

Division of Public and Behavioral Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>8675</b>                             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     | (X3) DATE SURVEY<br>COMPLETED<br><br><b>12/30/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMEERY CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>333 PRINCE GEORGE ROAD, LAS VEGAS, NEVADA ,89123</b> |                                                                                                                          |                                                        |
| (X4)<br>ID<br>PREFIX<br>TAG<br><br><b>0000</b>         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY<br>OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG<br><br><b>0000</b>                                                               | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE                             |
|                                                        | Initial Comments<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of a State licensure voluntary re-grading survey conducted in your facility on 12/30/19, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons, with endorsements for Alzheimer's disease, ten Category II residents. The census at the time of the survey was nine. Eight resident files were reviewed 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. There were no regulatory deficiencies identified. No further action is necessary. Please retain a copy for your records. |                                                                                                      |                                                                                                                          |                                                        |
| <b>0053<br/>SS= B</b>                                  | Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>0053</b>                                                                                          |                                                                                                                          |                                                        |

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 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
REPRESENTATIVE'S SIGNATURE

Division of Public and Behavioral Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMEERY CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>333 PRINCE GEORGE ROAD, LAS VEGAS, NEVADA ,89123</b> |                                                                                                                          |                                                        |
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| 0065<br>SS= D                                          | Qualifications of Caregivers-Age-Eng-<br>Training - NAC 449.196 Qualifications and<br>training of caregivers. (NRS 449.0302) 1. A<br>caregiver of a residential facility must: (a)<br>Be at least 18 years of age; (b) Be<br>responsible and mature and have the<br>personal qualities which will enable him or<br>her to understand the problems of elderly<br>persons and persons with disabilities; (c)<br>Understand the provisions of NAC 449.156<br>to 449.27706, inclusive, and sign a<br>statement that he or she has read those<br>provisions; (d) Demonstrate the ability to<br>read, write, speak and understand the<br>English language; (e) Possess the<br>appropriate knowledge, skills and abilities to<br>meet the needs of the residents of the<br>facility; and (f) Receive annually not less<br>than 8 hours of training related to providing<br>for the needs of the residents of a<br>residential facility.                                                                                                                                                                                                                                                                                                                                                                                                                        | 0065                                                                                                 |                                                                                                                          |                                                        |
| 0072<br>SS= D                                          | Qualifications of Caregiver - Med Training -<br>NAC 449.196 Qualifications and training of<br>caregivers. (NRS 449.0302) 3. If a caregiver<br>assists a resident of a residential facility in<br>the administration of any medication,<br>including, without limitation, an over-the-<br>counter medication or dietary supplement,<br>the caregiver must: (a) Before assisting a<br>resident in the administration of a<br>medication, receive the training required<br>pursuant to paragraph (e) of subsection 6 of<br>NRS 449.0302, which must include at least<br>16 hours of training in the management of<br>medication consisting of not less than 12<br>hours of classroom training and not less<br>than 4 hours of practical training, and obtain<br>a certificate acknowledging the completion<br>of such training; (b) Receive annually at<br>least 8 hours of training in the management<br>of medication and provide the residential<br>facility with satisfactory evidence of the<br>content of the training and his or her<br>attendance at the training; (c) Complete the<br>training program developed by the<br>administrator of the residential facility<br>pursuant to paragraph (e) of subsection 1 of<br>NAC 449.2742; and (d) Annually pass an<br>examination relating to the management of<br>medication approved by the Bureau. | 0072                                                                                                 |                                                                                                                          |                                                        |
| 0074<br>SS= E                                          | Elder Abuse Training - NRS 449.093<br>Training to recognize and prevent abuse of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0074                                                                                                 |                                                                                                                          |                                                        |

Division of Public and Behavioral Health

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|                                                        | <p>older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care</p> |                                                                                                      |                                                                                                                          |                                                        |

