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 _____	06/15/2023

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 survey completed at your facility on 06/15/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is 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 eight. Eight resident files and six 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: ROBERT MARTINEZ Title: Administrator Date: 07/17/2023

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0743 SS= F	Residents Requiring Indwelling Catheter - NAC 449.272 Residents requiring use of indwelling catheter. (NRS 449.0302) 2. The caregivers employed by a residential facility with a resident who requires the use of an indwelling catheter shall ensure that: (a) The bag and tubing of the catheter are changed by: (1) The resident, with or without the assistance of a caregiver; or (2) A medical professional who has been trained to provide that care; (b) Waste from the use of the catheter is disposed of properly; (c) Privacy is afforded to the resident while care is being provided; and (d) The bag of the catheter is emptied by a caregiver who has received instruction in the handling of such waste and the signs and symptoms of urinary tract infections and dehydration. Inspector Comments: Based on observation and interview, the facility failed to ensure catheter care training was documented for 5 of 5 Caregivers (Employees #2, #3, #4, #5, and #6). Findings include: Resident #7 (R7) R7 was admitted to the facility on 03/20/23 with diagnoses including colon cancer and chronic obstructive pulmonary disease. On 06/15/23 in the afternoon, R7 was observed to have a catheter bag. On 06/15/23 in the afternoon, the Owner and Caregiver confirmed R7 had an indwelling urinary catheter and the Owner and Caregiver confirmed R7's catheter bag was emptied by the Caregivers at the facility. The Owner and Caregiver were unable to provide documented evidence to show Caregivers received instruction on how to handle catheter bag waste and knew signs and symptoms of urinary tract infections and dehydration for 5 of 5 Caregivers. Severity: 2 Scope: 3	0743	1.) Citation will be corrected by obtaining training for catheter use, given by a qualified medical professional, for Employees #2,3,4, and 5. Employee #6 no longer works at the facility. 2.) Facility will make it a policy that caregivers receive proper training from a nurse of a resident using a catheter, and obtain certificate/documented proof. 3.) Ownership and Administrator will evaluate employee documentation to ensure proper catheter training is done. 4.) Administrator will monitor for compliance. 5.) Corrective action taken 7/7/2023	07/07/2023

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0830 SS= D	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 observation, record review and interview, the facility failed to ensure a medical exemption request was submitted to the Bureau to retain 1 of 8 sampled residents who was bedfast (Resident #3). Findings include: Resident #3 (R3) R3 was admitted on 03/01/20 with a diagnosis of malignant neoplasm of liver. R3 was observed to have dressings on both heels and was unable to move in bed unassisted. On 06/15/23 in the afternoon, the Caregiver indicated R3 had pressure sores on their coccyx and left and right heels which were being treated for under the care of hospice. R3's resident file lacked documented evidence of an application submission for an approved bedfast medical exemption for R3. On 06/15/23 in the afternoon, the Owner acknowledged R3 was unable to move in bed without assistance from a Caregiver and was unable to provide an approved bedfast medical exemption for R3 and acknowledged the facility had not applied to the Bureau. Severity: 2 Scope: 1	0830	1.) Citation will be corrected by obtaining a bedfast waiver for Resident #3. 2.) Ownership and Administrator will evaluate residents monthly to ensure any that are bedfast/bedbound, a waiver will be applied for for that resident. 3.) Administrator will evaluate residents' statuses monthly and communicate with staff and ownership on the conditions of residents. 4.) Administrator will monitor for compliance. 5.) Corrective action taken 7/17/23	07/17/2023

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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 the door leading from the laundry room to the garage was equipped with an audible alarm. The Owner acknowledged the door leading to the garage was not equipped with an audible alarm. Severity: 2 Scope: 3	0991	1.) Citation will be corrected by installing a door alarm on the door leading to the laundry room/garage. 2.) Door alarms will be monitored and checked for operational use regularly by facility staff, and upon every Administrator visit. 3.) Staff will check door alarms to make sure they are working, and not needing new batteries, every day. Administrator will check all facility door alarms upon each visit. 4.) Administrator will monitor for compliance. 5.) Corrective action taken 6/29/23	06/29/2023