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
	9545	A. BUILDING _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALOHA PARADISE CARE, LLC	**1809 WESTWIND ROAD, LAS VEGAS, NEVADA ,89146**

(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 initiated at your facility on 02/01/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for eight 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 seven. Seven resident files and four employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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 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: MARJOLIJN M KIRBY Title: Administrator Date: 02/18/2022

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0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 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 shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure an audible alarm system was activated on 3 of 3 doors exiting the facility. Finding include: On 02/01/22, in the morning, during a tour of the facility, the audible alarm system on the front door was not functioning. The audible alarm system on an exit door from the garage area leading to the rear yard was not functioning. An alarm on the rear yard door next to the kitchen was not activated when the door opened. The Manager acknowledged the front door, the garage door, and the rear yard door alarms were turned off and should have been activated. Severity: 2 Scope: 3	0991	Training was conducted and completed on 02/10/2022 for all staff by Administrator on safety protocols on door alarms. Administrator and/or designee will ensure compliance with door alarms on a daily basis going forward. All future hires will also be trained on safety protocols on door alarms upon hiring, and existing staff annually.	02/10/2022

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0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 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 shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure sharp items and tools were secured from residents with Alzheimer's disease and/or dementia. Findings include: On 02/01/22 in the morning, unsecured stainless steel scissors were observed on the kitchen counter. Pruning sheers, three box cutters, and a pick axe were observed unsecured, in the rear yard next to shed. On 02/01/22 in the morning, the Manager acknowledged the scissors and tools should have been secured. Severity: 2 Scope: 3	0994	Items were secured at time of survey 02/06/2022. See pictures attached. Training will be completed for all staff by Administrator on safety protocols of knives, matches, firearms, tools, and other items that could constitute a danger to the residents of the facility are inaccessible to the residents by 02/28/22. Administrator and/or designee will ensure compliance with safety protocols of knives, matches, firearms, tools, and other items that could constitute a danger to the residents of the facility going forward. All future hires will also be trained on safety protocols of knives, matches, firearms, tools, and other items that could constitute a danger to the residents of the facility upon hiring, and existing staff annually.	02/06/2022

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 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 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 inaccessible to residents with Alzheimer's disease and/or dementia. Findings include: On 02/01/22 in the morning, the following chemicals were observed unsecured in the rear yard: - A spray can of auto glass cleaner was observed on the ground. - A spray canister of weed and grass killer was observed next to the shed. - A spray canister of insecticide was observed on the ground next to the patio. On 02/01/22 in the morning, the Manager acknowledged the chemicals should have been locked up and made inaccessible to residents. Severity: 2 Scope: 3	0999	Items were secured at time of survey 02/06/2022. See pictures attached. Training will be completed for all staff by Administrator on safety protocols of toxic substances and other items that could constitute a danger to the residents of the facility are inaccessible to the residents by 02/28/22. Administrator and/or designee will ensure compliance with safety protocols of toxic substances, and any other items that could constitute a danger to the residents of the facility going forward. All future hires will also be trained on safety protocols of toxic substances, and any other items that could constitute a danger to the residents of the facility upon hiring, and existing staff annually.	02/06/2022