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 |
|---|---|---|---|
| | 8664 | A. BUILDING _____ B. WING _____ | 05/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **BELLA VITA CARE HOME** | **9924 WONDERFUL DAY DRIVE, LAS VEGAS, NEVADA ,89148** |

| (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<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure inspection conducted at your facility on 05/14/24 through 05/24/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was nine. Nine 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 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: GINALYN BALTAZAR Title: Administrator Date: 07/10/2024

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| 0072 SS= D | Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees received eight hours of annual medication management training (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 05/01/23 as the Administrator. E1's file lacked documented evidence of eight hours annual medication management training for 2023 and 2024. On 05/14/24 in the afternoon, the Lead Caregiver was unable to provide E1's eight hour medication management training from 2023 and 2024. Severity: 2 Scope: 1 | 0072 | **A. The Administrator and Lead Caregiver immediately provided copies of 8 hours of annual medication management trainings for 2023 and 2024. Training certificates have been added to the employee's file.**<br><br>**B. Administrator and Lead Caregiver will conduct and audit all employee training records to ensure compliance. This schedule will be reviewed and updated quarterly to avoid future lapses.**<br><br>**C. Completion Date: May 14, 2024**<br><br>**D. See attached: TAG 0072** | 05/14/2024 |

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| 0938 SS= D | Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 9 residents had an activities of daily living (ADL) assessment upon admission (Residents #6 and #7). Findings include: Resident #6 (R6) R6 was admitted on 05/07/24 with diagnoses including diabetes with neuropathy and chronic obstructive pulmonary disease. R6's record lacked documented evidence of an initial ADL assessment. Resident #7 (R7) R7 was admitted on 05/07/23 with diagnoses including hypertension and chronic kidney disease. R7's record lacked documented evidence of an initial ADL assessment. On 05/14/24 in the afternoon, the Lead Caregiver acknowledged the lack of an initial ADL assessment for R6 and R7. Severity: 2 Scope: 1 | 0938 | A. The Administrator and Lead Caregiver immediately reviewed R#6 and R#7 record file. R#6 initial ADL was completed on 05/09/24. R#7 initial and annual ADL was also in resident record file.<br><br>B. The Administrator and Lead Caregiver will implement an admission checklist that includes all necessary documents needed upon admission. This checklist will be reviewed and signed off by the administrator and facility staff.<br><br>**C. Completion Date: May 14, 2023**<br><br>**D. See attached: TAG 0938** | 05/14/2024 |