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
	9724	A. BUILDING _____ B. WING _____	06/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLA CARE HOME, LLC	**9900 VERMILLION CLIFFS 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 and infection control survey conducted at your facility on 06/08/22, 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 survey was eight. Eight resident files and three 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 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: ROBERT MARTINEZ Title: Administrator Date: 06/14/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9724	A. BUILDING _____ B. WING _____	06/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLA CARE HOME, LLC	**9900 VERMILLION CLIFFS 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
0557 SS= E	Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure 2 of 8 sampled residents were free from the use of restraints (Resident #2 and #6). Findings include: Resident #2 (R2) R2 was admitted to the facility 08/01/21, with diagnoses including multiple sclerosis. On 06/08/22 at 9:10 AM, R2 was observed lying in bed with half-length bedrails. R2 did not respond when asked if R2 was able to remove the half-length bedrails independently. The Caregiver acknowledged R2 was not able to lower the half-length bedrails without staff assistance. Resident #6 (R6) R6 was admitted to the facility on 01/05/21, with diagnoses including Alzheimer's disease and hypertension. On 06/08/22 at 9:20 AM, R6 was observed lying in bed with half-length bedrails. R6 verbalized R6 was not able to lower the half-length bedrails independently. The Caregiver and the Owner acknowledged R2 and R6 were not able to lower the half-length bedrails independently. Severity: 2 Scope: 2	0557	1.) Citation will be corrected by lowering the bed rails of all residents that are unable to lower such railings on their own, in order to be in compliance with State regulations. 2.) A meeting with ownership, the Administrator, and the staff was conducted where the regulation on the use of bed railings was discussed. The appropriate use of bed railings was taught to the staff. 3.) Administrator will inspect bed railings for residents regularly, upon each facility visit. Ownership will do the same as well. 4.) Administrator will monitor for compliance. 5.) Corrective action taken 6/9/2022.	06/09/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9724	A. BUILDING _____ B. WING _____	06/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLA CARE HOME, LLC	**9900 VERMILLION CLIFFS 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
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 were not accessible to residents. Findings include: On 06/08/22 at 8:45 AM, during a facility environmental tour a pair of scissors were observed in an unlocked bathroom cabinet. The Caregiver acknowledged the scissors were unsecured. The Caregiver indicated all sharp items should have been locked up and not accessible to the residents. Severity: 2 Scope: 3	0994	1.) Citation will be corrected by scanning the facility environment and immediately locking away all sharps that are potentially unsecured in the facility. 2.) Ownership, and the Administrator, have discussed with facility staff the importance of monitoring the locked compartments where sharps are kept. Staff was notified that sometimes visiting medical personnel neglect to properly store and secure sharp objects and/or toxic chemicals after use. However, staff was notified that it is ultimately the facility's responsibility to ensure proper security of sharp objects and/or toxic chemicals, regardless of if visiting medical personnel forget to secure such items themselves. 3.) Ownership, Administrator, and facility staff will conduct regular checks on the locked compartments containing sharps and toxic chemicals, ensuring they are locked and secured at all times. Facility staff will conduct checks after visiting medical personnel leave the facility, if such medical personnel had used sharp objects. 4.) Administrator will monitor for compliance. 5.) Corrective action taken 6/8/2022.	06/08/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9724	A. BUILDING _____ B. WING _____	06/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLA CARE HOME, LLC	**9900 VERMILLION CLIFFS 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
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 not accessible to residents. Findings include: On 06/08/22 at 8:45 AM, the following toxic substances were accessible to residents and found in an unlocked bathroom cabinet: -A bottle of Windex glass cleaner -A bottle of Lysol disinfectant spray. -A three bottles of Glade aerosol spray. The Caregiver acknowledged the toxic substances should have been secured. Severity: 2 Scope: 3	0999	1.) Citation will be corrected by scanning the facility environment and immediately locking away all toxic chemicals that are potentially unsecured in the facility. 2.) Ownership, and the Administrator, have discussed with facility staff the importance of monitoring the locked compartments where toxic chemicals are kept. Staff was notified that sometimes visiting medical personnel neglect to properly store and secure sharp objects and/or toxic chemicals after use. However, staff was notified that it is ultimately the facility's responsibility to ensure proper security of sharp objects and/or toxic chemicals, regardless of if visiting medical personnel forget to secure such items themselves. 3.) Ownership, Administrator, and facility staff will conduct regular checks on the locked compartments containing sharps and toxic chemicals, ensuring they are locked and secured at all times. Facility staff will conduct checks after visiting medical personnel leave the facility, if such medical personnel had used chemicals or potentially left the storage compartments unlocked. 4.) Administrator will monitor for compliance. 5.) Corrective action taken 6/8/2022.	06/08/2022