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 _____	**04/24/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT VIEW HOMECARE	**7036 PLEASANT VIEW AVE, LAS VEGAS, NEVADA ,89147**

(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 a complaint investigation completed in your facility on 04/24/24, in accordance with Nevada Administrative Code (NAC), Chapter 449. The census at the time of the survey was five. The sample size was two residents. The facility received a grade of A. There was one complaint investigated. Substantiated: 1. Complaint #NV00070802 was substantiated. (See Tag 0178) The investigation of the Complaint included: Observation of the outside area of the facility and a tour of the facility. Interviews were conducted with residents, and a Caregiver. Three employee files were reviewed. 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: DEORELLA A BAUTISTA | Title: Manager | Date: 05/20/2024

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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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 facility failed to ensure the outside area of the facility was clean and well maintained. Findings include: The following observations were made in the outside area of the facility on 04/24/24: - The rocked area of the backyard had an abundance of weeds throughout the area. - On the paved sitting area were five wheelchairs, one commode, a bath bench, a resident screen divider, and a television. - On the two chairs in the sitting area were two bags of clothing. On 04/24/24 in the morning, a Caregiver acknowledged the outside area of the facility was not clean and well maintained. Severity: 2 Scope: 3 This was a repeat deficiency from the 06/21/23 and 06/02/22 surveys. Complaint #NV000070802	0178	On facility record last landscaping maintenance was completed on April 10, 2024. Only 2 weeks has elapsed from the last service but minimal rain has immediately caused weeds to grow back significantly. Facility will have the monthly landscaping maintenance scheduled and major clean up in the back yard that includes disposing all unused commode, bath bench and old television. Resident safety divided was kept in secure place close to the shared room so it's accessible for the resident in the shared room. Facility manager and administrator will prioritize cleanliness and overall appearance of the home.	05/20/2024

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 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 or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 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 secured. Findings include: On 04/24/24 in the morning, located in the laundry room was a bottle of Clorox bleach, laundry soap, and a bottle of Lysol. The laundry room door was unlocked and not secured. On 03/19/24 in the morning, a Caregiver acknowledged these substances should not have been available to residents. Severity: 2 Scope: 3	0999	Automatic door closer was already installed in the laundry room and caregiver was given instruction to make sure not to rely solely on the automatic closing of the door but to ensure that the laundry door is locked at all times. Hazardous and toxic substances was moved to a secure area that automatically lock and requires keys to open. Written Bold reminders will be added in the front of the laundry room. The manager and administrator will ensure compliance and continue to complete safety inspection.	05/20/2024