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
	6324	A. BUILDING _____ B. WING _____	09/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEVADA MEMORY CARE	**2299 MONTESSOURI ST, LAS VEGAS, NEVADA ,89117**

(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 and infection control survey conducted at your facility on 09/22/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten beds for elderly and disabled and persons with Alzheimer Disease, Category II residents. The census at the time of survey was seven. Seven resident files and four employee files were reviewed The facility received a grade of B. 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 regulatory deficiencies were 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: NICHOLE CROCK Title: Administrator Date: 10/08/2021

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0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation and interview, the facility failed to implement safe infection control practices for the protection of residents and staff in response to the COVID-19 Pandemic. Findings include: On 09/22/21 at 9:40 AM, the Health Facility Inspector was not asked COVID-19 screening questions related to symptoms, travel history, and exposure to the virus. A temperature check was not performed prior to being allowed entry to the facility. Two employees were not wearing face masks. The Administrator verbalized all visitors and employees should have been screened for temperature checks and asked screening questions related to COVID-19 symptoms. The Administrator indicated the two employees should have been wearing face masks. Severity: 2 Scope: 3	0050	1. We will correct this finding stated in the defieciency by conducting employee training. 2. So this deficiency does not recur we will go over company policy on visitation. 3. This corrective action will be monitored by sign in sheet by the door for each visitor to fill out. 4. The corrective actions will be monitored by the manager and administrator. 5. This training will be conducted on Friday October 8, 2021 6. Sign in sheet attached 7. We will conduct monthly trainings on different topics relating to care home policies.	10/08/2021

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior of the facility was maintained. Findings include: On 09/22/21 at 9:50 AM, the following was observed in the backyard: -A large patio umbrella and stand that were inoperable. -A wooden pallet. -Unraveled water hose. -Inoperable bench and chair. -Shovel, large hammer and two rakes not secured. -Dry, brown, and wilted leaves. -Small bag of trash on patio. -Open shed containing bags used for landscaping, empty unused trash bins and boxes. The Caregiver and Administrator acknowledged the backyard was not properly maintained. Severity: 2 Scope: 3	0178	1. We will correct this specific finding by training staff on backyard cleaning protocols. 2. The change that will occur will be a daily cleaning check for backyard items. 3. This will be monitored daily by the caregivers for cleanlyness. 4. This form will be signed daily by the caregiver and weekly by the Manager. 5. This will occur on Friday October 8, 2021 6. Attached chart for signature when completed 7. This chart can be used in bathrooms as well as kitchen so other cleaning issues do not arise.	10/08/2021
0991 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: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure an audible alarm system was activated on 1 of 6 doors exiting the facility. Finding include: On 09/22/21, at 9:40 AM, during a tour of the facility, the audible alarm system on the exit door leading to the backyard was not activated. The Caregiver acknowledged the alarm was not turned on. The Administrator indicated all exit door alarms should have been turned on and audible. Severity: 2 Scope: 3	0991	1. We corrected this action by having a training, the alarm works currently. 2. The meausure we put into place is a daily charting on back door acknowledging that is sounds. 3. This will be monitored by a daily signature chart. 4. The caregivers will initial daily and send report to Administrator when the month is completed 5. Training is on Oct 8 2021 6. The chart is attached. 7. The staff will check all exit door for a sound alarm	10/08/2021

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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 not accessible to residents. Findings include: On 09/22/21, the following toxic substances were accessible to residents and found in the hallway bathroom: -Two containers of bathroom cleaner. -A can of aerosol room spray. -A can of hair spray. The Administrator acknowledged the toxic substances should have been secured. Severity: 2 Scope: 3	0999	1. We will correct this action by implimenting a daily checklist for the caregivers. 2. The change we made is creating a daily checklist for the caregiver to initial. 3. The checklist will be monitored monthly for corrections and completion. 4. The caregivers will initial and monthly the manager will check and send to Administrator 5. This will start October 8,2021 6. Please see attached chart 7. They will be checking all rooms daily for cleaning items or sharps and hazzards.	10/08/2021