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
	4959	A. BUILDING _____ B. WING _____	11/14/2024

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 survey completed at your facility on 11/14/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II 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 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 deficiencies were identified:	0000		
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 11/14/24 in the morning, it was observed that residents' bedroom doors 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 11/14/24 in the morning, a Caregiver acknowledged the double motion locks on the doors and verbalized the Department of Aging and Disability Services advised the facility to install them for resident privacy. Severity: 2 Scope: 3	0320	Doorknobs are replaced by Owner with ones that have a lock that open with a single motion from the inside without the use of a key. For the locking portion on the outside of the bedroom, the key is readily available near the door to all personnel and staff on site assisting the patients. Locks are not reversible.	11/19/2024

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	Name: ALFREDO BARTOLOME	Title: Caregiver	Date: 12/03/2024

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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 residents' bathroom doors were equipped with a single motion lock. Findings include: On 11/14/24 in the morning, it was observed that residents' bathroom doors had locks which required more than one motion to unlock the doors leading to the interior of the facility from the bathrooms. On 11/14/24 in the morning, a Caregiver acknowledged the double motion locks on the doors and verbalized the Department of Aging and Disability Services advised the facility to install them for resident privacy. Severity: 2 Scope: 3	0356	Doorknobs are replaced by Owner with ones that have a lock that open with a single motion from the inside without the use of a key. For the locking portion on the outside of the bathroom, the key is readily available near the door to all personnel and staff on site assisting the patients. Locks are not reversible.	11/19/2024

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0830 SS= D	Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. (NRS 449.0302) 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure a medical exemption request was submitted to the Bureau to retain a resident who was bedfast for 1 of 7 sampled residents (Resident #5). Findings include: Resident #5 (R5) R5 was admitted on 02/01/14, with a diagnosis of Alzheimer's disease. On 11/14/24 in the morning, R5 was observed asleep lying in bed on their back. R5's file lacked documented evidence of an application for submission and/or an approved medical exemption for being bedfast. On 11/14/24 in the morning, the Caregiver confirmed R5 was unable to turn to the side by themselves while lying in bed and was bedfast. On 11/14/24 in the morning, the Caregiver acknowledged R5's file lacked documented evidence of an approved medical exception for being bedfast and was unaware if the Administrator had submitted a request to the Bureau. Severity: 2 Scope: 1	0830	Identified as Resident #5 (R5) on report, we have submitted a bedfast medical exemption form and are awaiting confirmation. Owner already has worked with the Hospice agency to confirm the bedfast state of the patient and created a plan of care for R5 once assessments were done.	12/03/2024