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 _____	**01/07/2025**

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

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 01/07/25, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facility for Groups. The census at the time of the survey was seven. The sample size was five. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: 1. Complaint #NV00072840 could not be substantiated. The investigation of the complaints included: Observations of facility residents, interactions between residents and employees, and employees providing care to residents. Interviews were conducted with residents, two Caregivers and the Administrator. Clinical Record Review of four residents. Document review of facility Medication Administration Records and facility policy and procedures. 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		
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	0074	1. Said employee has Elder Abuse Training done on 08/01/2024 but was misfiled. 2. Administrator had put a list of trainings on the staff binder for reference and to easily identify if there's a missing training. 3. Administrator and House Manager will regularly check files for compliance and completion. 4. The Administrator will make sure that POC is implememented. 5. Jan. 29,2024 6. Please see attached copy of training certificate.	01/29/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: ROSALLEN AZUCENA | Title: RFA | Date: 02/06/2025

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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	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 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			

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	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 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.			

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	Inspector Comments: Based on interview and record review, the facility failed to ensure initial elder abuse training was completed for 1 of 4 sampled employees (Employee #2). Findings include: Employee #2 (E2) was hired on or around 10/01/24, as a Caregiver. E2's file lacked documented evidence of initial elder abuse training. On 01/07/25 in the morning, Employee #3 (E3) acknowledged E2's file lacked initial elder abuse training. Severity: 2 Scope: 1			
0930 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: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident ' s physician and the next of kin or guardian of the resident or any other person responsible for the resident. (c) A statement of the resident ' s allergies, if any, and any special diet or medication he or she requires. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure resident records were retained for at least 5 years after a resident was discharged from the facility for 1 of 5 sampled residents. (Resident #1) Findings include: On 01/07/25 in the morning, the facility was unable to provide a representative from the Bureau of Health Care Quality and Compliance the records of Resident #1 (R1) who was a previous resident of the facility. On 01/07/25 in the morning, Employee #3 (E3)	0930	1. Administrator conducted a meeting with the staff reiterating importance of keeping files for at least 5 years. 2. Administrator delegated a separate cabinet solely for files of discharged residents. 3. Administrator will regularly check resident files for compliance and completion. 4. The administrator will make sure that POC is implemented. 5. Completed on Feb. 01, 2025.	02/01/2025

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	confirmed R1 was a previous resident of the facility who resided in the facility around the beginning of November of 2024. E3 verbalized a new employee mistakenly gave R1's file to either R1's hospice company or family member's group home when R1 left the facility. On 01/07/25 in the morning, the Administrator acknowledged R1's file was not onsite and should have been. The Administrator verbalized all resident files should be retained by the facility for at least five years. On 01/21/25 in the afternoon, the Administrator of R1's family member's group home confirmed R1's family member was a resident of their facility and verbalized not being aware of the facility receiving R1's file. An undated Facility Policy documented resident records would be retained per policy. All resident chart and resident medication records will be maintained for 5 years following termination of service to the resident. Severity: 2 Scope: 1			