

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 12/05/2023
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 State licensure survey conducted at your facility on 12/05/23, 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 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:			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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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 1540 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 1540	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 12/15/202 3
	Cultural Competency Training - R016-20 Section 14.1 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. Inspector Comments: Based on interview and record review the facility failed to ensure an employee completed Cultural Competency training within 30 days of being hired for 1 of 5 employees (Employee #1). Findings include: Employee #1 (E1) E1 had a hire date of 09/01/2023. E1's employee file lacked documented evidence Cultural Competency training had been completed within 30 days of hire. On 12/05/23 at 10:45 AM, the Owner acknowledged E1 had not completed Cultural Comptency training within 30 days of hire. Severity: 2 Scope : 1		1) Administrator immediately instructed said employee to schedule the soonest Cultural Competency Training she can get. 2) Administrator and owner will make sure that all required trainings of employees are met prior to their first day of work. 3) Administrator will regularly check employee binders to ensure accuracy and compliance. 4) Administrator will make sure POC is implemented. 5) Completed on December 15, 2023.	