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 _____	**12/13/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADULT COMFORT AND CARE HOME, LLC	**2105 CARROLL ST, LAS VEGAS, NEVADA ,89030**

(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 at your facility on 12/13/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was 10. The sample size was six. Six resident files were reviewed. The facility received a grade of A. There were two complaints investigated. Complaint #NV00067128 with two allegations was unsubstantiated. Allegation #1, residents are not provided ample amounts of food was unsubstantiated based on observation of lunch time meal service and food on hand which was sufficient for each resident and interviews with a caregiver, the Administrator and five residents who indicated meals were sufficient and snacks were available in between meal times. Review of facility menu documented three meals of sufficient food and snacks were provided daily. Allegation #2. A resident passed away due to starvation was unsubstantiated based on observation of no residents appearing malnourished, interviews with a caregiver, the Administrator and five residents who indicated meals were sufficient and snacks were available in between meal times and review of medical record and hospice record which documented resident of concern passed away due to natural progression of disease and comorbidities. Complaint #NV00067529 with two allegations was unsubstantiated. Allegation #1, family members were not notified of a resident change of condition was unsubstantiated based on interview with the Administrator who indicated a family member of the resident of concern was notified as soon as injury was discovered and review of Series Occurrence Report which documented family was notified following a fall with injuries. Allegation #2, a	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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	resident had a fall with injury and was not seen by a doctor for three days was unsubstantiated based on interview with a caregiver and the Administrator who indicated the resident of concern was transported by emergency services to the hospital as soon as an injury after a fall was discovered and record review which documented resident was assessed by staff, the family was notified and the resident was subsequently transported to the hospital within 24 hours of the fall. Investigation into the allegation included: Observation of lunch time meal service, residents appearance and food supplies on hand. Interviews with a caregiver, the Administrator and five residents. Record review including physical exams, nursing notes, hospice records, orthopedic notes and physicians notes for six residents, including the residents of concern. Document review of incident reports. 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. There were no regulatory deficiencies. Maintain a copy for your records.			