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 _____	**02/18/2025**

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 a Complaint Investigation survey completed at your facility on 02/18/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was eight. The sample size was five. The facility received a grade of B. There were four complaints investigated. Substantiated: 1. Complaint #NV00073232 was substantiated (See Tag Y0565). 2. Complaint #NV00073100 was substantiated (See Tag Y0178). 3. Complaint #NV00073026 was substantiated (See Tag Y0565). 4. Complaint #NV00073025 was substantiated (See Tag Y0273). Investigation of the complaints included: Observations of residents, cleanliness, meal service, and a tour of the facility. Interviews were conducted with residents, Caregivers, the Administrator, and the Owner. Record review of five residents and four staff files, including the residents and staff of concern. Document review of policies and procedures. 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: 03/23/2025

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 refrigerator was clean and well maintaned. Findings include: On 02/18/25 at 9:00 AM, debris and grime were found in the refrigerator drawers and on the shelves. On 02/18/25 at 9:15 AM, the Caregiver reported staff were expected to clean the refrigerator weekly and acknowledged it had not been cleaned in the past week. On 02/18/24 at 11:30 AM, the Administrator reported staff should clean the refrigerator weekly. The (undated) Housekeeping and Laundry Services policy documented cleanliness was a vital part of ensuring a safe and comfortable environment. Severity: 2 Scope: 3 Complaint #NV00073100	0178	1. To correct this deficiency, the facility staff immediately cleaned and sanitized the refrigerator of all debris and grime. 2. Administrator imposed on staff that weekly cleaning and sanitation of the refrigerator is to be done. 3. Administrator will ensure that weekly cleaning and sanitizing of the refrigerator will be done. 4. Administrator and manager will ensure to implement the practices of the weekly cleaning and sanitation of the refrigerator. This practice will also be monitored on a weekly basis. 5. Action completed 2/19/25. (See attached photo of the refrigerator.)	02/19/2025
0273 SS= D	Nutrition and Service of Food - Special Diet - NAC 449.2175 4. A resident who has been placed on a special diet by a physician or licensed dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modifications to the menu to accommodate for special diets prescribed by a physician or licensed dietitian are kept on file for at least 90 days. Inspector Comments: Based on document review, interview and record review, the facility failed to ensure a renal diet was provided for 1 of 5 residents. (Resident #2) Findings include: Resident #2 (R2) R2 was admitted on 11/17/24 with primary diagnoses including diabetes, cirrhosis of liver, end stage renal disease (ESRD), congestive heart failure, hypertension and hypoglycemia. A hospital Patient Summary dated 12/16/24 for R2 (unknown	0273	1. Facility to correct this deficiency by ensuring to check the patient discharge instruction information upon admission concerning being on a special diet. 2. Administrator will ensure all residents with an order to be on a special diet, will follow it as ordered by the physician. The special diet ordered will be provided to the resident at the facility as the residents meal plan. 3. Administrator will ensure to monitor and maintain the physician order of a special diet in the residents file. Facility to kept the documents and menu of that special diet type in the residents file to show compliance and accommodation for that special diet. Files will be kept for 5 years. 4. Administrator and manager of the facility will be responsible of the monitoring and keeping of records, as well as following the special diet meal plan. 5. Corrective plan done on 2/20/25	02/20/2025

