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 _____	09/10/2024

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 survey completed at your facility on 09/10/2024, accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six 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 six. Six resident files and seven 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 deficiencies were identified:	0000		
0515 SS= C	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on record review and interview, the facility failed to develop a person-centered service plan for 6 of 6 residents (Resident #1, #2, #3, #4, #5, and #6). Findings include: Resident #1 (R1) R1 was admitted to the facility on 03/09/2022, with diagnoses including dementia, Alzheimer's, osteoporosis, hypertension, and insomnia. R1's file lacked a person-centered service plan. Resident #2 (R2) R2 was admitted to the facility on 08/12/2021, with diagnoses including chronic kidney disease stage-III,	0515		10/15/2024

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	Alzheimer's, hypercholesterolemia, and hypertension. R2's file lacked a person-centered service plan. Resident #3 (R3) R3 was admitted to the facility on 04/26/2024, with diagnoses including hyperlipidemia, chronic obstructive pulmonary disease, irritable bowel syndrome, and heart disease. R3's file lacked a person-centered service plan. Resident #4 (R4) R4 was admitted to the facility on 08/28/2024, with diagnoses including diabetes-II, hyperlipidemia, and hypertension. R4's file lacked a person-centered service plan. Resident #5 (R5) R5 was admitted to the facility on 07/02/2020, with diagnoses including diabetes-II, Alzheimer's, hypertension, and hyperlipidemia. R5's file lacked a person-centered service plan. Resident #6 (R6) R6 was admitted to the facility on 08/02/2024, with diagnoses including gastroesophageal reflux disease, chronic obstructive, pulmonary disease, arthritis, and senile purpura. R6's file lacked a person-centered service plan. On 09/10/2024 in the afternoon, the Administrator confirmed R1, R2, R3, R4, R5, and R6 files did not have person-centered service plans. Severity: 1 Scope: 3			
1600 SS= B	Preferred Name/Pronoun P& P - Preferred Name/Pronoun P& P R016-20 Sec. 19 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) Adapt electronic records and any paper records the facility has to reflect the gender identities or expressions of patients or residents with diverse gender identities or expressions, including, without limitation: (2) If the facility is a facility for the dependent or other residential facility, adapting electronic records and any paper records the facility has to include the preferred name and pronoun and gender identity or expression of a resident. R016-20 Sec. 19 2. If a patient or resident chooses to provide the following information, the health records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b)	1600		09/27/2024

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	The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. R016-20 Sec. 20 1. Except as otherwise provided in subsection 2, the statements, notices and information required by sections 2 to 22, inclusive, of this regulation and NRS 449.101 to 449.104, inclusive, must be in English and, as appropriate for a facility, in any other language the Department determines is appropriate based on the demographic characteristics of this State. In addition to the notices and information provided in English and any other language the Department determines is appropriate based on the demographic characteristics of this State, a facility may provide the statements, notices and information in any other language the facility may desire. R016 -20 Sec. 20 2. A facility must make reasonable accommodations in providing the statements, notices and information described in subsection 1 for patients or residents who: (a) Are unable to read; (b) Are blind or visually impaired; (c) Have communication impairments; or (d) Do not read or speak English or any other language in which the statements, notices and information are written pursuant to subsection 1. Inspector Comments: Based on interview and record review, the facility failed to ensure 3 of 6 residents files included documentation of preferred name, pronoun,			

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	and gender expression (Resident #1, #2, and #5). Findings include: Resident #1 (R1) R1 was admitted to the facility on 03/09/2022, with diagnoses including dementia, Alzheimer's, osteoporosis, hypertension, and insomnia. R1's file lacked documentation of preferred name, pronoun, and gender expression. Resident #2 (R2) R2 was admitted to the facility on 08/12/2021, with diagnoses including chronic kidney disease stage-III, Alzheimer's, hypercholesterolemia, and hypertension. R2's file lacked documentation of preferred name, pronoun, and gender expression. Resident #5 (R5) R5 was admitted to the facility on 07/02/2020, with diagnoses including diabetes-II, Alzheimer's, hypertension, and hyperlipidemia. R5's file lacked documentation of preferred name, pronoun, and gender expression. On 09/24/24 in the afternoon, the Administrator confirmed R1, R2, and R5's files lacked documentation of preferred name, pronoun, and gender expression. Severity: 1 Scope: 2			
1700 SS= C	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the	1700		10/02/2024

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	administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on record review and interview, the facility failed to ensure an annual placement assessment and/or initial placement assessment was obtained for 5 of 6 residents (Resident #1, #3, #4, #5, and #6). Resident #1 (R1) R1 was admitted to the facility on 03/09/2022, with diagnoses including dementia, Alzheimer's, osteoporosis, hypertension, and insomnia. R1's file lacked an annual placement assessment. R1's file revealed a placement assessment dated 01/05/2023. Resident #3 (R3) R3 was admitted to the facility on 04/26/2024, with diagnoses including hyperlipidemia, chronic obstructive pulmonary disease, irritable bowel syndrome, and heart disease. R3's file lacked an initial placement assessment. Resident #4 (R4) R4 was admitted to the facility on 08/28/2024, with diagnoses including diabetes-II, hyperlipidemia, and hypertension. R4's file lacked an initial placement assessment. Resident #5 (R5) R5 was admitted to the facility on			

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	07/02/2020, with diagnoses including diabetes-II, Alzheimer's, hypertension, and hyperlipidemia. R5's file lacked an annual placement assessment. R5's file revealed a placement assessment dated 01/05/2023. Resident #6 (R6) R6 was admitted to the facility on 08/02/2024, with diagnoses including gastroesophageal reflux disease, chronic obstructive, pulmonary disease, arthritis, and senile purpura. R6's file lacked an annual placement assessment. R6's file revealed a placement assessment dated 01/21/2023. On 09/10/2024 in the afternoon, the Owner/Administrator acknowledged an annual and/or initial placement assessment was not obtained for Resident #1, #3, #4, #5, and #6. Severity: 1 Scope: 3			

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1840 SS= E	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 4 employees acquired the required infection control training from an approved nationally recognized infection control organization (E1 and E3). Findings include: Employee #1 (E1) E1 was hired on 11/23/2015 as a Caregiver. E1's employee file lacked documented evidence of training concerning the control and prevention of infections from an approved nationally recognized infection control organization. Employee #3 (E3) E3 was hired on 08/28/2022 as a Caregiver. E3's employee file lacked documented evidence of training concerning the control and prevention of infections from an approved nationally recognized infection control organization. On 09/10/2024 in the afternoon, the Administrator confirmed E1 and E3 did not complete the required infection control training from an approved nationally recognized infection control organization. Severity: 2 Scope: 2	1840		10/15/2024