

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8675	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/09/2021
NAME OF PROVIDER OR SUPPLIER AMEERY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 333 PRINCE GEORGE ROAD, LAS VEGAS, NEVADA ,89123		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual grading and infection control State licensure survey conducted at your facility on 12/09/21, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for ten 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 eight. Eight resident files and four 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 nondiscrimination 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 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:			

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: ROSALLEN AZUCENA	Title: RFA	Date: 12/18/2021
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NAME OF PROVIDER OR SUPPLIER AMEERY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 333 PRINCE GEORGE ROAD, LAS VEGAS, NEVADA ,89123		
(X4) ID PREFIX TAG 0178 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior of the facility was well maintained. Findings include: On 12/09/21 in the morning, the following was observed: - A hole in the wall next to the toilet in the bathroom across from the front hallway. - A hole in the wall in bedroom labeled room #1. - Palm tree fronds and rose bush limbs were observed on the northwest side of the home and southeast corner of the home. - A bag of picture frames in the backyard behind the shed. On 12/09/21 in the morning, Employee #1 acknowledged the palm tree fronds and bag of picture frames should have been removed from the backyard. Employee #2 acknowledged the hole in the wall in the front bathroom and room #1 should have been repaired. Severity: 2 Scope: 3	ID PREFIX TAG 0178	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1. Staff immediately removed the palm tree fronds, rose bush limbs and the bag of picture frames. Administrator immediately notified the owner to have the holes in the bathroom and room #1 be fixed as soon as possible. 2. Administrator and owner will regularly check the premises making sure all areas are cleaned and properly maintained. 3. Administrator and owner made sure that the completion of the repair of the holes in the walls was done. 4. Removing of the palm tree fronds, rose bush limbs and the bag of picture frames was completed the same day as the survey (12/09/2021). Repair of the holes in the walls was completed on 12/13/2021. Please see attachment.	(X5) COMPLETION DATE 12/13/202 1

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NAME OF PROVIDER OR SUPPLIER AMEERY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 333 PRINCE GEORGE ROAD, LAS VEGAS, NEVADA ,89123		
(X4) ID PREFIX TAG 0690 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0690	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 12/15/2021
	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure five oxygen tanks were secured in the rear yard shed and room #1. On 12/09/21 in the morning, Employee #1 and Employee #2 acknowledged the tanks were unsecured. Severity: 2 Scope: 3		1. Administrator immediately instructed owner and staff to acquire oxygen rack to secure the oxygen tanks. 2. Administrator, owner and staff will regularly conduct visual inspection on all the oxygen tanks present in the facility, to make sure that they are properly secured. 3. Administrator and owner made sure that acquisition of an oxygen rack is completed so as to secure said oxygen tanks. 4. The oxygen rack was delivered on 12/15/2021. Care staff immediately used the rack to secure the oxygen tanks. Please see attachment.	