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 _____	**05/21/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT SPRINGS SENIOR LIVING	**6650 W FLAMINGO RD, 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 annual State Licensure survey and complaint investigation conducted at your facility on 05/21/24, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities for Groups. The facility is licensed for 100 Residential Facility for Group beds for elderly and disabled persons, and/or mental illnesses with Assisted Living, Category II residents. The census at the time of the survey was 79. Twenty resident files and fifteen employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: 1. Complaint #NV00071062 could not be substantiated. The investigation of the complaint included: Observation of residents, including the resident of concern. Interviews with residents, including the resident of concern, a Caregiver, a Medication Technician, the Wellness Director, the Receptionist and the Administrator. Record review of residents, including the resident of concern. Documents reviewed including 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 investigation, 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		
0106 SS= E	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;	0106	Employees have received CPR/FA Training to comply with NAC 449.200. Employee Training Policy and Procedures have been reviewed and acknowledged by the administrator so as to avoid non-compliance with this training in the future. CPR FA Cards are attached.	06/24/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MICHAEL E TRAIL Title: Administrator Date: 06/25/2024

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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	Inspector Comments: Based on record review and interview, the facility failed to ensure 6 of 15 sampled employees received the cardiopulmonary resuscitation (CPR) and first aid training, per the requirement (Employees #2, #5, #8, #12, #13, and #14). Findings include: Employee #2 (E2) E2 was hired on 04/09/24, as a Caregiver. E2's file documented CPR was completed on 06/06/22. E2's file lacked documented evidence first aid was completed and current. Employee #5 (E5) E5 was hired on 10/18/23, as a Caregiver. E5's file revealed CPR and first aid training was completed online on 02/29/24. E5's file lacked documented evidence a portion of the training was completed in person. Employee #8 (E8) E8 was hired on 05/08/23, as the Director of Community Liaison. E8's file revealed CPR and first aid training was completed online on 07/21/22. E8's file lacked documented evidence a portion of the training was completed in person. Employee #12 (E12) E12 was hired on 11/30/22, as a Medication Technician. E12's file revealed CPR and first aid training was completed online on 01/15/23. E12's file lacked documented evidence a portion of the training was completed in person. Employee #13 (E13) E13 was hired on 08/16/22, as the Wellness Director. E13's file revealed CPR and first aid training was completed online on 07/21/22. E13's file lacked documented evidence a portion of the training was completed in person. Employee #14 (E14) E14 was hired on 02/02/23, as the Wellness Coordinator. E14's file revealed CPR and first aid training was completed online on 05/04/23. E14's file lacked documented evidence a portion of the training was completed in person. On 05/21/24 in the afternoon, the Administrator and the Business Office Manager were not aware E2 did not receive first aid and was not aware online CPR was not accepted. The Administrator and Business Office Manager acknowledged the employees did not have the CPR/First aid training per the			

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	requirement. Severity: 2 Scope: 2			
0255 SS= D	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 05/21/2024, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Major Violations: a. The floors throughout the kitchen were soiled with food and debris along the coving tiles under equipment, tables and shelving. Severity: 2 Scope: 1	0255	The administrator and dietary director supervised and ensured immediate cleaning of areas noted in the kitchen, along the floor and baseboard tiles. Cleaning was completed and inspected by the administrator and dietary director.	06/05/2024
0830 SS= D	Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. (NRS 449.0302) 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. Inspector Comments: Based on interview and record review, the facility failed to submit a medical exemption for two residents with prohibited conditions (Resident #1 and #2). Findings include: Resident #1 (R1) R1 was admitted to the facility on 02/26/24 with diagnoses including hypertension and dementia. The History and Physical Examination dated 02/16/24 documented R1 had an indwelling Foley catheter. There was no documented evidence the facility had submitted a medical exemption to the Bureau to retain R1. On 05/21/24 at 1:00 PM, the Wellness Director confirmed R1 had an indwelling catheter and the facility did not submit a	0830	The approved Wound Waiver for Resident #2 is attached. It is good for 12 months. The Provisional Waiver was approved for 10 days and we are currently still awaiting the completion of the Plan of Care for Resident #1 catheter. As soon as the POC for Resident #1 is completed we will apply for the full waiver. These waivers will be re applied for, if needed, each 12 months.	06/25/2024

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	written request to the Bureau for a medical exemption to retain the resident. Resident #2 (R2) R2 was admitted to the facility on 05/28/21 with diagnoses including diabetes mellitus II, peripheral vascular disease, and congestive heart failure. The Home Health Care Notes dated 04/08/24 documented R2 had open wounds on the lower extremities (left leg 0.5 centimeters (cm) x 0.5 cm; right leg 1 x 1 cm). On 05/21/24 at 1:00 PM, the Wellness Director confirmed R2 had lower extremity wounds and the facility did not submit a written request to the Bureau for a medical exemption to retain the resident. There was no documented evidence the facility had submitted a medical exemption to the Bureau to retain R2. On 05/21/24 at 1:15 PM, the Administrator acknowledged it was the facility's policy to submit a written request to the Bureau for a medical exemption to retain residents with catheters and open wounds. Severity: 2 Scope: 1			
1840 SS= E	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care.	1840	Employees noted received appropriate Infection Control Training to meet the requirements of R063-21 Sec.4. This training will be accomplished on an annual basis and initially for all Caregivers as per requirement. Certificates from CDC Train are attached.	06/24/2024

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	Inspector Comments: Based on record review and interview, the facility failed to ensure 7 of 15 sampled employees (Employees #8, #9, #10, #11, #12, #13, and #14) acquired the required infection control training. Findings include: The following employee files lacked documented evidence infection control training was completed through a nationally recognized course. Employee #8 was hired on 05/08/23, as the Director of Community Liaison. Employee #9 was hired on 05/07/23, as the Dietary Aide. Employee #10 was hired on 02/08/23, as a Medication Technician (Med Tech). Employee #11 was hired on 09/01/20, as the Administrator. Employee #12 was hired on 11/30/22, as a Med Tech. Employee #13 was hired on 08/16/22, as the Wellness Director. Employee #14 was hired on 02/02/23, as the Wellness Coordinator. On 05/21/24 in the afternoon, the Administrator acknowledged the employees did not receive infection control training through a nationally recognized course. Severity: 2 Scope: 2			