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
	4240	A. BUILDING _____ B. WING _____	09/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD GROUP HOME	4752 TORRENCE 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 annual State Licensure survey conducted in your facility on 09/14/18. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three 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 deficiencies were identified:	0000		
0960 SS= E	449.2754(1) - Alzheimer's Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer's disease: Application for endorsement; general requirements. 1. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer ' s disease. The Health Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on interviewed record review, the facility failed to obtain an Alzheimer's/dementia endorsement to provide care to residents for 3 of 5 resident (Resident #1, #3 and #5). Findings include: Resident #1 Resident #1 was admitted on 04/28/18, with a diagnosis of dementia. On 09/14/18 at 9:45 AM, the resident could not complete all of the questions on the mini-cognitive assessment. The questions on the	0960	Laurelwood Group Home will immediately implement the following procedure to ensure the appropriate endorsement is obtained to be able to care for residents diagnosed with dementia and Alzheimer's. On September 24, 2018 Laurelwood Group home applied for Alzheimer's endorsement. On September 30, 2018 Laurelwood Group Home submitted two attachments: Application for Alzheimer's Endorsement and also the Education Certificate (Alzheimer's and Dementia Training).This corrective action is taken by the Administrator of Laurelwood Group Home. Furthermore the Administrator will continue to monitor this corrective action and verify compliance with the newly implemented procedure. The corrective action was taken on September 30, 2018	09/30/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4240	A. BUILDING _____ B. WING _____	09/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD GROUP HOME	**4752 TORRENCE 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
	mini-cognitive assessment included, "What city do you live in? What was the year? Who was the current president? What day of the week was it? What time of the day was it?". The resident was confused and could not answer most of the questions. Resident #3 Resident #3 was admitted on 02/24/16, with a diagnosis of dementia. On 09/14/18 at 10:00 AM, Resident #3 could not answer any of the questions on the mini-cognitive assessment. The mini-cognitive assessment included, "What city and state do you live in? What year was it? Who was the current president? What day of the week was it? What time of the day was it?". The resident was confused and unsure of any of the answers. Resident #5 Resident #5 was admitted on 12/28/15, with diagnoses including dementia. On 09/14/18, Resident #5 was unavailable for an interview. On 09/14/18 at 10:30 AM, Employee #1 confirmed three of the five residents did have a confirmed diagnosis of dementia. Employee #1 was unaware the resident's needed to be in an Alzheimer's endorsed facility. Severity: 2 Scope: 2			