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
	9662	A. BUILDING _____ B. WING _____	08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AT NIGHTINGALES	**813 FAIRWAY DRIVE, LAS VEGAS, NEVADA ,89107**

(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 completed at your facility on 08/08/23, 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 assisted living services 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 the survey was ten. Ten resident files and five 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: ANNE ESPINUEVA Title: Managing member Date: 08/21/2023

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0830 SS= E	Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. (NRS 449.0302) 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure a medical exemption request was submitted to the Bureau to retain 3 of 10 residents (Resident #1, #2, and #3). Findings include: Resident #1 (R1) R1 was admitted on 04/02/22, with a diagnosis of urinary retention. Review of R1's record revealed R1 had a Foley catheter and was treated under the care of home health. Resident #2 (R2) R2 was admitted on 10/22/20, with a diagnosis of urinary retention. Review of R2's record revealed R2 had a suprapubic catheter and was treated under the care of home health. Resident #3 (R3) R3 was admitted on 04/17/20, with colon cancer. Review of R3's record revealed R3 had a colostomy and was treated under the care of home health. The residents' files lacked documented evidence of an application for submission and/or an approved medical exemption for a catheter and/or colostomy. On 08/08/23 at 11:30 AM, the Owner acknowledged the facility had not applied for a medical exemption to retain R1, R2 and R3 and was unaware the residents needed one. Severity: 2 Scope: 2	0830	The Facility completed medical exemption request for 3 residents (Resident R1, R2 and R3) through bureaus website (Medical Exemptions: https://dpbh.nv.gov/Reg/HealthFacilities/HF_-_Non-Medical/Residential_Facilities_for_Groups_(Files)/Bedfast-Exemption/) on August 14, 2023 and will be done annually as required. The medical exemption requests was completed by the owner of the facility. Residents R1, R2 and R3 are currently receiving Home health services and receives monthly visits from their primary care provider. R1 and R2 have established Urologist as part of their care team and they both follow up routinely. Resident R3 who has colostomy routinely follow up with PCP and oncologist. A plan of care was also created to each resident to ensure group home facility can provided the care that each patient needs. These were all in place and completed on 08/14/2023 and will ensure plan of care is reviewed annually. Each caregiver in the facility were provided proper training for catheter care and management and colostomy care and management. For any future admissions that requires medical exemption and/or any changes in medical condition of any current resident in the facility, the administrator, managing member or owner of the residential facility will submit and complete medical exemption request to the Division for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility.	08/14/2023