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 _____	**01/25/2023**

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, complaint investigation, and infection control State Licensure survey conducted at your facility on 01/25/23, 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 three. Three resident files and four employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Complaint #NV00067521 was unsubstantiated. The investigation of the complaint included: Observation of grooming/hygiene and physical appearance of residents and tour of the facility. Interviews were conducted with residents, caregivers, and the Administrator. Record Review of one employee record. Document Review of the Medication Administration Record (MAR). The following regulatory deficiencies were identified:	0000		
0105 SS= F	Undetermined Background Check-Lack Follow up - NAC 449.0113 Duties of administrator or licensee if Central Repository unable to complete investigation of employee or independent contractor; grounds for termination; actions to ensure patient safety. (NRS 449.0302) 1. If the Central Repository notifies the administrator of, or the person licensed to operate, a facility, hospital, agency, program or home that it is unable to complete an investigation pursuant to NRS 449.123 because: (a) Additional information is required, the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home shall, within 10 working days after receiving the notice from the Central Repository, send a notice to the	0105	1. The administrator will correct the finding by making sure that all background check must initiated and completed through the Nevada Automated Background Check System and must have a Notification of Clearance Letter on file on each facility. 2. In order to ensure the deficient practice does not recur all employee must report to NAB for background check clearance must complete through the Nevada Automated background check system in every facility location. 3. To ensure the corrective action will be monitor by making sure that every employee who work in each facility location must have a background check per location on file. Employee 1 fingerprint has been submitted but waiting for Notification	03/27/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: JASMINE CASTILLO Title: Administrator Date: 04/17/2023

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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	employee, employee of a temporary employment service or independent contractor directing the employee, employee of a temporary employment service or independent contractor to provide the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home and the Central Repository with the information or proof that the information cannot be obtained within 30 days after the date on which the notice was sent by the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home. (b) Criminal charges against the employee, employee of a temporary employment service or independent contractor are pending, the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home shall notify the employee, employee of a temporary employment service or independent contractor that he or she is required to: (1) Notify the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home of the date of each court proceeding relating to the charges; and (2) Provide the Central Repository with any information relating to the final disposition of the charges as soon as the information is available. 2. The administrator of, or the person licensed to operate, the facility, hospital, agency, program or home shall terminate the employment of an employee or the contract with an independent contractor or notify the temporary employment service that its employee is prohibited from providing services for the facility, hospital, agency, program or home upon determining that the employee, employee of a temporary employment service or independent contractor has willfully failed to comply with the provisions of this section. 3. Pending the completion of an investigation of an employee, employee of a temporary employment service or independent contractor of a facility, hospital, agency, program or home for which the		Clearance but Proof of electronic submission TCN# NVP55A502063OA and Employee #2 please see attachment of Notification Clearance and Employee #4 Was not able to do fingerprinting because he got a better job offer in different State. 4. The Administrator will ensure the plan of correction . 5. 3/27/23 6. Please see attachment of Final Registry Result Form, Notification of Clearance Letter of employee #2, Proof of electronic fingerprint submission Of employee # 1.	

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	Central Repository has provided notice pursuant to subsection 1 that it is unable to complete the investigation for a reason stated in subsection 1, and during any period in which an employee, employee of a temporary employment service or independent contractor has to correct information provided by the Central Repository pursuant to NRS 449.125, the administrator of, or the person licensed to operate, a facility, hospital, agency, program or home shall take actions to ensure the safety of its patients, residents or clients, including: (a) Prohibiting the employee, employee of a temporary employment service or independent contractor from working at the facility, hospital, agency, program or home by placing the employee, employee of a temporary employment service or independent contractor on leave; (b) Requiring the employee, employee of a temporary employment service or independent contractor to be under the direct supervision and observation of an employee of the facility, hospital, agency, program or home while caring for any patient, client or resident of the facility, hospital, agency, program or home; (c) Conducting an investigation into the circumstances of the record of criminal history to determine and carry out any measures that the facility, hospital, agency, program or home identifies as necessary to ensure the safety of its patients, residents or clients if the employee, employee of a temporary employment service or independent contractor cares for patients, residents or clients; or (d) Taking any combination of the actions set forth in paragraph (a), (b) or (c). 4. As used in this section, "facility, hospital, agency, program or home" has the meaning ascribed to it in NRS 449.119 and includes an intermediary service organization for the purpose of carrying out this section and NAC 449.01125.			

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	Inspector Comments: The facility failed to ensure a background check was initiated and completed through the Nevada Automated Background Check System (NABS) for 3 of 4 employees (Employee #1, #2, and #4) Findings include: Employee #1 (E1) - E1's record lacked documented evidence of a hire date and a completed background check through NABS. A check of the NABS website verified E1 has not been issued a Clearance Letter for the facility. Employee #2 (E2) - E2 was hired on 08/05/13. E2's record lacked documented evidence of a completed background check through NABS. A check of the NABS website verified E2 has not been issued a Clearance Letter for the facility. Employee #4 (E4) - E4 was hired on 10/26/17. E4's record lacked documented evidence of a completed current background check through NABS. A check of the NABS website revealed E4 was issued a Clearance Letter for the facility on 08/07/15, which expired on 08/06/20, and an updated Clearance Letter had not been issued. On 01/25/23 at 3:00 PM, Employee #3 acknowledged three employees' files lacked evidence of completed background clearance checks through NABS for the three employees and one file lacked a hire date for E1. Severity 2 Scope 3			