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
	8317	A. BUILDING _____ B. WING _____	04/17/2024

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 an annual State Licensure survey completed in your facility on 04/17/2024, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or Mental Illness, Category II residents. The census at the time of the survey was ten. Ten resident files and five 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 deficiency was identified:	0000		
1600 SS= C	Preferred Name/Pronoun P& P - Preferred Name/Pronoun P& P R016-20 Sec. 19 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) Adapt electronic records and any paper records the facility has to reflect the gender identities or expressions of patients or residents with diverse gender identities or expressions, including, without limitation: (2) If the facility is a facility for the dependent or other residential facility, adapting electronic records and any paper records the facility has to include the preferred name and pronoun and gender identity or expression of a resident. R016-20 Sec. 19 2. If a patient or resident chooses to provide the following information, the health records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the	1600	1) This deficiency has been corrected as attached. 2) Administrator has added an addendum to the admission agreement. 3) Administrator will ensure that the addendum is completed at each new admission and ensure that this deficiency will not recur. 4) Administrator started implementing the POC on 4/22/2024 and it was completed on 4/29/24 for all 10 residents 5) The POC has been implemented and completed as attached. 6) Supporting documents are attached.	04/29/2024

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	patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. R016-20 Sec. 20 1. Except as otherwise provided in subsection 2, the statements, notices and information required by sections 2 to 22, inclusive, of this regulation and NRS 449.101 to 449.104, inclusive, must be in English and, as appropriate for a facility, in any other language the Department determines is appropriate based on the demographic characteristics of this State. In addition to the notices and information provided in English and any other language the Department determines is appropriate based on the demographic characteristics of this State, a facility may provide the statements, notices and information in any other language the facility may desire. R016 -20 Sec. 20 2. A facility must make reasonable accommodations in providing the statements, notices and information described in subsection 1 for patients or residents who: (a) Are unable to read; (b) Are blind or visually impaired; (c) Have communication impairments; or (d) Do not read or speak English or any other language in which the statements, notices and information are written pursuant to subsection 1. Inspector Comments: Based on record review, documentation review, and interview, the facility failed to ensure policies were developed to ensure residents were addressed by preferred name and pronoun in accordance with their gender identity or expression; and 10 of 10 sampled resident records were revised to reflect their preferred name and pronoun, gender			

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	identity or expression. (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10) Findings include: Record review revealed Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10 lacked documentation which reflected their preferred name and pronoun, gender identity or expression. Documentation review revealed the facility lacked evidence of policies developed to ensure residents were addressed by preferred name and pronoun in accordance with their gender identity or expression. On 04/17/2024 in the afternoon, the Administrator acknowledged there was no documented evidence of updated policies to ensure residents were addressed by preferred name and pronoun in accordance with their gender identity or expression. The Administrator acknowledged resident records had not been revised to reflect resident preferred name, pronoun, gender identity or expression. Severity: 1 Scope: 3			
1700 SS= A	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate	1700	1) This deficiency has been corrected as attached. 2) Administrator has added this to the annual list that needs to be updated for residents. 3) Administrator will ensure that the annual assessment for each resident is completed annually and ensure that this deficiency will not recur. 4) Administrator is responsible and has implemented the POC on 4/19/2024 5) The POC has been implemented and completed as attached. 6) Supporting documents are attached for 2 residents.	04/19/2024

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	that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on record review and interview, the facility failed to ensure an annual placement assessment was obtained for 2 of 10 residents (Residents #6 and #8). Findings include: Resident #6 (R6) R6 was admitted to the facility on 01/16/2018 with diagnoses including Schizophrenia, hypertension, and chronic kidney disease. R6's file lacked documented evidence of an annual placement assessment by R6's physician. The most recent placement assessment was dated 11/03/2021. Resident #8 (R8) R8 was admitted to the facility on 10/16/2021 with diagnoses including chronic heart failure, restrictive lung disease, and hypoxemia. R8's file lacked documented evidence of an annual placement assessment by R8's physician. The most recent placement assessment was dated 10/14/2021. On 04/17/2024 in the morning, the Owner/Administrator confirmed R6 and R8's files lacked documented evidence of an annual placement assessment. Severity: 1 Scope: 1			

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1830 SS= D	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary infection control designee completed 15 hours of infection control training from a nationally recognized infection control organization (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 07/01/2015 as the Administrator. E1's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved nationally recognized infection control organization. On 04/18/2024 in the afternoon, the Administrator acknowledged E1's file lacked documented evidence of 15 hours of infection control training from one of the approved nationally recognized infection control organizations listed in regulation R048-22 Section 5. Severity: 2 Scope: 1	1830	1) This deficiency has been corrected; certificate is attached. 2) Administrator has completed the required infection control training. 3) Administrator will ensure that all required trainings are completed and ensure that this deficiency will not recur. 4) Administrator is responsible and has implemented the POC on 04/18/2024. 5) The POC has been implemented and completed as attached. 6) Infection Control training certificate is attached.	04/18/2024