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 _____	**10/10/2024**

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 Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed in your facility on 10/10/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was eight. The sample size was five. The facility received a grade of A. There was two complaints investigated. Substantiated: 1. Complaint #NV00071931 was substantiated. (See Tag's Y0104 and Y0072) Substantiated without deficient Practice: 2. Complaint #NV00071703 was substantiated with no deficient practice. The investigation of complaints included: Observation of staff providing care, camera footage and a tour of the facility. Interviews were conducted with residents, Caregivers, Administrator, and Owner. Record Review of five resident records, which included the residents of concern and six employee files. Document Review included hospice notes, Medication Administrator Record and staff schedule. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: GINALYN BALTAZAR-SUMBANG | Title: Administrator | Date: 12/05/2024

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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0104 SS= E	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure (1) a background check was completed for 2 of 6 employees (Employee #2 and #4) and (2) an employee was terminated after a background check was determined as not eligible for 1 of 6 employees (Employee #5). Findings include: Employee #2 (E2) was hired on 09/27/24 as a Medication Technician. E2's employee file lacked documented evidence E2 was fingerprinted. There was no documented evidence of a clearance letter. On 10/10/24 at 11:00 AM, E2 confirmed being hired approximately one month ago and had not been fingerprinted. Employee #4 (E4) assisted with housekeeping and cooking. E4 did not have an employee file and lacked documented evidence of fingerprints and a background check. On 10/10/24 at 11:00 AM, the Administrator confirmed E4 assisted residents with housekeeping and cooking. The Administrator indicated E4 was staying overnight periodically at the facility and had not obtained a background check. Employee #5 (E5) was hired in May 2024 as a Caregiver. E5's background check dated 07/25/24 was determined not eligible. The September staff schedule documented E5 as a Caregiver. On 10/10/24 at 11:00 AM, the Administrator acknowledged E5's background check was determined as not eligible during the time E5 worked at the facility as a Caregiver. The Administrator acknowledged E5 continued working past the not eligible date of the background check. Severity: 2 Scope: 2 Complaint #NV00071931	0104	A. The Administrator has initiated a background check for Employee #2 and is currently awaiting the results. Employee #4 and #5 have been terminated. B. The Administrator and Owner will ensure all employees are registered and fingerprinted within 10 days of hire. An audit of all employee files has been completed to verify that background checks have been done for all current staff. Additionally, a regular audit process has been set up to review employee files to ensure compliance. **C. Complete Date: 12/04/2024** **D. SEE ATTACHED: TAG 0104**	12/04/2024

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0755 SS= D	Unmanageable / Manageable Incontinence - NAC 449.2722 Residents having unmanageable condition of bowel or bladder incontinence; residents having manageable condition of bowel or bladder incontinence. (NRS 449.0302) 3. The caregivers employed by a residential facility with a resident who has a manageable condition of bowel or bladder incontinence shall ensure that: (a) If the resident can benefit from scheduled toileting, he or she is assisted or reminded to go to the bathroom at regular intervals; (b) The resident is checked during those periods when he or she is known to be incontinent, including during the night; (c) The resident is kept clean and dry; (d) Retraining programs are designed by a medical professional with training and experience in the care of persons with bowel or bladder dysfunction; (e) The retraining programs established for a resident are followed; and (f) Privacy is afforded to the resident when care is being provided. Inspector Comments: Based on record review and interview, the Administrator failed to provide oversight and direction for the members of the staff of the facility to ensure a resident, who required incontinence care received needed services at night. (Resident #3) Findings include: Resident #3 (R3) R3 was admitted on 07/13/24, with diagnosis including anxiety, hypertension and chronic obstructive pulmonary disease. R3's Activities of Daily Living (ADL) assessment dated 07/27/24, documented completely dependent on incontinence care and toileting. On 10/10/24 at 9:00 AM, R3 reported R3 was able to toilet with assistance. R3 verbalized during the day, staff assisted R3 to the toilet; however, at night the staff required R3 to wear two incontinence briefs because they did not want to get R3 up at night. R3 expressed being mad and disgusted R3 had to use an incontinence brief and would hold R3's urine as long as possible at night	0755	A. The Admiistrator immediately met with caregivers to address the oversight and emphasize the importance of timely and consistent incontinence care. Caregivers were retrained and instructed to prioritize and document incontinence care for Resident #3 and other residents with similar needs. B. A "REPOSITIONING AND INCONTINENCE CARE LOG" has been implemented to track residents' incontinence care across all shifts. TheAdministrator and Lead Caregiver will conduct spot checks during shifts and document their observations. **C. Complete Date: 10/11/2024** **D. SEE ATTACHED: TAG 0755**	10/11/2024

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	before eliminating in the brief. Record review revealed no evidence R3 was receiving incontinence care and toileting services at night. On 10/10/24 at 11:00 AM, Employee #2 (E2) acknowledged R3 was able to toilet with assistance and was required to wear an incontinence brief at night. E2 indicated when female staff members were working alone at night, they were unable to lift the resident out of bed to take E3 to the toilet and had E3 eliminate in an incontinence brief. E2 acknowledged R3 did not receive incontinence care and toileting services at night. Severity: 2 Scope: 1			