DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**08/03/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALTERNATIVE HOME CARE	**4504 LA ROCA CIRCLE, LAS VEGAS, NEVADA ,89121**

(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 State Licensure and complaint survey, completed at your facility on 08/03/23, in accordance with Nevada Administrative Code (NAC) 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly or disabled persons and/or chronic illness and/or persons with mental illness, Category II residents. The census at the time of the survey was eight. Nine resident files and five employee files were reviewed. The facility received a grade of B. There was one complaint investigated: Verified without deficient practice: 1. Complaint #NV00068521 was verified without deficient practice. The investigation of the Complaint included: Observation of resident hygiene, residents requiring incontinence care, staff monitoring residents, and a tour of the facility. Interviews were conducted with a Medication Technician, Aging and Disability Services Division (ADSD) Social Worker, and eight residents. Record review of nine records, including the resident of concern. Document Review included facility policy Resident Discharge. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: JANYVILL RUIZ Title: Managing Member Date: 09/27/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees received an initial 16 hours of medication management training. Employee #3 was hired on 04/01/21 as a Caregiver/Medication Technician. The employee file documented an 8-hour refresher training certificate obtained on 03/07/20, an annual 8-hour refresher training certificate dated 03/03/23 but lacked documented evidence of a 16-hour initial medication training certificate. On 08/03/23 at 12:30 PM, the Administrator acknowledged Employee #3 did not have initial 16-hour medication management training. Severity: 2 Scope: 1	0072	Administrator held a training of owner and staff on 8/18/2023 at 5 pm. On this meeting, She re-trained the owner and staff about obtaining a 16 hour initial training to all newly hired caregivers to be in compliance with the subsection 6 of NRS 449.0302, which must include a 16 hour training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training. The caregiver that is not in compliance of the 16 hour of training in the management of medication is currently not on staff schedule until she will get her required training. Administrator is the responsible person to ensure all the plan of correction is implemented and will do a monthly audit of all the staff trainings to avoid future issues. Corrective action was done 8/18/2023	08/18/2023
0074	Elder Abuse Training - NRS 449.093	0074	Administrator held a training of owner and	08/18/202

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SS= D	Training to recognize and prevent abuse of 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		staff on 8/18/2023 at 5 pm. On this meeting, She re-trained the owner and staff about obtaining an elder abuse training prior to start working at the residential facility to be in compliance with NRS 449.093 which specify that elder abuse training is a requirement to complete to recognize and prevent the abuse of older person. The caregiver that is not in compliance of the elder abuse training is currently not on staff schedule until she will get her required training. Administrator is the responsible person to ensure all the plan of correction is implemented and will do a monthly audit of all the staff trainings to avoid future issues. Corrective action was done 8/18/2023	3

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	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 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			

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	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 action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on record review and interview, the facility failed to ensure annual elder abuse training was completed for 1 of 5 employees. (Employee #4) Findings include: Employee #4 (E4) E4 was hired on 06/22/23 as a Caregiver/Medication Technician. E4's file lacked documented evidence annual elder abuse training was completed. R4's file documented the last Elder Abuse training was completed on 02/07/22. On 08/03/23 at 12:30 PM, the Administrator acknowledged E4's file lacked documented evidence annual Elder Abuse Training was completed. Severity: 2 Scope: 1			

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure an annual physical examination was completed for 1 of 8 residents (Resident #3). Findings include: Resident #3 (R3) R3 was admitted to the facility on 07/11/22 with diagnoses including neoplasm of the prostate, encephalopathy, and major depressive disorder. R3's file lacked documented evidence that an annual physical examination was completed. The most recent physical examination was dated 07/11/22. On 08/03/23 at 12:30 PM, the Administrator acknowledged Resident #3's file lacked documented evidence of an annual physical examination. Severity: 2 Scope: 1	0859	Administrator held a training of owner and staff on 8/18/2023 at 5 pm. On this meeting, She re-trained the owner and staff about periodic physical examination of resident. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The administrator had informed the patient's hospice care provider to ensure that the patient physical examination or assessment is done annually or if necessary and document should be on file. Administrator is the responsible person to ensure all the plan of correction is implemented and will do a monthly audit of all residents physical assessments to avoid future issues. Corrective action was done 8/18/2023	08/18/2023

