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
	8642	A. BUILDING _____ B. WING _____	03/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMETHYST CARE HOME, LLC	**3702 INTERNET AVENUE, N. LAS VEGAS, NEVADA ,89031**

(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 and infection control survey conducted at your facility on 03/21/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of survey was ten. Ten resident files and three employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	Name: GILBERTO DECASTRO	Title: Administrator	Date: 04/04/2022

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0526 SS= D	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (a) Ensure that the residents are afforded an opportunity to enjoy their privacy, participate in physical activities, relax and associate with other residents; Inspector Comments: Based on interview and document review, the facility failed to offer and encourage activities for 4 of 10 sampled residents (Resident #4, #5, #7, and #9). Finding include: Resident #4 (R4) R4 was admitted on 6/15/21, with diagnoses including tremors. On 03/21/22 at 10:30 AM, R4 indicated activities had not been offered in the facility. R4 verbalized R4 wanted someone to talk with during the day or showed interest. R4 indicated R4 would like to see exercises offered in the facility. Resident #5 R5 was admitted on 11/16/20, with diagnoses including history of falls and paraplegic. R5 indicated activities had not been offered in the facility. R5 explained R5 had watched television (TV) most of the day. Resident #7 (R7) R7 was admitted on 08/08/21, with diagnoses including hemiparesis and hypertension. R7 reported there were no activities offered in the facility. R7 indicated R7 would like see activities in the facility. Resident #9 (R9) R9 was admitted on 12/31/21, with diagnoses including atherosclerosis. R9 indicated there were no activities offered in the facility. R9 verbalized R9 would like to see exercises offered in the facility. The facilities activities calendar titled March Daily Activities 2022, documented the following were to occur on Mondays: -7:00 AM-9:00 AM: Breakfast and Television watching -9:00 AM-10:00 AM: Reading -10:00 AM-11:00 AM: Exercise and Snacks On Monday, 03/21/22 from 9:00 to 11:00 AM, the Health Facilities Inspector did not observe residents being offered or encouraged to participate in the activities reading and exercise during the survey. On 03/21/22 at 11:25 AM, the Owner acknowledged residents were not offered or encouraged to participate in the activities listed on the calendar, to include reading and exercise. Severity: 2 Scope: 1	0526	1. All residents are now offered and encouraged to participate in activities that they choose and able to perform. 2. A Daily Activities Report will be used to document activities offered and participated and will ensure that residents who refused to participate provide their initials on the report. 3. The Administrator will monitor compliance through Facility Checklist during his visits to the facility. 4. 4/4/2022.	04/04/2022

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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, interview, and record review, the facility failed to ensure 4 of 10 sampled residents were free from the use of restraints (Resident #1, #2, #3 and #5). Findings include: Resident #1 (R1) R1 was admitted on 11/10/20, with diagnoses including dementia. On 03/21/22 at 8:30 AM, R1 was observed lying in bed with one upper half-length bedrail. R1 was unable to demonstrate the ability to lower the bedrails. R1's bed was placed up against the wall. The Caregiver acknowledged R1 had one upper half-length bedrails and R1 was unable to lower the bedrails independently. Resident #2 (R2) R2 was admitted on 07/06/20, with diagnoses including severe sepsis. R2 was observed lying in bed with two upper half-length bedrails. R2 was unable to demonstrate the ability to lower the bedrails. The Caregiver reported R2 was unable to lower the bedrails independently. Resident #3 (R3) R3 was admitted on 06/27/17, with diagnoses including a brain injury. R3 was observed lying in bed with two upper half-length bedrails. R3 was unable to demonstrate the ability to lower the bedrails. The Caregiver reported R3 was unable to lower the bedrails independently. Resident #5 (R5) R5 was admitted on 11/16/20, with diagnoses including history of falls. R5 was observed lying in bed with two upper half-length bedrails. R5 indicated R5 was not able to lower the bedrails independently. The Owner acknowledged R1, R2, R3 and R5 were not able to lower their bedrails independently. The Administrator reported being unaware upper half-length bedrails were considered a form of restraint and were not allowed in the facility. Severity 2 Scope: 1	0557	1. The bedrails from the bed of R1, R2, R3, and R5 have been removed. 2. A Facility Checklist will be used to ensure bedrails are not used by residents who can not control them. 3. The Administrator will ensure compliance during his visits to the facility. 4. 4/4/2022.	04/04/2022

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0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on interview and record review, the facility failed to ensure a resident who required a urinary catheter was not admitted and retained (Resident #5). Findings include: Resident #5 (R5) R5 was admitted to the facility on 11/16/20 with diagnoses including history of falls. On 03/21/22 at 8:50 AM, during a tour of the facility R5 was observed lying in bed, with a urinary catheter. The Caregiver verbalized R5 was unable to care for the urinary catheter and required assistance. R5's file lacked documented evidence a medical exemption was obtained for the urinary catheter. The Administrator acknowledged the facility had not requested the required exemption waiver for a resident who was unable to care for a urinary catheter. Severity: 2 Scope: 1	0620	1. An Exception Waiver to retain R5 due to the use of urinary catheter has been submitted and approval has been received. 2. The facility will ensure that residents with urinary catheter who can not maintain its use receive an exception waiver. 3. The Administrator will monitor compliance and use the Facility Checklist during his visits to the facility. 4. 4/4/2022.	04/04/2022