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	symptoms), documented the diet type as renal. On 02/18/25 at 12:45 PM, the Owner reported that usually a resident with a special diet was not admitted. There was no documentation in R2's record showing R2 followed a renal diet after the 12/16/24 hospital visit, and no documentation in R2's record of what food and meals R2 needed and was receiving. An email dated 12/23/24 from a family representative to the Owner, acknowledged R2 being aware of the dietary guidelines of the group home. From 12/23/24 on, R2 would comply with the meals that were offered and the family representative would provide any necessary supplements to R2 as needed for R2's renal diet. On 02/18/25 in the morning, there was no record of accommodations for a renal diet prior to 12/23/24. There was no evidence the facility notified the physician regarding R2 not receiving a renal diet from 12/16/24 to 12/23/24. On 02/18/25 at 11:20 AM, the Administrator reported the facility would not accept a resident on a special diet, such as diabetic, renal, low salt, etc. On 02/18/25 at 12:40 PM, a Caregiver reported R2 was served the same food all the other residents received for meals. On 02/18/25 in the afternoon, the Owner confirmed the facility did not provide meals for a renal diet to R2. On 02/18/25, the Facility Policies (undated), documented resident's files will be kept for five years including documentation of daily activities, diet intake ... Nutritious balanced meals will be served three times daily with attention to individual preferences ... Special diets and nourishments as ordered by physician will be provided. Severity: 2 Scope: 1 Complaint #NV00073025			
0503 SS= D	Written Policies - Compliance with - NAC 449.258 Written policies for facility; policy on visiting hours; residents ' mail; compliance with policies. (NRS 449.0302) 4. The employees of the facility shall comply with the policies developed pursuant to this section.	0503	1. Facility to correct deficiency by having staff accurately fill out a daily "Activities of Daily Living", (ADL), log/ tracker form for each resident. (See attached form) 2. Administrator will ensure to comply with the correcting of this deficiency by imposing our policies and procedures of tracking each resident's ADL's by using the ADL	03/20/2025

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	Inspector Comments: Based on document review, record review and interview, the facility failed to comply with their established policies and procedures regarding monitoring and tracking resident Activities of Daily Living (ADLs) for 1 of 4 residents. (Resident #2) Findings include: Resident #2 (R2) R2 was admitted on 11/17/24, with diagnoses including congestive heart failure, cirrhosis of the liver, end stage renal disease (ESRD), hypoglycemia, diabetes and hypertension. A hospital History and Physical dated 10/30/24, documented R2 required assistance with ADLs. R2's HFA Consumer Service Plan (temporary), signed on 12/27/24, documented services for R2 as bathing 1 to 3 times per week, dressing, eating, grooming, toileting and transfers. The ADL Log for R2 provided on 02/18/25 documented no ADL tracking between 12/16/24 to 12/27/24. On 02/18/25 in the afternoon, the facility failed to provide documentation of staff tracking and documenting ADL services for R2. On 02/18/25 at 11:35 AM, the Administrator reported the facility did not track ADLs, unless the resident was on Medicaid. The Administrator confirmed there was no documented ADL tracking for R2 because R2 was not on Medicaid. On 02/18/25 at 12:45 PM, the Owner reported they did not track resident ADLs or use an ADL Log unless the resident was on Medicaid. If the ADL Log was used, it was signed daily by the Caregiver by the end of the day. The facility's Activities of Daily Living Policy (undated), documented staff are required to document all assistance provided accurately ... Specific aspects covered in an ADL Policy include: ... procedures for assisting with bathing, dressing, toileting, eating, grooming and mobility. The Facility Policies (undated), documented resident's files will be kept for five years including documentation of daily activities, medical contacts, etc. The facility's Morning Assistance Procedures policy (undated),		log/tracker form. 3. Administrator to monitor that the written policies and procedures of using the ADL log/tracking form for documentation will be done accurately for each resident. This will also ensure that the required documentation of all resident's assistance needs are provided. 4. Administrator and head caregiver will be responsible for the compliance of this ADL policy and procedure. 5. Date of completed: 03/20/2025	

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	documented staff were to document morning assistance given or refused on a service sheet. The facility's Shower Procedures policy (undated), documented staff are to document all assistance given or refused on the service sheet. The facility's Night Time Assistance Procedures policy (undated), documented staff were to document assistance given or refused on a service sheet. Facility policies lacked documented evidence services for Medicaid only residents were documented. Severity: 2 Scope: 1			

