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 _____	07/26/2023

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 07/26/22, 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 residents and five Category II residents. The census at the time of the survey was ten. Ten resident files were reviewed and three 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: SUSAN SOWERS Title: Administrator Date: 08/17/2023

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0087 SS= F	Limitation on Number of Residents - NAC 449.199 Staffing requirements 3. A residential facility must not accept residents in excess of the number of residents specified on the license issued to the owner of the facility. Inspector Comments: Based on observation, document review and interview, the facility failed to ensure the number of residents at the time of inspection did not exceed the specified number on the facility's license. Findings include: Review of the facility license documented the facility was licensed for five category I residents and five category II residents. Nine of nine resident files (Residents #1 - #9) reviewed, revealed signed Standard Physician Statements documenting all residents as category II residents. There was no documented evidence the facility applied to the Bureau and updated the license. On 07/26/23 in the morning, the Administrator acknowledged the facility was licensed for five category I residents and five category II residents. The Administrator acknowledged Residents #1 - #9 were assessed as category II per the Standard Physician Statements. Severity: 2 Scope: 3	0087	1 Administrator will verify that all new residents that's being admitted to the facility will not exceed the specified number on the facility's license based on the approved category 2 Administrator will make sure to verify all new admissions to not exceed the facility's license category upon admission 3 Administrator will monitored all residents category and will ensure that the deficiency will not occur by not admitting above the approved category 4 Administrator/RFA is responsible for ensuring the plan of correction is implemented 5 The date of correction action is 8/3/2023 6 As of 8/3/2023 Facility has the corrected the admission category to reflect the approved category on the facility's license	08/03/2023

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0680 SS= D	Residents Requiring Gastrostomy Care - NAC 449.271 Residents requiring gastrostomy care or suffering from staphylococcus infection or other serious infection or medical condition. (NRS 449.0302) Except as otherwise provided in NAC 449.2736, a person must not be admitted to a residential facility or permitted to remain as a resident of a residential facility if he or she: 1. Requires gastrostomy care; 2. Suffers from a staphylococcus infection or other serious infection; or 3. Suffers from any other serious medical condition that is not described in NAC 449.2712 to 449.2734, inclusive. Inspector Comments: Based on observation, document review and interview, the facility failed to ensure an approved medical exemption was obtained for 1 of 9 residents (Resident #1) with a gastrostomy tube. Findings include: Resident #1 (R1) R1 was admitted on 07/11/23 with diagnoses including atrial fibrillation, hypertension, dementia, and dysphagia. On 07/26/23 in the morning, R1 was observed receiving all nutrition, medications and fluids through a gastrostomy tube administered by a Caregiver. R1 was unable to care for the gastrostomy tube by R1's self. The Caregiver indicated being trained by a Registered Nurse (RN) and was able to verbalize how the Caregiver gave bolus feedings, medications, fluids and flushing of gastrostomy tube to R1. The Caregiver acknowledged caring for R1's gastrostomy tube since R1's admission to the facility on 07/11/23. Review of R1's file lacked documented evidence the facility was approved for a medical exemption to accept and provide care to a resident with a gastrostomy tube prior to R1's admission. On 07/26/23 in the morning, the Administrator acknowledged an approved medical exception from the Bureau was not received and documented in R1's file prior to R1's admission to the facility on 07/11/23. Severity: 2 Scope: 1	0680	1 Administrator will ensure an approved medical exemption will be obtained before admitting a resident with a medical exemption request 2 Administrator will apply for the medical waiver exemption and have it approved before admitting a resident that needs medical exemption request 3 Administrator will monitored to ensure that any new resident being admitted to the facility that needs a medical waiver exemption request will have one in place before resident is being admitted 4 Administrator/RFA is the person responsible for ensuring the plan of correction is implemented 5 The date of correction was 8/1/2023 Resident with the needed exemption request no longer at the facility	08/01/2023