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
	3671	A. BUILDING _____ B. WING _____	02/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALZHEIMERS LUXURY CARE	2951 VIKING ROAD, LAS VEGAS, NEVADA ,89121

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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 02/23/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine 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 seven. Seven resident files and four employee files were reviewed. The facility received a grade of A. 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: CHRIS C. TAN | Title: Administrator | Date: 03/10/2022

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0445 SS= F	Requirements and Precautions - NAC 449.229 Requirements and precautions regarding safety from fire. (NRS 449.0302) 3. An exit door in a residential facility must not be equipped with a lock that requires a key to open it from the inside unless approved by the State Fire Marshal or his or her designee. Inspector Comments: Based on observation and interview, the facility failed to ensure the front door did not require a key to open it from the inside. A deadbolt requiring a key to open from the inside of the home was observed on the front door. The Administrator confirmed the deadbolt on the front door required a key to open it and indicated they had not received approval from the State Fire Marshall to maintain it. Severity: 2 Scope: 3	0445	1. The administrator forgot to mention to the surveyor that the facility was inspected by the Dept. of Building and Fire Prevention on June 2021 and the result of the Occupancy Inspection was **approved** after all discrepancies noted during the initial inspection were corrected. The administrator assigned all staff individual keys to carry all the time. 2. The deadbolt was not one of the discrepancies in the initial inspection done by the Clark County Department of Building & Fire Prevention although discussed with the inspector; all other discrepancies were corrected and approved. 3. The administrator assigned all caregivers individual keys to carry all the time. The letter of approval regarding Occupancy Inspection done by the Clark County Department of Building & Fire Prevention is posted on the bulletin board for referral, Inspection Results Permit Number: FPOS18-00069. 4. The staff. 5. 6/1/2021 - date of the approval of Occupancy Inspection, Permit Number: FPOS18-00069. 6. Copy of the letter of approval.	03/01/2022

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0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. (as amended by LCB File No. R109-18) 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and section 13 of this regulation are met. Inspector Comments: Based on interview and record review, the facility failed to ensure an Ultimate User Agreement allowing medications to be administered by the facility was signed and dated by the resident or resident designee for 1 of 7 residents (Resident #3). Review of the Ultimate User Agreement for Resident #3 (R3) revealed the form was unsigned by R3 or R3's designee. The Administrator confirmed the Ultimate User Agreement for R3 should have been signed. Severity: 2 Scope: 1	0876	1. The administrator signed resident #3's Ultimate User Agreement. 2. The administrator will ensure that each Ultimate User Agreement is signed when admitting new residents. 3. The administrator must monitor each resident's file to ensure documents for admission including Ultimate User Agreement are completed and signed. 4. The administrator. 5. 2/23/2022 6. Copy of resident #3's Ultimate User Agreement	02/23/2022

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on interview and record review, the facility failed to ensure the Medication Administration Record (MAR) documented all medications for 1 of 7 residents (Resident #5). Findings include: Resident #5 (R5) was admitted on 01/30/19 with diagnosis including dementia and chronic heart failure. Physician's orders for R5 dated 01/14/22, documented Risperdal tablet, 0.25 milligrams, take one tablet twice a day. The Risperdal was not documented on R5's February 2022 MAR. On 02/23/22 at 10:45 AM, a Caregiver confirmed Risperdal was not documented on R5's February 2022 MAR and should have been. Severity: 2 Scope: 1	0895	1. The medication tech corrected the error and properly documented resident #5's Risperdal/Risperidone on the FEBRUARY 2022 MAR. 2. Medication tech will ensure all new medication orders are properly added to the current month of the MAR and to the succeeding months for compliance. 3. The medication tech must monitor and check daily resident's medications are completely documented in the MAR. 4. The medication tech. 5. 2/23/2022 6. Copy of the FEBRUARY 2022 MAR.	02/23/2022

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0938 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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on interview and record review, the facility failed to ensure an Activities of Daily Living (ADL) assessment was completed annually for 1 of 7 residents (Resident #7). The last documented ADL assessment in the medical record of Resident #7 (R7) was dated 10/04/20. The Administrator acknowledged an ADL assessment was not completed annually R7. Severity: 2 Scope: 1	0938	1. An annual ADL assessment was completed for resident #7. 2. The administrator and/or managing employee will check resident files to ensure documents for annual renewal are completed for compliance. 3. The administrator and/or managing employee must monitor monthly all resident files to ensure documents for annual renewal are completed for compliance. 4. 2/23/2022 5. The administrator and/or managing employee. 6. Copy of the annual ADL assessment.	02/23/2022