-throughs to ensure continuous cleanliness and safety compliance. 8.) Educated staff on dumpster area of State regs. Dumpster area has been deep-cleaned and free of residue and debris.	06/24/2022

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0870 SS= E	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).	0870	All 6 Month Medication Reviews were completed for R2, R7, R10, and R12, except for R5 who had difficulty finding PCP who would accept Medicare. R5 moved out of facility on 05/10/22. Executive Director and Resident Care Director will be responsible for maintaining all resident's timely 6 month medication reviews on a weekly basis through monitored reports.	06/23/2022

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0872 SS= D	Medication Educ Initial/annual Administrator - NAC 449.2742 -Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (f) In his or her first year of employment as an administrator of the residential facility, receive, from a program approved by the Bureau, at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training and obtain a certificate acknowledging completion of such training. (g) After receiving the initial training required by paragraph (f), receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training. (h) Annually pass an examination relating to the management of medication approved by the Bureau.	0872	16 hour Initial Medication Technician Training Certificate correctly placed in employee file for E4. Executive Director and Business Office Director will ensure all new Medication Technicians have all required documents of 16-hour Initial and 8-hour Med Tech recertifications prior to employee's start date per State regs and check these items off on employee file checklist.	06/23/2022

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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 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.	0878	Medications for R3 and R10 are now on-site. Resident Care Director and Resident Care Coordinator will ensure all medications are on-site in a timely manner for the resident per physician's order and post daily reminders in system and review during shift huddles of which medications are pending to be received.	06/23/2022

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on interview and record review, the facility failed to ensure tuberculin (TB) testing was provided for one of nine sampled residents (Resident #6). Findings include: Resident #6 (R6) R6 was admitted to the facility on 02/18/21 with diagnoses including chronic obstructive pulmonary disease. There was no documentation of an initial 2-step TB test for R6. The Lead Caregiver and the Administrator acknowledged no action was taken to get a 2-step TB test for R6, as indicated in the facility's Plan of Correction dated 04/06/22. Severity: 2 Scope: 1 Repeat Deficiency: 02/24/22	0936	R5 2-Step Tb test was completed and had moved out of facility on 05/10/22. R13 was moved in and processed by former Executive Director who accepted Chest Xray versus 2-Step Tb test. R13 moved in transferring from hospital to ALF. Resident Care Director and Resident Care Coordinator will ensure this requirement is in place for all residents upon future move-ins and checked off on move-in checklist.	06/24/2022

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0960 SS= D	Alzheimer’s Care Application for Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 1. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer ' s disease. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915.	0960	SPD Form found for R10 in Home Health binder and placed in resident's file. Resident Care Director and Resident Care Coordinator will ensure this form is in place for any applicable resident upon future move-ins and checked off on move-in checklist.	06/24/2022

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THE BRIDGE AT PARADISE VALLEY ASSISTED LIVING	**2205 EAST HARMON AVE, LAS VEGAS, NEVADA ,89119**

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1001 SS= F	Elderly Care Training for Caregivers - NAC 449.2758 Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers. (NRS 449.0302) 1. Within 60 days after being employed by a residential facility for elderly persons or persons with disabilities, a caregiver must receive not less than 4 hours of training related to the care of those residents.	1001	E1 completed 6.15 hrs of online system Healthcare Academy (HCA) training courses on care on orientation day. E2 completed 13 hrs of online system Healthcare Academy (HCA) training courses on care on orientation day. E3 completed 7 hrs of online system Healthcare Academy (HCA) training courses on care on orientation day. E4 completed 2.7 hrs of online system Healthcare Academy (HCA) training courses on care on orientation day. He has been assigned more care courses to satisfy care orientation component. There was no permanent Business Office Director or Executive Director at the time to ensure new hire compliance of assigned care courses. Business Office Director and Executive Director will ensure 4 hours of required care courses are assigned and checked off on orientation list for all Care staff. E5 completed 0 hrs of online system Healthcare Academy (HCA) training courses on care on orientation day. She has been assigned more care courses to satisfy care orientation component. There was no permanent Business Office Director or Executive Director at the time to ensure new hire compliance of assigned care courses. Business Office Director and Executive Director will ensure 4 hours of required care courses are assigned and checked off on orientation list for all Care staff. E7 completed 4.7 hrs of online system Healthcare Academy (HCA) training courses on care on orientation day.	06/24/2022