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
	8675	A. BUILDING _____ B. WING _____	12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEERY CARE	**333 PRINCE GEORGE ROAD, LAS VEGAS, NEVADA ,89123**

(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 grading and infection control State licensure survey conducted at your facility on 12/28/22, 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 ten. Ten 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		

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0051 SS= F	Administrator's Responsiblities - Designation - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. Inspector Comments: Based on observation and interview, the facility failed to ensure a notice designating who is in charge of the facility in the absence of the Administrator was conspicuously posted. There was no designation notice when the Administrator was out of the facility posted. A Caregiver confirmed there was no designation notice posted indicating who was in charge when the Administrator was not available. Severity: 2 Scope: 3	0051	1. Administrator immediately designated a staff who will be in charge when she is not present in the facility. 2. The name of the designated employee is posted in a conspicuous place. 3. Owner and administrator will make sure that the designation notice is always posted in the facility. 4. Administrator will make sure POC is implemented. 5. Completed on December 29, 2022. 6. Please see attached copy of the designation notice.	12/29/2022

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1540 SS= F	Cultural Competency Training Inspector Comments: Based on interview and record review, the facility failed to: submit an application for a cultural competency training program in compliance with R016-20; and ensure 4 of 5 employees (Employee #2, #3, #4 and #5) were in compliance with Nevada Revised Statues (NRS) 449.103, regarding annual cultural competency training. Documented Cultural Competency training was conducted by a non-approved training program. A caregiver confirmed the Cultural Competency training provided was from an unapproved program and had not been submitted for approval by the Bureau and the employees did not have approved trainings on file. Severity: 2 Scope: 3	1540	1. Administrator and owner immediately coordinated with the training provider about the certificates of staff. Staff and owner took the Cultural Competency Training on June 23, 2022 but did not receive their certificates. Provider said they need to retake the class on January 17, 2023. 2. Administrator will make sure that all required trainings are completed by staff. 3. All employee files will be regularly checked to ensure all trainings are done. 4. Administrator will make sure POC is implemented. 5. Will be completed on January 17, 2023.	12/29/2022