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
	9279	A. BUILDING _____ B. WING _____	03/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVONLI CARE HOME	3364 ROSARIO 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 survey completed at your facility on 03/24/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Mental Illness, 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 investigations, 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		
0178 SS= F	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 Administrator failed to ensure the premises were clean and well maintained. Findings include: On 03/04/24 on tours of the interior and exterior of the facility, the following were observed: Room #1: Dust along the walls, baseboards, and under the bed. Room #2: Significant amounts of dust under the bed. Room #4: A dusty floor. Room #5: Dust along the baseboards. Dining Room: Dust and hair on the floor. Bathroom across the hall from Room #4: The drain in the sink was clogged and gnats were flying around in the ink. The sink drained very slowly. Back yard: an egg crate-style mattress, a box spring, and a multitude of weeds. On 03/04/24 in the morning and afternoon, the Administrator acknowledged the facility should have been better maintained. Severity: 2 Scope: 3	0178	Administrator reviewed with all staff regarding the cleaning check lists for the facility. Staff to follow sheets to ensure every part of the facility is cleaned in a regular rotation. Administrator to follow up by doing checks during regular visits to the facility to ensure tasks are being completed and facility is in top condition. Corrections and suggestions were all completed by 3/4/24. Only exception was the Brand new sink and faucet system that was installed on 3/5/24.	03/05/2024

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0430	Requirements and Precautions - NAC 449.229 Requirements and precautions regarding safety from fire. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. 2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire. Inspector Comments: Based on observation and interview, the facility failed to ensure the fire extinguishers were inspected annually. Findings include: Two fire extinguishers were observed in the facility. The inspection tags on both fire extinguishers were dated 05/11/22. On 03/05/24 in the morning, the Administrator acknowledged the inspection tags on the two fire extinguishers indicated overdue inspections and were not completed annually.	0430	Administrator will continue to do monthly fire drills and will add fire extinguisher checks to the things to do during the drill. Fire extinguisher expiration date will also be added to Ticklar file the facility uses to check on staff and resident file requirements. Administrator to make sure that fire extinguisher is checked yearly and that extinguisher company tags the extinguisher when they come to the facility for inspection. Full extinguisher service completed 3/20/24.	03/20/2024

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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. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees were trained in cardiopulmonary resuscitation (CPR) and first aid per the requirement (Employee #3). Findings include: Employee #3 (E3) E3 was hired on 02/29/24 as a Caregiver. E3's CPR and first aid was completed online on 02/19/24. E1's file lacked documented evidence E1 completed CPR in person, per the requirement. On 03/04/24 in the afternoon, the Administrator and E3 acknowledged the CPR course was not an in person course. Severity: 2 Scope: 1	0450	Caregiver was within 1st 30 days of hire and had what facility found out to be online CPR on record. Employee Hire date 2/29/24. Administrator will ask new employees that present with prior CPR to verify they had hands on learning, since certificates do not always state that learning was online. Administrator will continue to require all new employees to present CPR with in classroom training within first 30 days of hire. Employee had in person CPR training taken 3/20/24.	03/20/2024