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
	423	A. BUILDING _____ B. WING _____	02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERESIANE ADULT GROUP CARE	6620 ELLERHURST DRIVE, LAS VEGAS, NEVADA ,89103

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 02/18/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or mental illness, Category I 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 B. 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		
0174 SS= D	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure the premises were free from urine or foul odors. Findings include: On 02/18/25 at 9:30 AM, there was a strong odor of urine and a feces in bedroom #2. On 2/18/25 at 10:00 AM, the caregiver indicated there was a previous resident that used to soil themselves in the room daily. The resident no longer resided in the facility but the smell was still strong in the room. Severity: 2 Scope: 1	0174	Bedroom #2 was thoroughly cleaned and sanitized and now free from urine or foul odors. Bed linen was also changed. The management and its caregivers will ensure facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Daily inspection of every room will be done to ensure standards are met. Weekly deep cleaning will be done by the facility staff to ensure rooms and free from any foul or offensive odor. Management will ensure that rooms where patient is recently discharged will be inspected after 24 hours of patient being discharged from the facility.	02/22/2025
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	0178	1. Missing electrical outlet cover in the kitchen area on the right side counter next to the refrigerator and broken outlet	02/28/2025

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	well maintained. Inspector Comments: Based on observation and interview the facility failed to ensure the facility was kept clean and well maintained. Findings include: On 2/18/25 at 9:15 AM, there was a missing electrical outlet cover in the kitchen area on the right side counter next to the refrigerator and a cracked and broken outlet cover in bedroom #3. On 02/18/25 at 9:45 AM, the following items were found in the back yard: - There were large amounts of dog feces scattered throughout the right side of the facility. -Old chairs and debris were stacked on the right side of the facility. -Cigarette butts were scattered on the back patio area and on the right side of the facility. On 02/18/25 at 10:33 AM, the Administrator indicated the facility would clean up the dog feces and cigarette butts when they saw them, but confirmed the dog feces near the backyard and the right side of the facility was from a previous dog that was no longer at the facility. The Administrator confirmed the residents had access to the backyard which was the smoking area as well as had access to the right side area. On 2/18/25 at 10:55 AM, there was a broken window on the Northeast side of the facility. Bedroom #3's window, and the living room windows were without screens. On 2/18/25 at 11:00 AM, the Administrator acknowledged the broken window, the missing screen on Bedroom #3's window, and the missing screens on the living room windows. Severity: 2 Scope: 3		cover in bedroom #3 were both replaced. Dog feces scattered throughout the right side of the facility was thoroughly cleaned and brick tiles were placed to maintain clean area and easier maintenance of the right side of the yard. Old chairs and debris stacked on the right side of the facility were removed and disposed. Cigarette butts scattered on the back patio area and on the right side of the facility were also thoroughly cleaned and all residents were reminded of house rules of properly disposing cigarette butts to designated receptacles. The facility administrator or its management will ensure cleanliness is maintained every week by weekly inspection of the outside perimeter of the facility and necessary maintenance address immediately. The broken window on the Northeast side of the facility was also replaced. In addition, Bedroom #3's window and living room windows screens were also replaced. Reminded caregivers to report any interior and exterior repairs needed for immediate action and replacement. The Facility administrator shall ensure that the premises are clean and the interior, exterior and landscaping of the facility are well maintained. Please see	

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			attached pictures. 2. The facility staff will perform monthly inspection of the facility to ensure repairs are done accordingly. 3. A monthly maintenance log will be kept on file to ensure the premises are clean and the interior, exterior and landscaping of the facility are well maintained. 4. The administrator or owner is responsible for ensuring the plan of correction is implemented and the facility is well maintained. The administrator or owner is responsible for ensuring deficiency does not recur. 5. The corrective action was completed on 02/28/25	

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0320 SS= F	Bedroom - Doors: Locks - NAC 449.220 Bedroom doors. (NRS 449.0302) 1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge. Inspector Comments: Based on observation and interview the facility failed to ensure residents' bedroom doors were equipped with a single motion lock. Findings include: On 02/18/25 in the morning, resident bedroom doors #2, #3, #4 and #5 had locks which required more than one motion to unlock the doors leading to the interior of the facility. The door locks required residents to first turn the lock one direction and then turn the door handle downward to open the door. The residents' bedroom door locks did not provide facility security. On 02/18/25 in the morning, the Owner acknowledged the double motion locks on resident bedroom doors #2, #3, #4 and #5 and verbalized being unaware of the requirement for single motion door locks. Severity: 2 Scope: 3	0320	1. The residents' bedroom doors #2, #3, #4 and #5 were all changed with a single motion lock. Please see attached pictures. 2. The facility staff will perform monthly inspection of the facility to ensure repairs are done accordingly. 3. A monthly maintenance log will be kept on file to ensure the premises are clean and the interior, exterior and landscaping of the facility are well maintained. 4. The administrator or owner is responsible for ensuring the plan of corrected is implemented and the facility is well maintained. The administrator or owner is responsible for ensuring deficiency does not recur. 5. The corrective action was completed on 02/28/25.	02/28/2025

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0356 SS= F	Bathrooms and Toilet Facilities - NAC 449.222 Bathrooms and toilet facilities; toilet articles. (NRS 449.0302) 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times. Inspector Comments: Based on observation and interview the facility failed to ensure two resident bathroom doors were equipped with a single motion lock. Findings include: On 02/18/25 in the morning, it was observed that the resident bathroom doors near bedrooms #1 and #3 had locks which required more than one motion to unlock the door leading to the interior of the facility from the bathrooms. On 02/18/25 in the morning, the Owner acknowledged the double motion locks on the doors and verbalized being unaware of the requirement for single motion door locks. Severity: 2 Scope: 3	0356	1. Two resident bathroom doors were also replaced with a single motion lock. Please see attached pictures. 2. The facility staff will perform monthly inspection of the facility to ensure repairs are done accordingly. 3. A monthly maintenance log will be kept on file to ensure the premises are clean and the interior, exterior and landscaping of the facility are well maintained. 4. The administrator or owner is responsible for ensuring the plan of correction is implemented and the facility is well maintained. The administrator or owner is responsible for ensuring deficiency does not recur. 5. The corrective action was completed on 02/28/25.	02/28/2025

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1840 SS= D	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. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees received infection control training annually through a nationally recognized course (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 02/08/10 as a Caregiver. E1's file lacked documented evidence of an annual infection control and prevention training through a nationally recognized course. On 02/18/25 in the morning, the Owner acknowledged E1 had not received annual infection control and prevention training through a nationally recognized course. Severity: 2 Scope: 1	1840	The facility administrator has evidence of infection control completed on 01/21/25 during the annual survey done on 02/18/25. Employee #1 (E1) E1 was hired on 02/08/10 as a Caregiver completed on 02/27/25 through the centers for disease control and Prevention. Please see attached certificates.	02/27/2025