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0565 SS= D	Money and Property of Residents - NAC 449.267 Money and property of residents. (NRS 449.0302) 1. An employee of a residential facility shall not handle a resident ' s money without first being requested to do so in writing by the resident or his or her representative. Inspector Comments: Based on record review and interview, the facility failed to ensure written authorization was obtained for 1 of 5 sampled residents to handle the resident's money, and the policy was not followed (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 11/25/24, with a diagnosis of hypertension and chronic obstructive pulmonary disease. The (undated) policy Handing Residents Funds documented in cases the resident is unable to withdraw the rental payment on their own, they will issue an authorization in writing to allow the facility to withdraw their funds on their behalf. Proof of withdrawals are kept in the resident's file. The facility will not hold any of the resident's funds. R1's file lacked documented evidence of an authorization form granting the facility permission to withdraw money from the ATM on R1's behalf. R1's file did not include proof of any withdrawals. On 02/18/24 at 11:30 AM, the Owner reported R1 refused to accompany the Manager to the ATM and insisted on paying rent with cash. R1 handed the Manager their debit card to withdraw funds from the ATM to cover the rent. The debit card was returned to R1 after the withdrawal. R1 refused to sign any paperwork allowing the facility to access funds from the ATM. The verbal consent consent was not documented. The Owner stated that copies of receipts were provided to R1, however, no copies were retained in R1 ' s file. Severity: 2 Scope: 1 Complaint #NV00073232 Complaint #NV00073026	0565	1. Facility to correct this deficiency by producing an "Authorization Statement" form that all or any residents must agree and sign if they are requesting a staff member to go to an ATM/Bank, and withdraw money from their personal account. (See attached form.) 2. Administrator of the facility will ensure that this deficiency will not happen again by having the resident sign the "Authorization Statement" form and then file it in the residents binder. if an employee/staff of the facility is being requested by the resident to assist them in withdrawing money due to needing assistance, they can do so, and then give the resident their cash request along with the receipt and return of their bank card. In addition, staff members will make a copy of the ATM/Bank receipt and retain the copy of the receipt in the residents binder for proof and compliance that facility made the ATM/Bank withdrawal and transfer as requested by the resident. 3. Administrator will ensure to monitor and review all resident's capability of financial decision and make sure that the "Authorization Statement" form is signed by the resident if staff requested to do any kind of bank withdrawal. 4. Administrator, and facility manager representative are responsible for implementing policy. 5. Correction action completed on 2/20/25	02/20/2025

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0951 SS= D	Hospice Care Responsibilities of Staff - NAC 449.275 Residential facility which provides residents with hospice care: Responsibilities of staff; retention of resident with special medical needs. (NRS 449.0302) 2. The members of the staff of the facility shall: (a) Maintain at the facility a written record of the care and services provided to a resident who receives hospice care; and (b) Report any deviation from the established plan of care to the resident ' s physician within 24 hours after the deviation occurs. Inspector Comments: Based on document review, record review and interview, the facility failed to maintain health and/or home health records for 1 of 5 residents. (Resident #2) Findings include: Resident #2 (R2) R2 was admitted on 11/17/24 with primary diagnoses including diabetes, cirrhosis of liver, end stage renal disease (ESRD), congestive heart failure, hypertension and hypoglycemia. A hospital discharge record for R2 dated 12/16/24, documented an ongoing medical history of hemodialysis and the diet type as renal dialysis. On 02/18/25 at 9:25 AM, a Caregiver confirmed R2 went for dialysis three times a week. On 02/18/25 in the morning, R2's record lacked documented evidence of a home health record for R2's dialysis, including no documentation of orders for the dialysis, how often R2 was to receive dialysis and any instructions for bathing and/or meals related to dialysis. On 02/18/25 in the afternoon, the Facility Policies (undated), documented resident's files would be kept for five years including documentation of daily activities and medical contacts. On 02/18/25 in the morning, the Caregiver and Administrator confirmed there was no record of dialysis for R2 and there should have been a record of the dialysis. Severity: 2 Scope: 1	0951	1. Facility to correct this deficiency by requesting the "Care Plan" from hospice or the home health agency that the resident is receiving service from. Upon admission, or when resident is under the care of hospice or home health, facility staff will request that the agency provide the facility with a record binder with the "Plan of Care" filed inside of it. 2. The administrator will ensure that this deficiency will not happen again by requesting to the hospice or home health agency upon the start of their services, that a record binder with the "Plan of Care" filed inside of it, are present at the facility. 3. Administrator will ensure to check and monitor that all current records of hospice and home health provider are at the the facility. Facility to retain for 5 years. 4. Administrator and manager will be responsible for the record checking and monitoring. Corrective action completed 2/20/25	02/20/2025