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|                                                        | to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary |                                                                                                      |                                                                                                                          |                                                        |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>8675</b>                             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     | (X3) DATE SURVEY<br>COMPLETED<br><br><b>12/30/2019</b> |
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|                                                        | action against a facility, agency or home<br>pursuant to NRS 449.160 and 449.163.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                                                                                          |                                                        |
| 0100<br>SS= B                                          | Personnel File - NAC 449.200 Personnel<br>files. (NRS 449.0302) 1. Except as<br>otherwise provided in subsection 2, a<br>separate personnel file must be kept for<br>each member of the staff of a facility and<br>must include: (a) The name, address,<br>telephone number and social security<br>number of the employee; (b) The date on<br>which the employee began his or her<br>employment at the residential facility; (c)<br>Records relating to the training received by<br>the employee; (e) Evidence that the<br>references supplied by the employee were<br>checked by the residential facility. | 0100                                                                                                 |                                                                                                                          |                                                        |
| 0102<br>SS= E                                          | Personnel File - TB Screening - NAC<br>449.200 Personnel files. 1. Except as<br>otherwise provided in subsection 2, a<br>separate personnel file must be kept for<br>each member of the staff of a facility and<br>must include: (d) The health certificates<br>required pursuant to chapter 441A of NAC<br>for the employee;                                                                                                                                                                                                                                                                               | 0102                                                                                                 |                                                                                                                          |                                                        |
| 0104<br>SS= E                                          | Personnel Files - Background Checks -<br>NAC 449.200 Personnel files. (NRS<br>449.0302) 1. Except as otherwise provided<br>in subsection 2, a separate personnel file<br>must be kept for each member of the staff<br>of a facility and must include: (f) Evidence of<br>compliance with NRS 449.122 to 449.125,<br>inclusive.                                                                                                                                                                                                                                                                              | 0104                                                                                                 |                                                                                                                          |                                                        |
| 0106<br>SS= E                                          | Personnel File - 1st Aid & CPR - NAC<br>449.200 Personnel files 2. The personnel<br>file for a caregiver of a residential facility<br>must include, in addition to the information<br>required pursuant to subsection 1: (a) A<br>certificate stating that the caregiver is<br>currently certified to perform first aid and<br>cardiopulmonary resuscitation;                                                                                                                                                                                                                                               | 0106                                                                                                 |                                                                                                                          |                                                        |

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| 0773<br>SS= D                                          | Diabetes - NAC 449.2726 (as amended by<br>LCB File No. R109-18) Residents having<br>diabetes. (NRS 449.0302) 1. A person who<br>has diabetes must not be admitted to a<br>residential facility or be permitted to remain<br>as a resident of a residential facility unless:<br>(a) The resident's glucose testing is<br>performed by: (1) The resident himself or<br>herself without assistance; or (2) With the<br>consent of the resident, a caregiver who<br>meets the requirements of NAC 449.196; | 0773                                                                                                 |                                                                                                                          |                                                        |
| 0787<br>SS= D                                          | NAC 449.2726 (2)(e) - NAC 449.2726 (as<br>amended by LCB File No. R109-18) -<br>Residents having diabetes 2. A caregiver<br>employed by a residential facility may assist<br>a resident in the administration of the<br>medication prescribed to the resident for his<br>or her diabetes if: (e) The caregiver has<br>successfully completed training and<br>examination approved by the Division<br>regarding the administration of such<br>medication.                                               | 0787                                                                                                 |                                                                                                                          |                                                        |

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| (X4)<br>ID<br>PREFIX<br>TAG<br><br><b>0878<br/>SS= F</b> | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY<br>OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG<br><br><b>0878</b>                                                               | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE                             |
|                                                          | Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. |                                                                                                      |                                                                                                                          |                                                        |

