STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9505	A. BUILDING _____ B. WING _____	06/17/2024

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 an annual State Licensure survey completed at your facility on 06/17/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 8 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 four. Four resident files and five employee files were reviewed. The facility received a grade of D. 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		
0074 SS= D	Elder Abuse Training - NRS 449.093 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	0074	Manager has completed review of all caregiver files and made sure facility employee that no longer works for the facility was filed away to make sure not to be included for inspection. Caregiver identified in the the report is still in personal and medical leave and can't require to complete required training for the facility. To prevent reoccurrence of this incident, Manager and Administrator will make sure to regularly update in employment record training and education and ensure real time documentation to reduce likelihood of forgetting details and minimizes the risk of incomplete record.	08/05/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9505	A. BUILDING _____ B. WING _____	06/17/2024

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
	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 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			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9505	A. BUILDING _____ B. WING _____	06/17/2024

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
	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 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 1 of 5 employees received elder abuse training per regulation NRS 449.196 (Employee #2). Findings include: Employee #2 (E2) E2 was hired on 10/15/20 as a Caregiver. E2's employee file contained evidence of elder abuse training received on 01/07/23. E2's file lacked documented evidence of elder abuse training in 2024. On 063/17/24 in the afternoon, the Caregiver was unable to provide documentation of elder abuse training for E2 per regulation NRS 449.196. Severity: 2 Scope: 1			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9505	A. BUILDING _____ B. WING _____	06/17/2024

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
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 and interview, the facility failed to ensure an employee completed a pre-employment physical examination for 1 of 5 employees (Employee #1). Findings include: Employee #1 (E1) E1 started working at the facility as a Caregiver on 07/22/23. E1's file lacked documentation of a pre-employment physical examination. On 06/17/24 in the afternoon, the Caregiver was unable to provide documented evidence of a pre-employment physical examination for E1 prior to hire. Severity: 2 Scope: 1	0102	Completed New Medical for caregiver to meet requirements for pre-employment. Manager and Administrator will make sure to conduct regular audit to assess the assess the completeness and accuracy of caregiver records, utilize checklist and reminders to help ensure that no critical information is overlooked.	08/05/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9505	A. BUILDING _____ B. WING _____	06/17/2024

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
0430 SS= F	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 riser and fire extinguisher were currently inspected and the fire riser room was kept in an orderly manner. Findings include: - The fire riser was located in a locked room off the back patio. Access to the fire riser room was blocked by wheelchairs being stored there. - The fire riser room, which also contained the water heater, had holes in the insulation material, ripped insulation material hanging from the ceiling, and insulation material on the floor. - The fire riser had an inspection tag dated April 26, 2023. - The fire extinguisher inside the home had an inspection tag dated April 26, 2023. On 06/17/24 in the morning, Employee #1 (E1) acknowledged the inspection tags on the fire riser and on the fire extinguisher were dated April 26, 2023, indicating an inspection on each was past due. Severity: 2 Scope: 3	0430	To ensure the facility complies with the regulation adopted by the State Fire Marshall. Manager has reported findings to the facility fire monitoring company and maintenance was completed that included clean up and minor repair in the fire riser room, inspected alarm system, updated fire extinguisher and made sure all system is in working condition. Manager also made sure back yard clean up was also completed. To prevent reoccurrence of incident Administrator and Manager conduct regular inspection to ensure service maintenance is completed in a timely manner.	08/09/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9505	A. BUILDING _____ B. WING _____	06/17/2024

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
0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 and R043-22 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 a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. Inspector Comments: Based on record review and interview, the facility failed to ensure that 1 of 4 residents (Resident #2) received an annual physical examination by their healthcare provider. Findings include: Resident #2 (R2) R2 was admitted on 02/18/23 with diagnoses including cerebral infarct, hypothyroidism, and history of falls. R2's file contained documentation of a physical examination conducted on 02/15/23. There was no evidence in R2's resident file of a physical examination conducted in 2024. On 06/17/24, the Caregiver acknowledged there was no evidence of an annual physical examination completed in 2024 in R2's resident file. Severity: 2 Scope: 1	0859	Facility requested a new Annual Physical for resident , completed and filed in residents record. To prevent missing timely required documentation; Administrator and manager will conduct regular audits by implementing routine internal audits to assess the completeness and accuracy of the residents medical documentation. This proactive approach will help identify any deficiencies and allows for corrective measures to be implemented promptly.	08/09/2024
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice	0878	To make sure resident was not severely impacted by the discrepancy in medication record. Manager reported inspection report to the resident's health care provided. Annual Physical was completed , medication reconciliation was completed to make sure medication including over the counter medication or dietary supplement was recorded appropriately. Caregiver was given coaching in strict adherence to medication administration that includes making sure medication labels prepared by pharmacist matched the order or prescription written by a physician. Administrator and manager will ensure that record adequately shows medicine prescribed and administered in residents medication record. Record all	08/07/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9505	A. BUILDING _____ B. WING _____	06/17/2024

