

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5432	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2022
NAME OF PROVIDER OR SUPPLIER RAINBOW CONNECTIONS GROUP CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 820 ANTIGUA ST, LAS VEGAS, NEVADA ,89145		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey, bed increase, and infection control survey conducted in your facility on 07/11/22. This State Licensure survey was conducted in accordance with NAC 449, Residential Facilities for Groups. The facility is licensed for six Residential Facility for Group beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files and four employee files were reviewed. The facility is applying for a four-bed increase, for a total of ten beds. The bed increase was approved. 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 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:			

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 Name: ROSVI ALBEZA Title: Administrator Date: 07/25/2022
REPRESENTATIVE'S SIGNATURE

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(X4) ID PREFIX TAG 0181 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Health & Sanitation-Temperature - NAC 449.209 Health and sanitation. (NRS 449.0302) 8. The temperature in the facility must be maintained at a level that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit. Inspector Comments: Based on observation, interview, and document review the facility failed to ensure temperatures in the facility were maintained between 68 degrees Fahrenheit (F) and 82 degrees F. Findings include: On 07/11/22 at 10:00 AM, during a tour of the facility, the temperature was warm throughout the entire facility. On 07/11/22 at 12:00 PM, a thermostat reading located in the hallway registered 86 degrees F. The thermostat was set to 70 degrees F. The Manager confirmed the temperature in the facility was over 82 degrees F. The Manager called a Heating Ventilation and Air Conditioning (HVAC) service to have the unit checked. The Manager revealed the air conditioner was not functioning properly for approximately a week. On 07/11/22 at 1:15PM, The HVAC technician came and checked the air conditioning unit and verbalized the unit had a leak in the compressor. The technician left the facility to get freon and returned at 2:30PM and filled the unit with freon. The temperature in the home started to decrease immediately. The technician suggested replacing the unit, as the freon would only last 2-3 days. The Manager sent an invoice on 07/12/22 for a new air conditioning unit to be installed at the facility. Severity: 2 Scope: 3	ID PREFIX TAG 0181	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1. The AC Unit was recharged with cooling agent/freon during the time to immediately resolve the temperature problem. Subsequently a new AC unit was installed to replace the old system. 2. We will continue to do the recommended maintenance for the HVAC unit. 3. Monitoring, we are using a Wi-Fi enabled thermostat to monitor the temperature and receive alerts for high temperature. In that way we can address it immediately. 4. The Administrator and the facility owner. 5. Correction completed. July 11, 2022 6. Receipts and invoices of the HVAC service and replacement were emailed to the inspector in advance. 7. The temperature here in the valley during summer is very hot as what you would expect living in the desert. During that week the outside temperatures are in the 100's the AC was still holding on with no problems cooling. Unfortunately, on 7/11/22 it started to give less cooling power. We always have a list of people and services that we can call to address the facility maintenance needs so if something like this were to happen again in the future, we will be ready to resolve the issue swiftly.	(X5) COMPLETION DATE 07/11/2022