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 _____	08/16/2023

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 an annual State Licensure survey conducted at your facility on 08/16/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was seven. Seven resident files and six employee files were reviewed. The facility received a grade of B. 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 investigation, 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		
0557 SS= D	Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or Inspector Comments: Based on observation and interview, the facility failed to ensure bed rails were not used as a restraint for 1 of 7 residents (Resident #1). Resident #1 (R1) was admitted on 10/19/22 with diagnosis including dementia and senile degeneration of the brain. A full- length bed rail was in the up position on one side of the bed with the other side of the bed pushed up against a wall . R1 was unable to demonstrate the ability to lower the bed rail due to cognitive impairment. A Caregiver confirmed a full bed rail was in the up position of R1 so they wouldn't fall and R1 could not lower it on their own. Severity: 2 Scope: 1	0557	1. Nevada Memory Care will correct this finding by removing the full rails from all the beds and implement a plan of action to check rooms monthly for full bed rails and other potential hazards. 2. The measure we put into place for correction is to check all rooms monthly for bed rail changes. Then report to owner if a rail has been added to any beds that should not be on them. 3. This corrective action will be monitored monthly by the manager and reported to the owner for correction. 4. The title of the person responsible for this correction is the owner to implement no full bed rails in the facility. 5. This corrective action took place on August 25, 2023 6. We have attached all 7 resident's beds with no full bed rail. 7. While checking for bed rails other items will be included in this corrective action. List of items have been provided to the owner for correction.	08/25/2023

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 SCHMAL Title: Manager Date: 08/30/2023

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0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, interview and record review, the facility failed to obtain a waiver to maintain a resident who was bedfast, for 1 of 7 residents (Resident #1). Resident #1 (R1) was admitted on 10/19/22 with diagnosis including dementia and senile degeneration of the brain. R1 was unable to demonstrate the ability to turn from side to side on their own. There was no documented evidence of a bedfast waiver in the record of R1. A Caregiver confirmed R1 could not turn from side to side without staff assistance and confirmed R1 was bedfast. Severity: 2 Scope: 1	0620	1. Nevada Memory Care will correct this specific finding by sending in an Exemption Waiver Request for this resident. 2. This change will be renewed yearly to make sure this deficient practice does not recur. 3. This will be monitored monthly for any other residents that may turn bedfast. 4. This will be reported by staff to owner if there is a change in condition. The owner will then notify the Administrator of this change. 5. This corrective action occurred August 30, 2023 6. Nevada Memory Care has included the Exemption Waiver Application, Hospice Care Plan and Nevada Memory Care Plan. 7. The Administrator will be updated monthly on the condition of the residents in the facility to ensure that this deficient practice does not occur again.	08/30/2023

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0690 SS= D	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure an oxygen (O2) canister was properly stored and secured. On 08/16/23 in the morning, an O2 canister was found in an office space on the floor, and was not stored in an appropriate O2 tank holder. A Caregiver confirmed an O2 canister was not properly stored and secured to prevent it from falling over. Severity: 2 Scope: 1	0690	1. Nevada Memory Care will correct this finding by removing extra free tanks from facility and implement a plan of action to check rooms monthly for free oxygen tanks and other potential hazards. 2. The measure we put into place for correction is to check all rooms monthly for free standing oxygen tanks. Then report to owner if an oxygen tank has been left in any rooms that should not be. 3. This corrective action will be monitored monthly by the manager and reported to the owner for correction. 4. The title of the person responsible for this correction is the owner to implement no free standing oxygen tanks in the facility. 5. This corrective action took place on August 30, 2023 6. We have attached pictures of the oxygen tanks are all secure. 7. While checking for oxygen tanks, other items will be included in this corrective action. List of items have been provided to the owner for correction.	08/16/2023

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0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were properly stored. On 08/16/23 in the morning, a pill pack containing multiple doses of a medication was found in an unsecured drawer in the kitchen. A Caregiver confirmed there were unsecured medications in a kitchen drawer, and explained medications should be locked up. Severity: 2 Scope: 3	0920	1. Nevada Memory Care will correct this finding by removing the employee's personal medication from the kitchen and implement a plan of action to check kitchen and rooms monthly for loose personal medication and other potential hazards. 2. The measure we put into place for correction is to check all the rooms and kitchen for medication not locked up. Then report to owner if any medication has been found so it can be removed. 3. This corrective action will be monitored monthly by the manager and reported to the owner for correction. 4. The title of the person responsible for this correction is the owner to implement no unlocked personal medication in the kitchen. 5. This corrective action took place on August 30, 2023 6. We have attached pictures of the kitchen with the employee medication not in kitchen. 7. While checking for bed rails other items will be included in this corrective action. List of items have been provided to the owner for correction.	08/30/2023

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0936 SS= E	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on interview and record review, the facility failed to ensure a tuberculosis (TB) screening was completed annually for 2 of 7 residents (Resident #1 and Resident #5). Resident #1 (R1) was admitted on 10/19/22 with a diagnosis of dementia. R1 had an initial two step screening on 06/06/22. R1's file lacked documented evidence of an annual TB screening for 2023. Resident #5 (R5) was admitted on 03/07/21 with a diagnosis of dementia. R5 had an annual TB screening completed on 02/16/22. R5's file lacked documented evidence of an annual TB screening for 2023. The facility was unable to provide documentation of annual TB screenings for R1 and R5. Severity: 2 Scope: 1	0936	1. Nevada Memory Care will correct this finding by reviewing all documents monthly for residents via resident checklist. 2. The measure we put into place for correction is to check the resident's checklist monthly for expirations. Then report to owner if a training has expired. 3. This corrective action will be monitored monthly by the manager and reported to the owner for correction. 4. The title of the person responsible for this correction is the owner to ensure all residents have the proper documents. 5. This corrective action took place on August 25, 2023 6. We have attached the TBs for all residents in this facility and Checklist 7. While checking for these documents, we will be checking for any expired documents on the resident's checklist.	08/25/2023

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1540 SS= D	Cultural Competency Training - R016-20 Section 14.1 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. Inspector Comments: Based on document review and interview, the facility failed to ensure employees were in compliance with Nevada Revised Statutes (NRS) 449.103, regarding Cultural Competency training for 1 of 6 Employees (Employee #6). Employee #6 was hired on 04/01/23 as a caregiver. A review of Employee #6's records did not reveal documented evidence of Cultural Competency training. The facility was unable to provide documented evidence Employee #6 completed Cultural Competency training. Severity: 2 Scope: 1	1540	1. Nevada Memory Care will correct this finding by sending flex.ed to employee prior to being hired. 2. The measure we put into place for correction is to check the employee checklist monthly for expirations. Then report to owner if a training has expired. 3. This corrective action will be monitored monthly by the manager and reported to the owner for correction. 4. The title of the person responsible for this correction is the owner to ensure all employees are properly trained. 5. This corrective action took place on August 25, 2023 6. We have attached the missing cultural training for that employee. 7. While checking for this training for all new employees, we will be checking for any expired trainings on the employee checklist.	08/25/2023