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 _____	**10/07/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADULT COMFORT AND CARE HOME 2	**10315 QUEENSBURY AVENUE, LAS VEGAS, NEVADA ,89135**

(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 the Complaint Investigation survey conducted at your facility on 10/07/21, in accordance with Nevada Administrative Code Chapter 449, Residential Facilities for Groups. The facility is licensed for 10 Residential Facility for Group beds with endorsements for mental illness, chronic illness, and individuals with intellectual disabilities, Category II. The census at the time of the survey was ten. The sample size was three, including one closed record. The facility received a grade of A. Complaint #NV00064735 with three allegations was substantiated. Allegation #1: A resident was not receiving oxygen continuously was substantiated with no regulatory deficiencies identified based on interviews with the Administrator, the Hospice Registered Nurse (RN), and another resident, who verified the resident of concern was non-compliant and resistive to oxygen treatment. Record review revealed the facility made attempts to assist the resident with wearing oxygen, however the resident refused. The resident was subsequently transferred to another facility. Allegation #2: A resident was not receiving the prescribed anti-anxiety medications was not substantiated based on review of the Medication Administration Records, which documented the anti-anxiety medications were administered per the physician orders. Allegation #3: Injury of unknown origin related to bruises on a resident's wrists was not substantiated based on interview with the Administrator and review of the incident report revealing the resident sustained the bruises during a witnessed outburst of self harm. The facility documented the physician was immediately notified of the incident and the facility followed appropriate protocols after the incident. Allegation #4: Inappropriate level of care: The facility could not accommodate a resident with	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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	combative and uncooperative behaviors was substantiated with no regulatory deficiencies based on interview with the Administrator, a Hospice Nurse, and one alert resident. The physician signed a Standard Placement Determination upon admission that the resident was able to reside in a residential facility for groups without an endorsement for Alzheimer's disease or related dementia. The day after admission, the resident began to display combative and self harm behaviors, and was resistive to care. Upon identifying these behaviors, the Administrator increased supervision and was in continual communication with the physician, the hospice nurse, the hospice Social Worker, the Elder Protective Services Social Worker, and a referral agency for transfer to another facility. The investigation into the allegations included employee interviews, resident interviews, record review, and review of incident reporting documentation. 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. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records.			