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 _____	**04/02/2025**

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 and complaint investigation completed in your facility on 04/02/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illness, mental illness, individuals with intellectual disabilities, Category II residents. The census at the time of the survey was 9. The sample size was 5. The facility received a grade of A. There was one complaint investigated. Substantiated. 1. Complaint #NV00073156 was substantiated See tag (0593). The investigation of the complaint included: Observation of grooming and physical appearance of residents, meal observation and a tour of the facility. Interviews were conducted with residents, Caregivers and the Administrator. Record Review of 5 resident records, which included the resident of concern. Document Review included incident report, physicians placement form, Active Daily Living assessment and care plan. 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		
0593 SS= D	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that: (d) The facility is a safe and comfortable environment;	0593	The audio / listening feature of all 3 cameras in the living area, dining area and hallway that were used for monitoring was **turned off** on April 4th, 2025, in the morning around 8.40 am. The cameras were installed in the facility for the safety of the residents and staff and were especially useful during emergencies	04/15/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: KARPAL K PANNU Title: Administrator Date: 04/16/2025

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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	Inspector Comments: Based on observation, interview and document review the facility failed to ensure residents were provided privacy in a safe and comfortable living environment, free from listening devices in the facility. Findings include: On 04/02/25 in the morning, cameras were hanging in three different areas of the main living space of the group home. One camera was located looking at the kitchen table, one camera in the living area on the back wall and the other one in the kitchen area looking towards the family room. On 04/02/25 in the morning, the Administrator confirmed there were cameras in three different areas of the main living space of the home. The Administrator explained the cameras were used for emergency purposes, and admitted to having listening devices and could hear the residents conversations for the purpose of wanting to know what is going on in the facility. Administrator verbalized if residents needed to have a private conversation, they were to go into their rooms. On 04/02/25 in the morning, Resident #5 and Resident #6 verbalized not being comfortable with the listening devices in the facility cameras because they felt it was an invasion of their privacy and were not comfortable with the Administrator listening to their conversations. On 04/02/25, the Administrator acknowledged cameras could be placed in the living areas of the facility, but should not have had a listening device on the camera without the residents' consent. Facility Policy Resident's Rights, Grievances (no date) documented (1) The residential facility must maintain conditions in which the residents may exercise the following rights: to be treated with dignity and respect, and to live in a safe and comfortable environment. Severity: 2 Scope: 1 Complaint #NV 00073156		and for the administrator to manage and run the facility when not physically present. Only the administrator has access to the monitoring device. Please consider the attached approvals for Facility monitoring signed by the resident's POA's and guardian. Thank you.	