Division of Public and Behavioral Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>8675</b>                             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     | (X3) DATE SURVEY<br>COMPLETED<br><br><b>12/30/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMEERY CARE</b>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>333 PRINCE GEORGE ROAD, LAS VEGAS, NEVADA ,89123</b> |                                                                                                                          |                                                        |
| (X4)<br>ID<br>PREFIX<br>TAG<br><br><b>0895<br/>SS= E</b> | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY<br>OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG<br><br><b>0895</b>                                                               | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE                             |
|                                                          | Administration of Medication Maintenance -<br>NAC 449.2744 Administration of<br>medication: Maintenance and contents of<br>logs and records. (NRS 449.0302) 1. The<br>administrator of a residential facility that<br>provides assistance to residents in the<br>administration of medications shall<br>maintain: (b) A record of the medication<br>administered to each resident. The record<br>must include: (1) The type of medication<br>administered; (2) The date and time that the<br>medication was administered; (3) The date<br>and time that a resident refuses, or<br>otherwise misses, an administration of<br>medication; and (4) Instructions for<br>administering the medication to the resident<br>that reflect each current order or<br>prescription of the resident ' s physician.                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      |                                                                                                                          |                                                        |
| <b>0938<br/>SS= E</b>                                    | Maintenance and Contents of Separate File<br>- NAC 449.2749 Maintenance and contents<br>of separate file for each resident;<br>confidentiality of information. (NRS<br>449.0302) 1. A separate file must be<br>maintained for each resident of a residential<br>facility and retained for at least 5 years after<br>he or she permanently leaves the facility.<br>The file must be kept locked in a place that<br>is resistant to fire and is protected against<br>unauthorized use. The file must contain all<br>records, letters, assessments, medical<br>information and any other information<br>related to the resident, including, without<br>limitation: (g) An evaluation of the resident '<br>s ability to perform the activities of daily<br>living and a brief description of any<br>assistance he or she needs to perform<br>those activities. The facility shall prepare<br>such an evaluation: (1) Upon the admission<br>of the resident; (2) Each time there is a<br>change in the mental or physical condition<br>of the resident that may significantly affect<br>his or her ability to perform the activities of<br>daily living; and (3) In any event, not less<br>than once each year. | <b>0938</b>                                                                                          |                                                                                                                          |                                                        |

Division of Public and Behavioral Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMEERY CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>333 PRINCE GEORGE ROAD, LAS VEGAS, NEVADA ,89123</b> |                                                                                                                          |                                                        |
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| 0994<br>SS= F                                          | Alzheimer 's Care Standards for Safety -<br>NAC 449.2756 Residential facility which<br>provides care to persons with Alzheimer ' s<br>disease: Standards for safety; personnel<br>required; training for employees. (NRS<br>449.0302) 1. The administrator of a<br>residential facility which provides care to<br>persons with Alzheimer ' s disease shall<br>ensure that: (e) Knives, matches, firearms,<br>tools and other items that could constitute a<br>danger to the residents of the facility are<br>inaccessible to the residents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0994                                                                                                 |                                                                                                                          |                                                        |
| 0999<br>SS= F                                          | Alzheimer 's Care Standards for Safety -<br>NAC 449.2756 Residential facility which<br>provides care to persons with Alzheimer ' s<br>disease: Standards for safety; personnel<br>required; training for employees. (NRS<br>449.0302) 1. The administrator of a<br>residential facility which provides care to<br>persons with Alzheimer ' s disease shall<br>ensure that: (g) All toxic substances are not<br>accessible to the residents of the facility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0999                                                                                                 |                                                                                                                          |                                                        |
| 1035<br>SS= E                                          | Care to Persons with Dementia - NAC<br>449.2768 Residential facility which provides<br>care to persons with dementia: Training for<br>employees. (NRS 449.0302, 449.094) 1.<br>Except as otherwise provided in subsection<br>2, the administrator of a residential facility<br>which provides care to persons with any<br>form of dementia shall ensure that: (a) Each<br>employee of the facility who has direct<br>contact with and provides care to residents<br>with any form of dementia, including,<br>without limitation, dementia caused by<br>Alzheimer ' s disease, successfully<br>completes: (1) Within the first 40 hours that<br>such an employee works at the facility after<br>he or she is initially employed at the facility,<br>at least 2 hours of training in providing care,<br>including emergency care, to a resident with<br>any form of dementia, including, without<br>limitation, Alzheimer ' s disease, and<br>providing support for the members of the<br>resident ' s family. | 1035                                                                                                 |                                                                                                                          |                                                        |