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
	6083	A. BUILDING _____ B. WING _____	02/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AS TIME GOES BY 5	**4149 JORY TRAIL, LAS VEGAS, NEVADA ,89108**

(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 State Licensure annual survey conducted in your facility on 02/20/19. This State Licensure survey was conducted by in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility received an annual survey grade of A. The census at the time of survey was six. Six sample resident files were reviewed and seven employee files were reviewed. 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 deficiency was identified:	0000		

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: JUNE KERN | Title: Administrator | Date: 03/06/2019

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0994 SS= F	449.2756(1)(e) - Alzheimer's facility - Dangerous items - NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure dangerous items were not accessible to residents. Findings include: On 02/20/19 at 9:40 AM, five sets of staple removal kits and scissors were in a drawer near the pantry. This area was accessible to all residents. On 02/20/19 at 9:41 AM, a Caregiver acknowledged the finding. On 02/20/19 at 10:15 AM, a pizza cutter and pie cutter were found in a kitchen drawer near the refrigerator. This area was accessible to all residents. On 02/20/19 at 10:16 AM, a Caregiver acknowledged the finding. On 02/20/19 at 2:51 PM, the Administrator confirmed the items found should have been locked up and inaccessible to residents. Severity: 2 Scope: 3	0994	TAG 0994 1. How the facility will identify others having the potential to be affected by the deficient practice. All sharps must be locked up including kitchen items that may have a sharp edge will always be locked up. 2. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur Make sure all staff is aware to never leave anything out that could be a potential danger to residents in the kitchen area and will always be locked up. 3. How the facility will monitor its corrective actions Educate staff on the harm of sharps having the potential danger if residents were to get into contact with them. Spot checks will be made to make sure sharps are locked up. 4. The responsible party for accomplishing and/or monitoring compliance with the corrective action Caregiver/Administrator 5. The anticipated date of correction Effective immediately after survey 2/20/19	03/06/2019