

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8994	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2023
NAME OF PROVIDER OR SUPPLIER ARBORS MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2121 EAST PRATER WAY, SPARKS, NEVADA ,89434		
(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 a mandatory State Licensure regrading survey conducted at your facility on 08/09/23. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 72 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 45. Seven resident files were reviewed, and Seven 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:			
0065 SS= F	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.	0065	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 09IL11	08/09/2023

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: ASSAAD ZEID Title: Administrator Date: 08/28/2023
REPRESENTATIVE'S SIGNATURE

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0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 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: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 1 of 7 employees had complete tuberculin (TB) testing documentation (Employee #5). Findings include: Employee #5 Employee #5 was hired as a Medication Technician with a start date of 05/16/23. Employee #5's personnel file documented an initial TB test given on 12/01/22 and read negative on 12/03/22. Employee #5's TB testing lacked documented evidence a second TB test was given and read. On 08/09/23 at 12:15 PM, the Business Officer Director confirmed Employee #5's TB test was an incomplete record and needed to have a second TB test given and read. Severity: 2 Scope: 1	0102	Employee #5 had the second TB test completed The Business Office Director will audit employee requirements monthly and with each new hire per the Quality Assurance –Business Office Review Schedule. The Executive Director will be responsible for ensuring compliance.	08/28/2023
0178 SS= D	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.	0178	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 09IL11	08/09/2023
0255 SS= D	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division.	0255	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 09IL11	08/09/2023

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0450 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.	0450	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 09IL11	08/09/2023
0620 SS= F	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis.	0620	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 09IL11	08/09/2023
0938 SS= E	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (g) An evaluation of the resident 's ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year.	0938	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 09IL11	08/09/2023

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(X4) ID PREFIX TAG 0999 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were inaccessible to residents for 1 of 44 residents' rooms (Room #37) in the secured unit. Findings include: On 08/09/23, during the initial tour of the facility, the following toxic substances were identified as unsecured: Room #37 Room #37 contained a 4 ounce bottle of no rinse foam cleanser. On 08/01//23 at 10:17 AM, the Administrator confirmed the no rinse foam cleanser in Room #37 was toxic per the Safety Data Sheet and unsecured in a resident's room. Severity: 2 Scope: 1	ID PREFIX TAG 0999	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The No Rinse Foam Cleanser was secured in room #37. The facility contacted the hospice agency to remind them that the cleanser needs to be secured prior to leaving the room. All Caregiver's and Med-Tech's will receive additional training on toxic substances and the need to keep secured. The Executive Director will be responsible for ensuring compliance.	(X5) COMPLETION DATE 08/09/202 3

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(X4) ID PREFIX TAG 1001 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Elderly Care Training for Caregivers - NAC 449.2758 Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers. (NRS 449.0302) 1. Within 60 days after being employed by a residential facility for elderly persons or persons with disabilities, a caregiver must receive not less than 4 hours of training related to the care of those residents. Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 4 sampled employees working at the facility less than one year received four hours of initial training to care for elderly and disabled residents within 60 days of hire (Employee #4, #5, #6, and #7). Findings include: Employee #4 Employee #4 was hired as Caregiver with a start date of 05/11/23. Employee #4's personnel file lacked documented evidence of initial caregiver training within 60 days of hire. Employee #5 Employee #5 was hired as Medication Technician with a start date of 05/16/23. Employee #5's personnel file lacked documented evidence of initial caregiver training within 60 days of hire. Employee #6 Employee #6 was hired as Caregiver with a start date of 06/02/23. Employee #6's personnel file contained documented evidence of 0.5 hours of initial caregiver training within 60 days of hire. Employee #7 Employee #7 was hired as Caregiver with a start date of 05/16/23. Employee #7's personnel file contained documented evidence of 0.5 hours of initial caregiver training within 60 days of hire. On 08/09/23 at 12:23 PM, the Business Office Director confirmed Employee #4, #5, #6 and #7 did not have the required four hours of training completed within 60 days of hire Severity: 2 Scope: 3	ID PREFIX TAG 1001	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Employee #4, #5, #6, and #7 received additional training and completed the Caregiver Training Checklist. The Business Office Director will audit employee training records monthly and with each new hire per the Quality Assurance – Business Office Review Schedule. The Executive Director will be responsible for ensuring compliance.	(X5) COMPLETION DATE 08/28/2023

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	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.		Please refer to original Statement of Deficiency/Plan of Correction - Event ID 09IL11	