STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4501	A. BUILDING _____ B. WING _____	03/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA ADULT CARE	1079 RICCO DRIVE, SPARKS, NEVADA ,89434

(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 at your facility on 03/23/23. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for seven Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, and/or persons with chronic illness, and/or persons with intellectual disability, two Category I and five Category II residents. The census at the time of the survey was four. Four resident files 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 regulatory deficiency was/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 it was free from ants. On 03/23/23 at 9:34 AM, during a tour of the facility, ants were observed on the kitchen countertop near the dishwasher and the oven. Additionally, ants were seen in the restroom located in the hallway, on the floor and in the sink. On 03/23/23 at 9:40 AM, the Administrator confirmed ants were in the kitchen and in the restroom. Severity: 2 Scope: 1	0174	POC TAG 0174: 1) After the surveyor / inspector left the facility, the Administrator instructed the caregiver to remove / treat the ants on the kitchen countertop near the dishwasher / the oven and the rest room located in the hallway. All the contaminated areas were disinfected and cleaned properly. 2) To ensure that this	03/24/2023

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			deficiency will not recur again, the Facility Administrator called right away the contracted company doing the pest control quarterly in the facility and reported the incident. The company felt guilty and scheduled the treatment outside and inside the facility the next day and gave us two canisters of sprays for ants to be used inside the facility if the ants appear again. 3) The Administrator will monitor that the facility is free of insects (ants) by doing the inspection of the facility weekly. 4)The Facility Administrator will ensure that the Plan of Correction is fully implemented. 5) March 24, 2023 6) Please see attached pictures of the two canisters / sprays for ants given by the Pest Control Company.	
0276 SS= D	Service of Food-Nutritious Meals;Frequency - NAC 449.2175 Service of food 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual	0276	POC TAG 0276: 1) On the date of the survey,	03/23/2023

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	preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals. Inspector Comments: Based on observation and interview, the Administrator failed to ensure the facility was free from expired foods. On 03/23/23 at 9:25 AM, a 45 ounce (oz) container of margarine with an expiration date of 01/23/23 and a finely shredded fiesta blend cheese 16 oz package with an expiration date of 03/17/23 were located in the refrigerator for resident consumption. On 03/23/23 at 9:30 AM, the Administrator confirmed the items were expired and verbalized the items should have been discarded. Severity: 2 Scope: 1		the Administrator instructed the caregiver to throw away inside the trash bin the 45 ounce (oz) container of margarine with an expiration date of 01/23/23 and a finely shredded fiesta blend cheese 16 oz package with an expiration date of 03/17/23 2) The Administrator re instructed the caregivers to read the expiration date daily and before serving the food. 3) The Administrator posted a Reminder / Notice on the door of the refrigerator stating **"Please read/check the expiration date daily and before serving the food. If the food is expired, please discard it right away. Thank you very much for compliance"** 4) The Facility Administrator will make a	

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			periodic inspection weekly to ensure that there is no expired food in the refrigerator. 5) March 23, 2023 6) Please see copy of the "Reminder / Notice"	