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 _____	**12/23/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARVEL MANOR	**4935 N DURANGO, LAS VEGAS, NEVADA ,89149**

(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 annual State Licensure survey completed at your facility on 12/23/24, 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, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and seven 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 regulatory deficiency was identified.	0000		
0620 SS= E	Written Policy on Admissions - NAC 449.2702 and R043-22 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, interview and record review, the facility failed to obtain a medical exemption to maintain a resident who was bedfast for 2 of 6 residents (Resident #2 and #3). Findings include: Resident #2 (R2) R2 was admitted to the facility on 05/20/2023 with diagnoses including cerebral palsy. On 12/23/24 in the morning, R2 was observed lying in bed and was unable to demonstrate the ability to turn from side to side in bed without assistance.	0620	1) The finding cannot be corrected, R2 and R3 have passed away. 2) We will apply for waivers according to plan of care. 3) Executive Director will monitor that waivers are done in a timely manner. 4) Executive Director 5) This cannot be completed. 6) Nothing to attach.	02/01/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: DAVID MARVEL Title: Administrator Date: 04/10/2025

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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	On 12/23/24 in the morning, the caregiver verified R2 could not turn from side to side without assistance and the caregiver explained R2 had to be turned every two hours. R2 indicated they were unable to do any activities without some assistance. R2's record lacked documented evidence of an approved bedfast medical exemption from the Bureau. Resident #3 (R3) R3 was admitted to the facility on 11/27/2024 with diagnoses including colon cancer. On 12/23/24 in the morning, R3 was observed lying in bed and was unable to demonstrate the ability to turn from side to side in bed without assistance. On 12/23/24 in the morning, the caregiver verified R3 could not turn from side to side without assistance. The caregiver explained R3 had to be turned every two hours. R3 confirmed they were unable to ambulate from the bed without calling the caregiver for assistance. R3's record lacked documented evidence of an approved bedfast medical exemption from the Bureau. On 12/23/24 in the afternoon, the Executive Director acknowledged that R2 and R3 were bedfast and indicated both residents did not have an approved bedfast medical exemption on file. Severity: 2 Scope: 2			
0874 SS= E	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on interview and record review, the facility failed to ensure the six month pharmacy reviews were reviewed and initialed by the	0874	1) The specific findings have been corrected. 2) The Administrator will review all pharmacy reviews. 3) The Administrator and Owner shall monitor this to ensure this does not happen again. 4) The Administrator 5) February 1, 2025 6) See attached	02/01/2025

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	Administrator for 3 of 6 residents (Residents #1, #2, and #5). Findings include: Resident #1 (R1) R1 was admitted on 01/06/23 with diagnoses of progressive supranuclear palsy. R1's file revealed pharmacy reviews were completed on 12/31/23 and 06/30/24 by the pharmacist every six months per the requirement. However, the Administrator's signature or initials were missing from the documentation to indicate the Administrator reviewed each medication review. Resident #2 (R2) R2 was admitted to the facility on 05/20/2023 with diagnoses including cerebral palsy. R2's file revealed pharmacy reviews were completed on 12/31/23 and 07/05/24 by the pharmacist every six months per the requirement. However, the Administrator's signature or initials were missing from the documentation to indicate the Administrator reviewed each medication review. Resident #5 (R5) R5 was admitted to the facility on 03/21/24 with diagnoses including dementia. R5's file revealed pharmacy reviews were completed on 06/30/24 by the pharmacist every six months per the requirement. However, the Administrator's signature or initials were missing from the documentation to indicate the Administrator reviewed each medication review. On 12/23/2024 in the afternoon, the Owner confirmed the six month pharmacy reviews for R1, R2 and R5 did not contain the Administrator's signature documenting they were reviewed to ensure accuracy and appropriateness. The Owner further indicated the facility was unaware of the requirement for the Administrator to review and sign the six month pharmacy reviews for all the residents. Severity: 2 Scope: 2			
1825 SS= D	Designation/Training persons for IC Program - NAC 449.0109 Designation and training of person responsible for infection control. 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and	1825	1) E6 and E7 will complete the 15-hour training on infection control as required. 2) This will be added to E6 and E7 training schedule. 3) This will be monitored by E7 to ensure that it is completed annually. 4) Executive Director 5) February 1, 2025 6) See attached documentation	02/01/2025

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	(b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control staff completed 15 hours of infection control training annually (Employees #6 and #7). Findings include: Employee #6 (E6) E6 was hired as the Administrator on 07/27/2022. E6 was designated the secondary infection control person for the facility. E6's file contained documentation of initial infection control training completed on 09/12/23. E6's file lacked documented evidence of 15 hours of annual infection control training regarding the control and prevention of infections from an approved organization. Employee #7 (E7) E7 was hired as the Executive Director in 07/2022. E7 was designated the primary infection control person for the facility. E7's file			

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	contained documentation of initial infection control training completed on 09/12/23. E7's file lacked documented evidence of 15 hours of annual infection control training regarding the control and prevention of infections from an approved organization. On 12/23/24 in the afternoon, the Executive Director acknowledged E6 and E7 were the designated secondary and primary infection control persons and they did not receive 15 hours of annual infection control training regarding the control and prevention of infections from an approved organization. Severity: 1 Scope: 3			