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
	3847	A. BUILDING _____ B. WING _____	12/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER DAYS GROUP HOME	**261 E ELDORADO LANE, LAS VEGAS, NEVADA ,89123**

(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 a State Licensure annual survey completed at your facility on 12/24/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten beds for elderly and disabled and/or persons with chronic illness and/or persons with mental illness, 3 Category I residents and 7 Category II residents. The census at the time of survey was nine. Nine resident files and four employee files were reviewed. The facility received a grade of A. 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: HOWARD HUGHES Title: Administrator Date: 02/21/2025

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0276 SS= F	Service of Food-Nutritious Meals;Frequency - NAC 449.2175 Service of food 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals. Inspector Comments: Based on observation and interview, the facility failed to ensure food was not expired and was suitable for residents. Findings include: On 12/24/24 in the morning, an opened container of potato salad was observed with an expiration date of 12/13/24. In the pantry cupboard was observed a closed jar of applesauce with an expiration date of 09/30/23. On 12/24/24 in the morning, the Administrator acknowledged the food was expired and disposed of the expired food. Severity: 2 Scope: 3	0276	1) In order to correct the specific findings stated in the SOD, failing to ensure food was not expired and suitable for residents, staff will check expiration dates on all the food before serving and dispose all food with expired date. 2) To ensure the deficient practice does not recur, staff will check and do inventory of the food to ensure they are not expired. 3) To monitor and esure the deficient practice will no recur, failing to ensure food was not expired, staff will do a daily inventory of the food. 4) The administrator is responsible for ensuring the POC is implemented, to ensure that food are not expired and suitable for residents.	12/24/2024
0874 SS= F	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review and interview, the facility failed to ensure six-month Medication Reviews were reviewed and initialed by the Administrator within 72 hours for 5 of 9 residents (Residents #1, #2, #5 #6, and #7). Findings include: Resident #1 (R1) R1 was admitted to the facility on 01/31/22, with diagnoses	0874	1) In order to correct the specific SOD, failing to ensure six month Medication Review were reviewed and initialed by Administrator with in 72hrs for 5 of 9 residents, all residents Medication Review will be reviewed every 6 months and initialed by the Administrator with in 72hrs. 2) In order to ensure that all Medication Reviews are reviewed every 6 months and initialed by Administrator with in 72 hrs after the review, the residents' charts will be check on weekly staff meetings. 3) To monitor and ensure that Medication Reviews are reviewed every 6 months and initialed by Adminsistrator with in 72 hrs after the review, the residents' charts will be reviewed on weekly staff meetings. 4) The Administrator is the person responsible for ensuring the POC is implemented and that Medication Reviews are reviewed every 6 months and initialed by the Administrator with in 72hrs after the review.	01/03/2025

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	including dementia and diabetes. R1's file documented a medication review dated 07/01/24, the review lacked the initials of the Administrator. Resident #2 (R2) R2 was admitted to the facility on 10/25/17 with diagnoses including anxiety and depression. R2's file documented a medication review dated 07/01/24, the review lacked the initials of the Administrator. Resident #5 (R5) R5 was admitted to the facility on 04/07/18, with diagnoses including dementia and chronic heart failure. R5's file documented a medication review dated 07/01/24, the review lacked the initials of the Administrator. Resident #6 (R6) R6 was admitted to the facility on 02/24/24, with diagnoses including hypertension and gout. R6's file documented a medication review dated 07/01/24, the review lacked the initials of the Administrator. Resident #7 (R7) R7 was admitted to the facility on 11/18/23, with diagnoses including hypertension and cardio vascular accident. R7's file documented a medication review dated 07/01/24, the review lacked the initials of the Administrator. On 12/24/24 in the morning, the Administrator acknowledged the six-month Medication Reviews should have been reviewed and initialed by the Administrator within 72 hours. Severity: 2 Scope: 3			
1825 SS= D	Designation/Training persons for IC Program - NAC 449.0109 Designation and training of person responsible for infection control. 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers	1825	1) In order to correct the specific SOD, the facility failed to ensure the primary and secondary infection control staff completed 15 hours of infection control training from an approved organization, the primary and secondary infection control staff completed 15 hours of infection control training from an approved organization. 2) In order to ensure the SOD does not recur, completing 15 hours of infection control training from an approved organization, the facility will check and make sure that the 15 hours infection control trainings are given by approved organization. 3) To monitor that the specific SOD does not recur, primary and secondary infection control staff failed to complete 15 hours of infection control training from an approved organization, the employee files will be	01/10/2025

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	for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control staff completed 15 hours of infection control training annually from an approved organization (Employees #1 and #3). Findings include: Employee #1 (E1) E1 was hired as the Owner/Administrator on 01/04/04. E1 was designated the primary infection control person for the facility. E1's file lacked documented evidence of 15 hours of annual infection control training regarding the control and prevention of infections from an approved organization. Employee #3 (E3) E3 was hired as Owner/Manager on 01/01/04. E3 was designated the secondary infection control person for the facility. E3's file lacked documented evidence of 15 hours of annual infection control training regarding the control and prevention of infections from an approved organization. On 12/24/24 in the afternoon, the Administrator acknowledged E1 and E3 did not receive 15 hours of annual infection control training regarding the control and prevention of infections from an approved organization. Severity: 1 Scope: 3		reviewed monthly to assure that all training required for staff are completed and from approved organization. 4) The Administrator will be responsible in ensuring that the SOD, primary and secondary infection control staff did not complete 15 hours of infection control training from an approved organization, does not recur.	