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 _____	**02/28/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER HORIZON-HICKAM	**8280 HICKAM AVENUE, LAS VEGAS, NEVADA ,89129**

(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 in your facility on 02/28/23, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facility for Groups. The facility was licensed for 10 Residential Facility for Group beds for elderly or disabled persons and/or chronic illness and/or mental illness, Category II residents. The census at the time of the investigation was 10. Tha sample size was three. The facility received a grade of A. There was one complaint investigated. Substantiated: 1. Complaint #NV00067726 was substantiated. (See TAG F178) The investigation of the complaint included: Observation of all interior areas of the facility including the bathrooms and showers. Interviews were conducted with Caregivers and residents. Record reveiw of employee's Elder Abuse Training . 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CHRISTOPHER LANE Title: Administrator Designee Date: 03/28/2023

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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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure one of the showers in the facility was well maintained and kept clean. Findings include: On 02/28/23 in the afternoon, the facility shower located next to the washer and dryer was observed to have 3-inch dark marks on the back wall and left wall. Black spots on the back wall seam between the back wall. The floor had black spots on the left wall and left corner seam between the left wall and the back wall. The floor tiles near the back wall had built up grime that didn't appear to have been cleaned in a while. On 02/28/23 in the afternoon, three facility Caregivers, including the Lead Caregiver, confirmed the presence of the dirt and grime in the shower and acknowledged that it had been overlooked for some time and needed to be cleaned up. Severity: 2 Scope: 3	0178	1) The shower area has been addressed by cleaning and sanitizing the deficient shower. Over many days with bleaching by the Assistant Manager directly, this roll-in shower can now be put back into use. (**see attached picture of shower**) 2) We have added showers to our cleaning schedule for in-house staff that will help prevent the buildup of grime that happens over time. We also have instructed outside CNA's that use the shower to rinse off soap and splashes on the wall after each resident so new residents can access a cleaner shower. Facility staff will scrub clean after last resident of the day so that build-up will not occur in the future. 3) The live-in Assistant Manager will inspect each morning prior to first use to make sure the night crew has cleaned all shower and bathroom areas as directed. 4) The Manager will be responsible for implementation. 5) 3/28/2023	03/28/2023