DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**11/09/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEERY CARE II	**271 E DESERT ROSE DR, HENDERSON, NEVADA ,89015**

(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 complaint investigation completed in your facility on 11/09/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was nine. The sample size was three. One complaint was investigated. Complaint #NV00067183 with five allegations was unsubstantiated. Allegation #1 - There was a strong odor of marijuana coming from the back room of the facility was unsubstantiated based on observation of no marijuana odor inside the facility, in the back room of the facility and the designated smoking area in the backyard of the facility. None of the facility residents were observed smoking marijuana. Interviews with three residents and four employees who indicated no one at the facility smoked marijuana and there were not any marijuana odors noticed coming from any residents of the facility. Record review of two residents who used oxygen which revealed no order for any marijuana or marijuana products, record review of one resident who smoked cigarettes which revealed no order for any marijuana or marijuana products and review of the facility Smoking Policy, dated 09/09/22, which documented a non-smoking facility. Smoking was only allowed in the designated area, outside only. Allegation #2 - A female driving a white car was parking on the side of the facility and appears to come and go frequently from the facility like she lives there but doesn't appear to be an employee or resident of the facility was unsubstantiated based on observation of a white car parked in the front, east side, of the facility that belonged to a Caregiver and interviews with three residents and four employees who indicated the car belongs to a Caregiver who lives at the facility. Record review of four employees revealed they were qualified to	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	work at the facility. Allegation #3 - There are multiple unauthorized people that come and go from the facility was unsubstantiated based on record review of all Caregivers which documented the Caregivers were qualified to work at the facility and interviews with three residents and four employees who indicated they had not witnessed any unauthorized persons to be at the facility. The facility Owner indicated there were four construction trucks and five Construction Contractors at the facility from 09/26/22 through 10/15/22 making repairs to a broken water pipe within a wall inside the facility, and this could have potentially been the visitors observed. Allegation #4 - The windows of the facility are many times left open (even in the heat of summer days) was unsubstantiated based on observation of the residents and rooms of the facility which revealed all windows closed with the central air conditioning working and thermostat set to 75 degrees Fahrenheit. Interviews with three residents and four employees indicated the windows to the facility remain closed, especially during the summer months, with the air conditioning working to keep temperatures comfortable within the facility. None of the residents or employees interviewed expressed that they had experienced the temperature within the facility to be uncomfortable. Allegation #5 - The presence of excessive coughing and yelling coming from the facility was unsubstantiated based on observation of the the lack of yelling from any of the residents or employees of the facility. Interviews with three residents and four employees confirmed they had not heard yelling within the facility. The investigation into the allegations included: Observations of the front and back of the facility, all rooms within the facility including the back room, the designated smoking area of the facility and all residents and employees of the facility. Interviews with three residents and four employees. Record review/clinical record review of three residents and three			

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	employees. 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. No regulatory deficiencies were identified. No further action is necessary. Please retain a copy for your records.			