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 _____	09/26/2022

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 an annual State Licensure and infection control survey conducted at your facility on 09/26/22, in accordance with Nevada Administrative Code Chapter 449, Residential Facilities for Groups. The facility is licensed for six Residential Facility for Group beds with endorsements for chronic illness and Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident records and five employee records 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. There were no regulatory deficiencies identified. No further action is required. Please retain this Statement for your records.	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: ADM Date: 10/03/2022

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0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 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 sharp items were secured from residents with Alzheimer's disease and/or dementia. Findings include: On 09/26/22 in the morning, in the dining area, the first aid cabinet was secured with a stick which had been broken in half creating two spears on the end with sharp points. The spears were placed through the door handles of the first aid cabinet. The spears were not secured. On 09/26/22 in the morning, the Administrator acknowledged the spears should have been secured and should not have been used as a means to secure the first aid cabinet. Severity: 2 Scope: 3	0994	Tag 0994 1. Staff are to be aware that anything that has a sharp edge must not allowed in our facility due to the potential of causing harm to the residents. 2. Safety guidelines to be followed at all times. 3. Frequent checks around resident areas to make sure no sharp objects are present. 4. Adm., and all caregivers on duty. 5. 9/26/22 6. Sharp stick removed after survey was over 7. All staff to be aware that no sharp objects are allowed in an Alz. facility unless locked up.	09/27/2022

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were inaccessible to residents with diagnoses of Alzheimer's disease and/or dementia. Findings include: On 09/26/22 in the morning, in the dining area, a first aid cabinet was secured by a stick which had been broken in half creating two spears. The spears were placed through the door handles of the first aid cabinet. The spears could be slipped out and the first aid cabinet was accessible and not secured. The first aid cabinet contained unsecured wound cleanser. In the rear yard were multiple unsecured paint spray cans, in a bucket in the side yard, next to a vehicle. A trash can without a lid also contained additional unsecured spray paint cans. On 09/26/22 in the morning, the Administrator acknowledged the spray paint cans and the wound cleanser should have been secured. Severity: 2 Scope: 3	0999	Tag 0999 1. Make sure all staff is aware that toxic substance as wound cleanser is in a locked area. 2. All staff must check surroundings and be aware of safety regulations while on duty. 3. Safety check needs to be observed by staff and other health care workers and always put in a secured locked area. 4. All Staff and Adm. 5. 9/27/2022 6. Moved wound cleanser to locked area. 7. Address security where locked items are kept. All toxic substances to be secured in locked areas.	09/27/2022