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 _____	**08/12/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HACIENDA HILL MANOR	**5544 SURREY STREET, 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 an annual State Licensure survey and complaint investigation completed in your facility on 08/12/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six 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 five. Five resident files and four employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: 1. Complaint # NV00071237 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaint included: Interviews were conducted with Caregiver staff. Record review included several Medication Review Records (MARs) and an ADL record. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CRISTANTA PASION Title: ADMINISTRATOR Date: 09/11/2024

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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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 record review and interview, the facility failed to ensure 1 of 4 employees received cardiopulmonary resuscitation (CPR) and first aid training which included in-person training (Employee #4). Findings include: Employee #4 (E4) E4 was hired on 05/12/24 as a Caregiver. E4 completed CPR and first aid training provided by an online company on 01/01/24. The training did not contain an in-person component, a requirement per the regulation. On 08/12/24 in the afternoon, E4 and the Employee #1, who managed much of the employee and resident documentation for the home, acknowledged the CPR and first aid training completed by E4 did not contain an in-person component, and the employee should have completed training as required by the regulation. Severity: 2 Scope: 1	0106	Caregiver was immediately sent for In-Person CPR training. Completed (8/14/24) Manager will monitor that CPR credentials will include an In-Person training session before being hired Administrator will follow up all new hire files to ensure that all credentials are from an accredited source	08/14/2024
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 a screen was on one of three kitchen windows. Findings include: On 08/12/24 in the morning, one of the windows in the kitchen was without a screen to keep insects out. On 08/12/24 in the afternoon, the Caregivers acknowledged the kitchen window did not have a screen. Severity: 2 Scope: 3	0179	Screen was rehung Completed (8/16/2024) Manager will monitor to ensure all windows with openings have screens secured and in place	08/16/2024