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
	registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, interview, and record review, the facility failed to follow physician orders for 1 of 4 residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 02/18/23 with diagnoses including cerebral infarct, hypothyroidism, and history of falls. R2's June 2024 MAR documented Triamcinolone Acetonide, apply topically to affected area two times a day. Documentation of caregivers' initials indicated the cream had been administered 06/01/24 through 06/16/24, at 7 AM and 8		communication made to the residents health care provider and ensure policies compliance .	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9505	A. BUILDING _____ B. WING _____	06/17/2024

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
	PM, and on 06/17/24 at 7 AM. An electronic prescription dated 11/28/23 documented Triamcinolone Acetonide 0.025% external ointment, one application topically to affected area two times per day for two weeks. R2's file lacked documented evidence of a new order for Triamcinolome Acetonide 0.025%. On 06/17/24 in the afternoon, R2's medication on-site was Triamcinolone Acetonide 0.025% cream, apply to affected area(s) topically twice a day for two weeks, dated 11/29/23. On 06/17/24 in the afternoon, the Caregiver acknowledged the June MAR did not follow the physician orders from 11/28/23, indicating the cream was to be administered for two weeks only. The caregiver explained R2 applied the cream themselves when they needed it, and the resident gave it to the Certified Nursing Assistant (CNA) from the hospice agency to apply it as well, once a week. Severity: 2 Scope: 1			
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication.	0895	To ensure that resident was not severely impacted by the medication discrepancy showing in MAR records. Manager requested an annual Physical and patient assessment. Residents provider completed medication reconciliation and reviewed MAR along with the caregiver. To prevent reoccurrence Administrator and Manager provided caregivers coaching and re-education in medication management and documentation, including process to review and verify the completeness of records. Administrator and manager will ensure implementation to detect and identify any oversight.	08/07/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9505	A. BUILDING _____ B. WING _____	06/17/2024

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
	Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 4 residents (Resident #4). Findings include: Resident #4 (R4) R4 was admitted on 08/28/23 with diagnoses including senile degradation of the brain and hypertension. An electronic script for R4 documented Metoprolol Tartrate 25 milligram (mg) tablet, take one tablet by mouth twice a day, dated 02/20/24. R4's medication bin contained Metoprolol Tartrate 25 mg tablet, take one tablet by mouth two times per day with food, dated 06/07/24. Metoprolol Tartrate was not documented on R4's June 2024 MAR. On 06/17/24 in the afternoon, the Caregiver verbalized they had been dispensing Metoprolol to R4. The Caregiver reported whatever was in the medication basket, they had been administering. They indicated Employee #1 (E1) also gave the medication. E1 worked mainly on the weekends. The Caregiver shared sometimes they would write E1's initials in the book because E1 forgot and had problems with their eyes. Severity: 2 Scope: 1			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9505	A. BUILDING _____ B. WING _____	06/17/2024

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
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 record review and interview, the facility failed to ensure 1 of 4 residents met the requirements for tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 02/18/23 with diagnoses including cerebral infarct, hypothyroidism, and history of falls. R2's record documented an initial TB test with an injection date of 03/23/22 and a read date of 03/26/22 with a negative result. R2's record documented a Two-Step TB test with the first step injected on 04/08/23 and read on 04/11/23 with a negative result, and the second step injected on 04/20/23 an read on 04/23/23, with a negative result. R2's file did not contain documented evidence of a TB test administered in 2024. On 06/17/24 in the afternoon, the Caregiver was unable to provide documented evidence of a TB test for R2 in 2024. Severity: 2 Scope: 1	0936	Facility Requested Residents Home Health Provider for updated record for residents TB Testing. To prevent issue with missing and incomplete record for the resident; Administrator and manager will implement comprehensive documentation policies by outlining essential elements required in resident record and utilizing checklist. Administrator will conduct quarterly training sessions for caregiver on the importance of thorough documentation.	08/09/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9505	A. BUILDING _____ B. WING _____	06/17/2024

