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
	9280	A. BUILDING _____ B. WING _____	08/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVONDALE CARE HOME	**6215 EAST OWENS AVENUE, LAS VEGAS, NEVADA ,89110**

(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 infection control survey conducted at your facility on 08/16/22, 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 and/or persons with chronic illness, Category II residents. The census at the time of survey was nine. Nine resident files and three 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		

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 REPRESENTATIVE'S SIGNATURE Name: DOROTHY DOMINGO Title: Administrator Date: 09/07/2022

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0557 SS= E	Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure 3 of 9 sampled residents were free from the use of restraints (Resident #1, #2 and #5). Findings include: Resident #1 (R1) R1 was admitted to the facility 08/22/19, with diagnoses including hypertension and senile degeneration. On 08/16/22 at 11:10 AM, R1 was observed lying in bed with one half-length bed rail up on one side. The other side of R1's bed was pushed up against the wall. R1 did not respond when spoken to and was unable to demonstrate how to remove the half-length bed rail independently. Resident #2 (R2) R2 was admitted to the facility 07/23/18, with diagnoses including hypertension and depression. R2 was observed lying in bed with half-length bed rails up on both sides of the bed. R2 did not respond when spoken to and was unable to demonstrate how to remove the half-length bed rails independently. Resident #5 (R5) R5 was admitted to the facility on 04/16/18, with diagnosis including bipolar. R5 was observed lying in bed with half-length bed rails up on both sides of the bed. R5 did not respond when spoken to and was unable to demonstrate how to remove the half-length bed rails independently. The Caregiver acknowledged R1, R2 and R5 were not able to lower the half-length bed rails independently. The Caregiver acknowledged R1's bed was placed up against the wall. Severity: 2 Scope: 1	0557	A. Administrator complied with the Inspector to remove the half bedside rails for Residents 1, 2, and 5 who are approved by BHCQC with Bedfast Waivers. All residents were approved on September 24, 2021. (Plese see Bedfast Waiver Approval) B. The Administrator and Staff shall comply with the current regulatory interpretations. C. Accomplished on August 16, 2022	08/16/2022