STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8548	A. BUILDING _____ B. WING _____	02/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANQUIL BREEZES CARE HOME, LLC	237 PALMETTO POINTE DRIVE, HENDERSON, NEVADA ,89012

(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 infection control State Licensure survey completed at your facility on 02/23/23 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illness, five Category 1 and five Category II residents. The census at the time of the survey was ten. Ten resident files and four 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 investigations, 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 full bed rails were not being used as a restraint. R3's bed was pushed up against the wall and had two half rails raised on the other side of the bed forming a full bed rail. R3 had a diagnosis of dementia; however, indicated the rails were used to prevent R3 from falling out of bed and reported to using the one set of side rails for mobility. R3 was not able to exit the bed while the full bed rails in the up position. The Caregiver acknowledged the full rails and was not sure the reason for use. Severity: 2 Scope: 1	0557	1. The facility must not install full railing that would cause to block or prevent the resident from falling. 2. The staff will look into it that the full railing not installed giving the resident freedom to get down from his/her bed. 3. A daily check/reminder to all the staff will be done for this not to recur. 4. The caregivers, owner and/or administrator are responsible of checking and allowing this not to happen again. 5. The corrective action which is one half rail was removed on 2/23/23.In addition, R3 has been relocated to another facility. 6. A physician order and photo of vacant bed with half railing is attached.	03/24/2023
0960	Alzheimer's Care Application for	0960	1. The facility must have an Alzheimer's	03/24/202

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SS= E	Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 1. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer ' s disease. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on record review and interview, the facility failed to ensure an Alzheimer's endorsement was obtained prior to admitting residents who were diagnosed with Alzheimer's disease or dementia for 4 of 10 residents (Resident #1, #2, #3 and #4). Findings include: Resident #1 (R1) R1 was admitted on 12/23/19, with a diagnosis of Alzheimer's disease. R1 could not speak and was unable to answer questions pertaining to a cognitive assessment. R1's file lacked documented evidence of a Standard Physician Placement Determination form documenting the resident was able to reside in a home not endorsed for Alzheimer's Disease. Resident #2 (R2) R2 was admitted on 12/06/18, with a diagnosis of dementia. R2 was not able to answer 4 of 5 cognitive assessment questions. R2's file lacked documented evidence of a Standard Physician Placement Determination form documenting the resident was able to reside in a home not endorsed for Alzheimer's Disease. Resident #3 (R3) R3 was admitted on 03/05/22, with a diagnosis of dementia. R3 was not able to answer 4 of 5 cognitive assessment questions. R3's file lacked documented evidence of a Standard Physician Placement Determination form documenting the resident was able to reside in a home not endorsed for Alzheimer's Disease. Resident #4 (R4) R4 was admitted on 10/13/20, with a diagnosis of dementia. R4 was sleeping and unavailable for a cognitive assessment. R4's file lacked documented evidence of a		endorsement to retain or admit a resident with Alzheimer's. 2. The facility must apply or obtain an Alzheimer's endorsement to ensure this deficient will not recur. 3. The application for Alzheimer's endorsement will be followed up closely for approval. 4. The administrator and owner must ensure that the Alzheimer's endorsement is approved not to recur. 5. The corrective action which is an Alzheimer's endorsement application with HCQC has been submitted on 3/11/23. 6. Pls check on status of the pending application.	3

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	Standard Physician Placement Determination form documenting the resident was able to reside in a home not endorsed for Alzheimer's Disease. On 02/23/23 in the morning, the Caregiver acknowledged R1, R2, R3, and R4's file were missing a Standard Physician Placement Determination form and confirmed the dementia/Alzheimer's Disease diagnoses. Severity: 2 Scope: 2			
1050 SS= F	Vital Signs-Glucose - Training/Competency - NAC 449.1985 (1)(a) 1. A caregiver of a residential facility may perform a task described in NRS 449.0304 if the caregiver: (a) Before performing the task, annually thereafter and when any device used for performing the task is changed: (1) Has received training concerning the task that meets the requirements of subsections 5 and 6; and (2) Has demonstrated an understanding of the manner in which the task must be performed; Inspector Comments: Based on record review and interview, the facility failed to ensure vital signs training was completed for 4 of 4 employees (Employee#1, #2, #3, and #4). The employees were taking resident's blood pressure prior to administering a blood pressure medication. The Caregiver indicated staff were taking resident's blood pressure for those prescribed blood pressure medication. The Caregiver reported blood pressure results to the nurse and the nurse determined when to hold the medication. The Caregiver acknowledged staff did not have documented training for the ability to take blood pressure. Severity: 2 Scope: 3	1050	1. All the facility staff must be trained to be able perform vital signs. 2. Training how to properly use the BP machine to be given by a licensed nurse or physician must be taken to ensure not to have this practice recur. 3. The BP use training must be done annually as a part of caregivers certification as they continue to take resident's vital signs. 4. Administrator to ensure that all caregivers are trained how to properly use the BP machine. 5. The corrective action is which is the training how to properly use a BP machine was done on 2/24/2023. 6. A training cert is attached.	03/24/2023