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
1045 SS= A	Placard - Display - NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.0302) 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility. Inspector Comments: Based on observation and interview, the facility failed to ensure the most current grade placard was posted. Findings include: On 06/17/24 in the morning, no grade placard was on display in the facility. On 06/17/24 in the afternoon, the Caregiver acknowledged the grade placard was not on the wall, and indicated the facility was aware and was working on posting it. Severity: 1 Scope: 1	1045	Printed New grade placard and posted in conspicuous place. Administrator and Manager will ensure that acceptable grade placard is printed and posted at all time.	07/20/2024
1815 SS= F	Emergency Preparedness Plan - Emergency Preparedness Plan LCB File No. R048-22 Sec. 5. 1. A facility for the dependent shall: (c) Develop and carry out a comprehensive plan for emergency preparedness. 6. The plan for emergency preparedness developed pursuant to paragraph (c) of subsection 1 must address internal and external emergencies and local and widespread emergencies. Such emergencies must include, without limitation, emerging infectious diseases. Inspector Comments: Based on interview and document review, the facility failed to develop an emergency preparedness plan. Findings include: There was no documented evidence of a written emergency preparedness plan. On 06/17/24 in the afternoon, the Caregiver was unable to provide a comprehensive emergency preparedness plan the facility. Severity: 2 Scope: 3	1815	Manager reviewed emergency plan documentation that group home has in the facility and have completed an update in the plan that includes the Group Home Evacuation Plan, Hazard Vulnerability Assessment and Analylis, Homecare Emergency Preparedness Assessment , Alzheimer's Management Plan and Resources on First Aid Kit and Emergency Kit. Manager has replenish group home supplies for emergency. Administrator and Manager will make sure training and education will be provided and caregiver and staff will have knowledge on where it is located in the home.	08/09/2024
1830 SS= E	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States	1830	Manager reviewed reviewed appointment letter and completed updated in the appointment letter. Caregivers was informed about the recent change that includes explaining extent of responsibilities including knowledge of Infecton Control Supplies locations and completing training requirements to comply with state regulations. Manager and Administrator will ensure training and compliance will be completed no later than the end of the	08/09/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9505	A. BUILDING _____ B. WING _____	06/17/2024

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
	Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control staff completed 15 hours of infection control training (Employees #3 and #4). Findings include: Employee #3 (E3) E3 was hired as a Caregiver on 07/01/19. On 07/17/24 in the evening via electronic mail, E3 was identified by the Owner as the primary infection control responsible staff. E3's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. Employee #4 (E4) E4 was hired as a Caregiver on 07/01/19. On 07/17/24 in the evening via electronic mail, the Owner identified E4 as the secondary infection control responsible staff. E4's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. On 06/17/24 in the afternoon, the Caregiver was unable to provide documented evidence of infection control training for E3 and E4. Severity: 2 Scope: 2		quarter September 30, 2024.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9505	A. BUILDING _____ B. WING _____	06/17/2024

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
1840 SS= E	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 5 employees (Employees #1, #2, and #5) obtained the required infection control training. Findings include: Employee #1 (E1) E1 was hired on 07/22/23 as a Caregiver. E1's employee file lacked documented evidence of training concerning the control and prevention of infections from the approved nationally recognized organizations. Employee #2 (E2) E2 was hired on 10/15/20 as a Caregiver. E2's employee file lacked documented evidence of training concerning the control and prevention of infections from the approved nationally recognized organizations. Employee #5 (E5) E5 was hired on 06/15/23 as the Administrator. E5's employee file lacked documented evidence of training concerning the control and prevention of infections from the approved nationally recognized organizations. On 06/17/24 in the afternoon, the Caregiver acknowledged the required infection control training was not complete. Severity: 2 Scope: 2	1840	Manager made sure caregiver was enrolled and completed training concerning control of infectious diseases. Manager and administrator will make sure infection prevention and control practices are implemented in the facility. Enhance quarterly routine audit will be done by manager and administrator to make sure employee training are updated and completed.	08/11/2024