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0936 SS= D	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: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on interview and record review, the facility failed to ensure 1 of 8 residents met the requirements for tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #4). Findings include: Resident #4 (R4) R4 was admitted to the facility on 01/31/23 with diagnoses including Alzheimer's disease, chronic kidney disease, and delusional disorder. Record review documented R4 completed a first-step TB test on 09/30/22. R4's file lacked documented evidence of a completed second-step TB test. On 08/03/23 at 12:30 PM, the Administrator acknowledged R4's file lacked documented evidence of the second step of an initial two-step tuberculosis (TB) test completed in accordance with Nevada Administrative Code (NAC) 441A. Severity: 2 Scope: 1	0936	Administrator held a training of owner and staff on 8/18/2023 at 5 pm. On this meeting, She re-trained the owner and staff about the requirement of all residents and employees about tuberculosis (TB) testing in accordance with NAC 441A. The resident that did not met the second step requirement was referred to the hospice agency and physician that takes care of the patient health needs to ensure a first step and second step is done. Administrator is the responsible person to ensure all the plan of correction is implemented and will do a monthly audit of all the staff trainings to avoid future issues. Corrective action was done 8/18/2023	08/18/2023

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1540 SS= E	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 record review and interview, the facility failed to ensure 2 of 5 employees were in compliance with Nevada Revised Statutes (NRS) 449.103, regarding initial cultural competency training. (Employee #2 and #3) Findings include: Employee #2 (E2) E2 was hired on 05/13/22 as a Caregiver. E2's file lacked documented evidence of initial cultural competency training. Employee #3 (E3) E3 was hired on 04/21/21 as a Caregiver. E3's file lacked documented evidence of initial cultural competency training. On 08/03/23 at 12:30 PM, the Administrator acknowledged E2 and E3's file lacked documented evidence of initial cultural competency training. Severity: 2 Scope: 2	1540	Administrator held a training of owner and staff on 8/18/2023 at 5 pm. On this meeting, She re-trained the owner and staff about obtaining a cultural competency training to all newly hired caregivers to be in compliance with NRS 449.103 and obtain a certificate acknowledging the completion of such training. The caregiver that is not in compliance of the cultural competency training is currently not on staff schedule until she will get her required training. Administrator is the responsible person to ensure all the plan of correction is implemented and will do a monthly audit of all the staff trainings to avoid future issues. Corrective action was done 8/18/2023	08/18/2023
1700 SS= F	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and	1700	Administrator held a training of owner and staff on 8/18/2023 at 5 pm. On this meeting, She re-trained the owner and staff about the requirement of annual assessment history of each resident in compliance with NRS 449.1845.	08/18/2023

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	assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to		Administrator will ensure that all residents has obtained placement assessment upon admission to the residential facility and need to obtain annually. Administrator is the responsible person to ensure all the plan of correction is implemented and will do a monthly audit of all the staff trainings to avoid future issues. Corrective action was done 8/18/2023	

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	NRS by 2019, 2594) Inspector Comments: Based on record review and interview, the facility failed to obtain a placement assessment at the time of admission per the requirement for 8 of 8 residents (Residents #1, #2, #3, #4, #5, #6, #7, and #8). Findings include: Resident #1 (R1) R1 was admitted to the facility on 10/16/20, with diagnoses including dementia, hypertension, anemia, and narcolepsy. R1's record lacked documented evidence of a completed placement assessment upon admission. Resident #2 (R2) R2 was admitted to the facility on 08/17/20, with diagnoses including dementia, metastatic lung cancer, deafness. R2's record lacked documented evidence of a completed placement assessment upon admission. Resident #3 (R3) R3 was admitted to the facility on 07/11/22, with diagnoses including neoplasm of the prostate, encephalopathy, major depressive disorder. R3's record lacked documented evidence of a completed placement assessment upon admission. Resident #4 (R4) R4 was admitted to the facility on 01/31/23, with diagnoses including Alzheimer's disease, chronic kidney disease, and delusional disorder. R4's record lacked documented evidence of a completed placement assessment upon admission. Resident #5 (R5) R5 was admitted to the facility on 12/01/18, with diagnoses including cerebral infarction, heart disease, unspecified dementia with behavioral disturbance, bipolar disorder. R5's record lacked documented evidence of a completed placement assessment upon admission. Resident #6 (R6) R6 was admitted to the facility on 06/13/19, with diagnoses including cerebral infarction and vertigo. R6's record lacked documented evidence of a completed placement assessment upon admission. Resident #7 (R7) R7 was admitted to the facility on 01/04/23, with diagnoses including anxiety disorder, paraplegia - unspecified, and gout.			

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	R7's record lacked documented evidence of a completed placement assessment upon admission. Resident #8 (R8) R8 was admitted to the facility on 07/11/23, with a diagnosis of Parkinson's disease. R8's record lacked documented evidence of a completed placement assessment upon admission. On 08/03/23 at 12:30 PM, the Administrator acknowledged the files for R1, R2, R3, R4, R5, R6, R7 and R8 lacked documented evidence of a placement assessment upon admission, per the requirement. Severity: 2 Scope: 3			