STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4959	A. BUILDING _____ B. WING _____	11/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN BREEZE ALZHEIMER VILLA	950 GARDEN BREEZE WAY, LAS VEGAS, NEVADA ,89123

(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 and infection control survey conducted at your facility on 11/17/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for eight Residential Facility for Group beds for the elderly and disabled and/or persons with Alzheimer's, Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and two employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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		
0690 SS= F	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or	0690	The spare tanks were put into a wooden stand in Resident #2 closet. Our new policy is to ensure that all tangs are Placed the away fromopen flames and any sources of heat, including radiators, windows with directsunlight coming in, and	12/07/2021

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	herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure 3 of 5 oxygen tanks were stored secured to the wall or in a stand in Resident #7's bedroom. Findings include: On 11/17/21, in the morning, during a tour of the facility, five oxygen tanks were stored in Resident #7's bedroom. Three of the oxygen tanks were not secured. On 11/17/21, in the morning, Employee #1 acknowledged the oxygen tanks were unsecured. Severity: 2 Scope: 3		furnace air ducts/registers. Heat can warm the oxygentanks and cause them to ignite. Our procedures in the future will be to: 1. Call the Durable Medical Equipment Supplier and ask for the storage ranks to secure the tanks. This is included in their service. 2. These cabinets are made with heavy-gauge metal to protect your tanks from damage or tampering and to store securely in upright position. 3. We will chose a safe location for storage. We will not store in a garage or where flammable cleaners or materials are kept. We will choose a storage area that is not near furnaces or heaters, stoves, fireplaces, vehicle trunks, direct sunlight or electrical equipment. 4. Checkthe cylinder for any signs of damage to the tank or the valves. Make certainthe valves are turned off. Return any tank with a problem immediately. 5. We made a Policy and Procedure for safe storage of attached. 6. It is the Responsibility of	

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			House Manager/Supervisor, Personal Caregiver and/ or the Administrator to ensure that these policies and procedures are followed.	
0936 SS= E	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 8 residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A. (Residents #4 and #6). Findings include: Resident #4 (R4) R4 was admitted to the facility on 08/31/21, with a diagnosis of Alzheimer's Disease. R4's file lacked documented evidence an initial two-step TB test was completed. Resident #6 (R6) R6 was admitted to the facility on 09/16/19, with a diagnosis of Dementia. R6's file lacked documented evidence an initial two-step TB test was completed. On 11/17/21, in the morning, Employee #1 acknowledged R4 and R6's files lacked documented evidence initial two-step TB tests had been completed. Severity: 2 Scope: 2	0936	Resident#4 had a QuantiFERON negative test on 12/03/2021 and Resident #6 had a TB test April 3, 2021. The resident checklist has been updated to include the expiration date of their TB test is checked when the files are checked. We will create a new resident admission package with a checklist and it will be reviewed on admission and again on the4th day to ensure that we are in compliance with all regulations. The Administrator will check the files of every employee in the month of December to ensure that all regulations and statues are in compliance with the State of Nevada. The Owners have placed a reminder on their telephone for November 30, and the administrator has placed a reminder on her phone for December 17. Please note that we do check the files ore often throughout the year, however these inspections are like the	12/03/2021

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			Bureau as we come unannounced. Individual responsible: The Administrator	