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
	3119	A. BUILDING _____ B. WING _____	01/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT INN RESIDENTIAL CARE	**2845 BURNHAM AVENUE, LAS VEGAS, NEVADA ,89109**

(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 in your facility on 01/24/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for four Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's Disease, Category II residents. The census at the time of the survey was two. Two resident files and four employee files were reviewed. The facility received a grade of B. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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.	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: JASMINE CASTILLO Title: Administrator Date: 04/25/2022

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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 and interview, the facility failed to implement safe infection control practices for the protection of residents and staff in response to the COVID-19 pandemic. Employee #1 answered the door and was not wearing a face mask. Employee #1 acknowledged caregivers should have been wearing face masks when caring for residents and when answering the front door for visitors. Severity: 2 Scope: 3	0050	1.) The administrator will correct this statement of deficiencies regarding about caregiver failed to wear musk when he open the door means that caregiver wasn't following the Covid19 rules that was posted in the facility. This administrator did right away an in service meeting with the caregiver that all staff must wear must when he/she is handling residents event the census as only 2 . 2) To ensure the deficient does not recur the administrator will monitor that the facility must wear must at all times when caregiver is handling residents. 3)In order the corrective action will be monitored to ensure the deficient practice will not recur the administrator and all caregiver must follow Covid19 guideline all times and must wear musk at all times when handling resident . 4) Administrator is responsible for ensuring the plan of correction to be implemented. 5) 1/24/2022	01/24/2022

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0051 SS= C	Administrator's Responsiblities - Designation - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. Inspector Comments: Based on observation and interview, the facility failed to designate in writing, one or more employees to be in charge of the facility during the Administrator's absence. There was no written, posted designation of the employee in charge during the Administrator's absence. The Administrator acknowledged there was no document posted identifying who was the designee to be contacted in the Administrator's absence. Severity: 1 Scope: 3	0051	1) The administrator corrected the specific statement of deficiencies by making a posted letter of designated employee during the absent of the administrator . 2) To ensure the deficient practice does not recur the administrator post a letter of designated employee during the absent of the administrator the next day in order the deficient won't recur . 3) The corrective actions will be monitored to ensure the deficient practice will not recur by posting a letter of designated employee during the absent of the administrator the following day. 4) Administrator is responsible of plan of correction is implemented 5) 1/25/2022 6) Please see attachment letter	01/25/2022

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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 interior and exterior of the facility were well maintained and free of obstructions. Findings include: Exterior: On 01/24/22 at 9:45 AM, the south wall at the front of the home had a crack extended from the top of the wall to the bottom, creating a separation. Several cinder blocks on top of the wall were not secured, were loose and created a potential safety hazard. There was debris throughout the yard, including a discarded bathroom cabinet, lavatory, construction debris and garbage. On 01/24/22 at 10:30 AM, the Administrator acknowledged the trash and debris throughout the yard. The Administrator also acknowledged the cinder block wall had a crack in it and had loose bricks. Severity: 2 Scope: 3	0178	1) To insure that the specific finding stated in the Statement of deficiencies was corrected a) the the south wall of the outside was repaired on the same week , the debris inside and outside the facility was removed and being cleaned up to secure the safety of the 2 residents at the facility. 2) The administrator ensure the deficient practice does not recur the administrator inform the maintenance guy that any repair that the maintenance will work on should be removed the premises as soon as possible for the safety of the residents. 3) The corrective actions will be monitored to ensure the deficient practice will not recur the administrator and caregiver should inform the maintenance guy that any debris that can put residents in danger should be removed and repair as soon as possible, 4) The administrator is responsible for ensuring the plan of correction. 5)1/31/2022 6) See attachment	01/31/2022
0272	Service of Food - Menus - NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. Inspector Comments: Based on observation and interview, the facility failed to post an updated menu for the month of January. Employee #2 acknowledged an updated menu should have been printed and posted in common view. Severity: 1 Scope: 3	0272	1.) The administrator will correct this statement of deficiencies by making sure that the facility will always post the monthly menu at all time. 2) To ensure the deficient does not recur the administrator will monitor that all menu of each month must be posted at all time. 3)In order the corrective action will be monitored to ensure the deficient practice will not recur the administrator and all caregiver check if menu is posted at all time and if not posted caregiver should inform the administrator right so that it will be printed as soon as possible. 4) Administrator is responsible for ensuring the plan of correction to be implemented. 5) 1/24/2022	01/24/2022

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0392 SS= F	Safety Requirements - NAC 449.226 Safety requirements for residents with restricted mobility or poor eyesight; water hazards; auditory systems for bathrooms and bedrooms; access by vehicles. (NRS 449.0302) 3. If a residential facility with a resident who is mentally or physically disabled has a fishpond, pool, hot tub, jacuzzi or other body of water on the premises of the facility, the body of water must be fenced, covered or blocked in some other manner at all times when it is not being used by a resident. Inspector Comments: Based on observation and interview, the facility failed to ensure a pool was secured. Findings include: On 01/24/22, at approximately 9:15 AM during a tour around the premises of the facility, a pool was observed surrounded by fencing. The gate to the pool was unlocked. On 01/24/22, at approximately 10:30 AM, the Owner verbalized the gate leading to the pool should have been secured and locked. Severity: 2 Scope: 3	0392	1.) The administrator will correct this statement of deficiencies that all the gate going toward the pool area should be lock at all time. Who ever will unlock the gate should be lock after unlocking it and never leave the area with out locking the gate. 2) To ensure the deficient does not recur the administrator and caregiver will monitor that the facility pool gate that it should never let the gate unlock at no given time. 3)In order the corrective action will be monitored to ensure the deficient practice will not recur the administrator and all caregiver must ensure that pool gate is ALWAYS lock at all times and never leave the pool gate unattended with out locking it for the safety of the residents. 4) Administrator is responsible for ensuring the plan of correction to be implemented. 5) 1/24/2022	01/24/2022