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 _____	**07/17/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENTLE SPRING CARE HOME	**6418 SPRING MEADOW DRIVE, LAS VEGAS, NEVADA ,89103**

(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 Complaint Investigation survey completed at your facility on 07/17/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents. The census at the time of the survey was ten. The sample size was five. The facility received a grade of A. There was one complaint investigated. Substantiated: Complaint #NV00071344 was substantiated (See Tag Y0755). Investigation of the complaint included: Observation of residents without injuries or bruises, resident hygiene and residents with clean clothes. Interviews were conducted with a Caregiver, a Manager and residents. Record review of five residents, including the resident of concern. Document review of incident reports. 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: SUSAN SOWERS Title: administrator Date: 08/03/2024

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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0557 SS= D	Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or Inspector Comments: Based on observation and interview, the facility failed to ensure, a resident was not restrained in bed, for 1 of 5 residents (Resident #5). Findings include: Resident #5 (R5) was admitted on 05/10/24 with diagnosis including dementia. On 07/17/24 in the morning, R5 was found lying in a bed. The bed was pushed against a wall on one side. The other side was observed with a half rail up. Additionally, a recliner was tied by sheets to the opposite side of the bed. On 07/17/24 at 9:20 AM, a Caregiver confirmed the sheets were used to tie the recliner to the bedside at night, so R5 could not get out of bed. Severity: 2 Scope: 1	0557	1. The facility administrator educate staff that no residents will be restraint. 2. The facility administrator will ensure to check with staff on duty to make sure that no resident, is being restraint. 3. The facility administrator will ensure to conduct rounds in every scheduled visit to check in each resident's room to make sure that no one is being restraint. 4. The Administrator will ensure that the facility will implement the provision regarding restrain of a resident. 5. The Administrator implemented the correction on 7/17/24	07/17/2024
0755 SS= D	Unmanageable / Manageable Incontinence - NAC 449.2722 Residents having unmanageable condition of bowel or bladder incontinence; residents having manageable condition of bowel or bladder incontinence. (NRS 449.0302) 3. The caregivers employed by a residential facility with a resident who has a manageable condition of bowel or bladder incontinence shall ensure that: (a) If the resident can benefit from scheduled toileting, he or she is assisted or reminded to go to the bathroom at regular intervals; (b) The resident is checked during those periods when he or she is known to be incontinent, including during the night; (c) The resident is kept clean and dry; (d) Retraining programs are designed by a medical professional with training and experience in the care of persons with bowel or bladder	0755	1.The facility Administrator will ensure that staff/caregiver are capable of assisting residents in toileting or will remind the resident to use the bathroom in regular intervals or as often as it can if needed. 2.The facility staff will ensure to check the residents that are incontinent in both Bowel and bladder to make sure that they will guided/assisted to take to the bathroom or be changed immediately as needed. And staff will make sure that privacy is provided every time changing and toileting is assisted by closing the door. 3.The facility staff will ensure to monitor by checking the residents that are incontinent in both bowel and bladder to avoid being soak in wet or soiled including the nighttime. 4. The Administrator will ensure to conduct a refresher caregiver responsibility of the	07/17/2024

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	dysfunction; (e) The retraining programs established for a resident are followed; and (f) Privacy is afforded to the resident when care is being provided. Inspector Comments: Based on interview and record review, the facility failed to ensure 1 of 5 residents (Resident #5) was kept clean and dry following a bowel movement. Findings include: Resident #5 (R5) was admitted on 05/10/24 with diagnosis including dementia. Activities of Daily Living assessment dated 05/10/24 documented R5 required assistance due to inability to control bowels. A History and Physical dated 05/28/24 documented R5 indicated falling out of bed. The History and Physical documented R5 was found by emergency personnel, "covered in dry feces and an old diaper". An Emergency Department Triage progress note dated 05/28/24, confirmed the resident was found "covered in dry feces and an old diaper". On 07/17/24 in the morning, a Caregiver indicated the facility's process for incontinence care was for staff to assist residents with hygiene and care when they needed changing. Severity: 2 Scope: 1 Complaint #NV00071344		staff during routine visits of the facility and will conduct a round check in each resident to make sure that residents are kept dry and cleaned. 5. The corrective actions immediately implemented on 7/17/24.	