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 _____	**07/09/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIGNIFIED CARE MANOR	**2915 EL CAMINO RD, LAS VEGAS, NEVADA ,89146**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of the State Licensure annual survey and complaint investigation completed in your facility on 07/09/24, in accordance with Nevada Administrative Code, Chapter 449, Requirements for Residential Facilities for Groups. The census at the time of the survey was ten. The sample size was ten residents and four employees. The facility received a grade of C. There was one complaint investigated. One complaint was investigated: Substantiated: 1. Complaint #NV00071086 was substantiated. (See Tag Y0178) The investigation of the complaint included: Observation of grooming and physical appearance for residents and tour of the facility. Interviews were conducted with the Administrator, Caregivers and residents. Clinical record review of ten residents. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: GINALYN BALTAZAR-SUMBANG | Title: Administrator | Date: 10/29/2024

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 and interior of the facility were clean and well maintained. Findings include: On 07/09/24 in the morning, a ramp leading to a bathroom had a handrail that was loose and unstable. On 07/09/24 in the morning, another bathroom was observed. The walk-in shower stall floor had an unknown black substance in and around the perimeter and in the corners of the shower stall. Areas of the shower stall had gaps between the tiles. The shower's drain cover was unsecured, loose and off-set. On 07/09/24 in the morning, a tour of the exterior revealed the front and back yards had overgrown weeds in areas designated for residents' outdoor activities. On 07/09/24 in the afternoon, the Caregiver acknowledged the handrails were loose and unstable and needed repair, the unknown black substance needed to be cleaned, the gaps between the tiles, the loose drain cover required fixing and the overgrown weeds in the exterior of the facility needed to be removed. Severity: 2 Scope: 3 Complaint #NV00071086	0178	**A.** The Administrator immediately informed the Facility Owner to rectify the environmental deficiencies and reiterated that this was already been brought to the Owner's attention numerous times previously for proper action. The Facility Owner have corrected the following deficiencies: • Handrails have been repaired to ensure they are secure and stable. • The unknown black substance in the walk-in shower stall floor has been cleaned and removed. • Gaps between tiles have been addressed, and the loose drain cover has been fixed. • Overgrown weeds around the exterior of the facility have been removed. **B.** The Administrator have implemented a maintenance inspection schedule to ensure all aspects of facility upkeep, including handrails, flooring, and exterior areas, are regularly addressed. Additionally, the Administrator has designated the Facility Owner and Caregivers to monitor both the interior and exterior of the facility through regular inspections to maintain ongoing cleanliness and proper maintenance. **C. Complete Date: 08/31/24** **D. See Attached Photos**	09/23/2024

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0179 SS= F	Health & Sanitation - Screens - NAC 449.209 Health and sanitation. (NRS 449.0302) 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. Inspector Comments: Based on observation and interview, the facility failed to ensure four windows had screens. Findings include: On 07/09/24 in the morning, a tour of the outside perimeter of the facility revealed window screens were missing from three of the resident rooms and one of the kitchen windows. On 07/09/24 in the afternoon, the Caregiver indicated they were unaware the windows were missing screens and understood the screens needed to be installed to prevent insects from entering the home. Severity: 2 Scope: 3	0179	A. The Administrator immediately instructed the Facility Owner to replace the missing window screens. All windows have now been properly screened. B. The Administrator instructed Facility Owner to implement a regular maintenance inspection schedule to check and replace window screens as needed. Additionally, the Administrator directed the Caregivers to promptly address any maintenance issues that could impact resident safety or facility security. C. **Complete Date: 08/15/24**	09/23/2024

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0351 SS= F	Bathrooms and Toilet - Per Residents - NAC 449.222 Bathrooms and toilet facilities; toilet articles. (NRS 449.0302) 2. Each residential facility that is issued an initial license on or after January 14, 1997, must have: (a) A flush toilet and lavatory for each four residents; and (b) A tub or shower for each six residents. Inspector Comments: Based on observation and interview, it was determined the facility failed to ensure a toilet was available for use for every four residents. Findings include: On 07/09/24 in the morning, during a tour of the facility 10 residents were observed. The facility is licensed for 10 residents. On 07/09/24 in the morning, the facility revealed three bathrooms. Two bathrooms had working toilets residents could access. The third bathroom had a working toilet; however, residents could not access the toilet because inside the entrance of the bathroom were two commodes, a pair of grab bars, multiple commode buckets and bedpans stacked on each other and blocking the entrance of the bathroom. The bathroom was being used for storage making it inaccessible to residents. On 07/09/24 in the morning, a Caregiver verbalized the bathroom was used for storage and not used by residents. On 07/09/24 in the afternoon, a Caregiver acknowledged there were 10 residents at the facility and only two usable toilets for 10 residents. Severity: 2 Scope: 3	0351	**A.** The Administrator immediately directed Caregivers to remove all items blocking access to the bathroom. The bathroom was then cleaned and made fully accessible for resident use. **B.** The Administrator designated a storage area for extra commodes, bedpans, and other equipment to prevent the use of bathrooms for storage. Caregivers have been retrained and instructed on the importance of keeping all bathrooms accessible and free of obstructions at all times. **C. Complete Date: 07/10/24**	09/23/2024
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - 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 , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another	0878	**A.** The Administrator and Caregivers immediately updated the MAR to accurately reflect the Physician's orders for R#1, R#4. and R#5. **B.** The Administrator has instructed Caregivers to double-check Physician's orders when transcribing to the MAR. The Administrator will ensure the caregivers are retrained on the importance of accurate documentation and the procedure for verifying orders. Additionally, the	09/23/2024

