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
	7197	A. BUILDING _____ B. WING _____	12/26/2024

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 voluntary State Licensure grading re-survey conducted at your facility on 12/26/2024, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for ten 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 ten. One resident file and two 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 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		

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: RACHEL DEGELBECK	Title: Administrator	Date: 01/15/2025

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0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 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 or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (b) Operational alarms, buzzers, horns or other technology for notifying staff 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 2 of 3 exit doors sounded an audible alarm upon opening. Findings include: On 12/26/24 at 9:50 AM, the alarm on the door exiting to the facility patio was not audible. On 12/26/24 at 9:55 AM, the alarm on the back door of the facility was not audible or in working order. On 12/26/24 at 9:55 AM, the Caregiver confirmed the observations. On 12/26/24 at 10:10 AM, two Caregivers confirmed they had not received training since August 2024 regarding the requirement for audible alarms on exit doors. This was a subsequent deficiency from the 08/07/24 complaint investigation survey. Severity: 2 Scope: 3	0991	1. Door alarms have been turned on and are in working order. Staff has been made aware of the citation and have signed that they all know the alarms should be working and turned on at all times. Staff will be held responsible on their shift for checking and keeping alarms in working order. Staff not in compliance with the alarms will be placed on suspension and written warnings. 2. Staff is trained and will be warned in writing when alarms are found not working. Staff is to notify owner and manager immediately upon any errors to door alarms and locking mechanisms. 3. Owner and administrator to do random weekly checks on door alarms and gate locks. Manager to do daily checks, and each shift to do checks. 4. Administrator, owner, manager, all staff 5. attached signed survey for all five care staff (both shifts)	01/15/2025