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
	7942	A. BUILDING _____ B. WING _____	11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSARIO'S GROUP HOME	**2885 RED ROCK STREET, LAS VEGAS, NEVADA ,89146**

(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 an annual State Licensure survey conducted at your facility on 11/15/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, three Category I and five Category II residents. The census at the time of the survey was five. Five resident files 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		
0557 SS= D	Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or Inspector Comments: Based on observation and interview, the facility failed to ensure bed rails were not used as a restraint for 1 of 5 residents (Resident #1). Findings include: Resident #1 (R1) was admitted on 12/16/21 with diagnosis including hypertension and heart failure. On 11/15/23 in the morning, R1 was observed lying in bed, with half rails up on both sides of the bed. R1 indicated they did not use the bedrails for any reason and did not know how to lower them. On 11/15/23 in the morning, a Caregiver confirmed half rails were in use for R1, and R1 did not possess the ability to lower them on their own. Severity: 2 Scope: 1	0557	1. The deficient, would be corrected, by training the caregivers and the resident to lower the rails 2. The measure would be to keep the rails down 3. The corrective action would be to monitored it by checking them in daily basis. 4. The caregivers and the med technician would be responsible to implement the correction 5. The corrective action was completely immediately, 11/17/23 6. No documents at this time for this correction 7. Other areas that can potentially be affected by the same problem would be identified them by checking them in regular basis	11/17/2023

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: ROSARIO RAMIREZ Title: Administrator Date: 11/19/2023

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0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, interview and record review, the facility failed to obtain a waiver, to maintain a resident who was bedfast, for 1 of 5 residents (Resident #1). Findings include: Resident #1 (R1) was admitted on 12/16/21 with diagnosis including hypertension and heart failure. On 11/15/23 in the morning, R1 was observed lying flat in bed. R1 indicated they could not turn on their side without assistance from staff. On 11/15/23 in the morning, a Caregiver indicated they helped turn R1 on their side multiple times a day, because R1 cannot turn on their own. Review of R1's medical record did not reveal a bedfast waiver. On 11/15/23 in the morning, the Administrator confirmed they did not have an approved bedfast waiver for R1 but acknowledged they had applied for one six months ago and never followed up. Severity: 2 Scope: 1	0620	1. The deficiency would be corrected it by contacting or applying again for a bed-fast waiver 2. The measure would be to fallow the bed-fast application waiver immediately 3. The corrective action will be monitoring by checking with the right people in charge of processing the waiver 4. The administrator will be responsible of the implementation of this correction 5. The date of the corrective action would be completed as soon as next week 6. No documents available for this correction 7. Other areas would be identified them by monitoring and by fallow the bed-fast applications	11/19/2023