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	physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. 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, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse 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 (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, physician assistant or advanced practice registered nurse 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, physician assistant or advanced practice registered nurse, a 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. Inspector Comments: Based on interview and record review the facility failed to		Administrator will conduct a monthly audit to ensure all Physician's orders are correctly documented. **C. Complete Date: 07/10/24**	

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	ensure the Medication Administration Record (MAR) was accurate for 3 of 10 residents (Residents #1, #4 and #5). Findings include: Resident #1 (R1) R1 was admitted to the facility on 07/19/22 with a diagnosis of chronic obstruction pulmonary disease and hypertension. On 07/09/24 in the afternoon, a physician order for R1 dated 02/08/2024 documented Acetaminophen 325 mg, take two tab every 6 hrs as needed for mild to moderate pain. R1's July 2024 MAR documented Acetaminophen 325 mg, take one tab every 6 hrs as needed for mild to moderate pain. On 07/09/24 in the afternoon, the Caregiver acknowledged R1 was being administered the Acetaminophen as ordered by the physician, however R1's MAR was not documented accurately. Resident #4 (R4) R4 was admitted to the facility on 07/06/22 with a diagnosis of diabetes and dementia. A physician order for R4 dated 01/30/2024 documented Senna Plus 8.6 - 50 mg Take 1 tablet by mouth 2 times a day as needed for constipation. R4's July 2024 MAR documented Senna Plus 8.6 - 50 mg Take one (1) tab by mouth once daily as needed for constipation. On 07/09/24 in the afternoon, the Caregiver acknowledged R4 was being administered the Senna Plus as ordered by the physician, however R4's MAR was not documented accurately. Resident #5 (R5) R5 was admitted to the facility on 06/04/20 with a diagnosis of dementia and depression. On 07/09/24 in the afternoon, a physician order for R5 dated 04/03/24 documented a physician order for Senna Plus 8.6 - 50 mg, 2 tabs once daily as needed (hold per loose stools) if no BM x 1 day for laxative. R5's July 2024 MAR documented Senna Plus 8.6 - 50 mg, Take one (1) tab PO everyday as needed for constipation. On 07/09/24 in the afternoon, the Caregiver acknowledged R5 was being administered the Senna Plus as ordered by the physician, however R5's MAR was not documented accurately. On 07/09/24 in the afternoon, the Caregiver			

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	acknowledged R1's, R4's and R5's MAR was not documented accurately. Severity: 2 Scope: 1			
0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure all medications were stored in a locked area. Findings include: On 07/09/24 in the morning, the laundry room door was observed open and unattended. Located in the laundry room was a large plastic green bin containing resident medications. On 07/09/24 in the afternoon, the Caregiver acknowledged the laundry room containing medications was unlocked and should have been secured. Severity: 2 Scope: 3	0920	**A.** The Administrator immediately instructed Caregivers to move medications from the laundry room to a designated locked medication storage area. **B.** The Administrator will ensure Caregivers are retrained on proper medication storage procedures, emphasizing that all medications must always be kept in a designated locked area. Additionally, the Administrator has instructed Caregivers to regularly monitor medication storage areas to ensure they remain securely locked. **C. Complete Date: 07/10/24**	09/23/2024

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0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 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 or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 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 sharp objects were secured in the facility's kitchen. Findings include: On 07/09/24 in the morning, observed was a pair of scissors unsecured in a drawer located in the facility's kitchen. The drawer was not equipped with a locking mechanism. On 07/09/24 in the morning, the Caregiver confirmed the scissors were not usually stored in that drawer and should have been placed in one of the drawers that were locked. Severity: 2 Scope: 3	0994	**A.** The Administrator immediately instructed Caregivers to relocate scissors and any other sharp objects to a designated, locked drawer to prevent Residents access. **B.** The Administrator will ensure the Caregivers are retrained on the proper storage of sharp objects, emphasizing that these items must be kept in designated, locked storage areas. **C. Complete Date: 07/10/24**	09/23/2024

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 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 or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 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 chemicals were secured and inaccessible to residents. Findings include: On 07/09/2024 in the morning, the laundry room door was left propped open for over three hours. The following toxic items were found unsecured in the laundry room: 2 liquid laundry detergent bottles 3 bottles of liquid bleach 1 bottle of liquid fabric softener 1 bottle of liquid ammonia based cleaner 4 bottles of toilet bowl gel cleaner 4 cans of paint 1 bottle of dishwasher detergent On 07/09/24 in the afternoon, the Caregiver acknowledged the laundry room containing toxic substances should have been secured. Severity: 2 Scope: 3	0999	**A.** The Administrators and Caregivers immediately secured all toxic items in the designated, locked storage area to prevent Resident access. **B.** The Administrator retrained Caregivers on the proper handling and storage of toxic substances emphasizing that these items must always be kept in a locked storage area when not in use. The Administrator also instructed Caregivers to regularly monitor the laundry room to ensure it remains locked and secured at all times. **C. Complete Date: 07/10/24**	09/23/2024