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
	7555	A. BUILDING _____ B. WING _____	07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLA ESTATE CARE HOME	3140 COACHLIGHT CIRCLE, 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 Grading Survey conducted at your facility on 07/27/22, 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 mental illnesses and/or persons with chronic illnesses with five Category I and five Category II. The census at the time of the survey was ten. Ten resident files were reviewed and four 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		
1540 SS= F	Pursuant to subsection 1 of NRS 449.103 Inspector Comments: Based on interview and employee record review, the facility failed to ensure employees were trained in cultural competency for three of four sampled employees (Employee #2, #3, and #4). Findings include: There was no documentation of approved training in cultural competency for Employee #2, #3, and #4. The Administrator acknowledged the lack of required training for the three employees. Severity: 2 Scope: 3	1540	1. Employee #2,3,4 all had Cultural Competency training completed 0n 7/29/22. See attached (certificates) 2. The Cultural Competency training is done annually. The employees will have a renewal yearly of CCT going forward. 3. The administrator on visits will review employee files to ensure the deficient practice does not recur. 4. The administer will be responsible for ensuring the Plan of Correction is implemented. 5. Date of Compliance: 7/29/22	07/29/2022

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: SUSAN SOWERS Title: Administrator Date: 08/11/2022