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 _____	06/18/2024

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 conducted at your facility on 06/18/24, 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 five. Five resident files and seven 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiency was 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: 06/20/2024

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0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 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 or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (b) Operational alarms, buzzers, horns or other technology for notifying staff 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 exit door sounded an audible alarm upon opening. Findings include: On 06/18/24 at 9:25 AM, the alarm on the facility patio door leading to the backyard was not activated. On 06/18/24 at 9:25 AM, the Owner acknowledged the alarm should have been activated and audible at all times. This was a repeat deficiency from the 06/15/23 annual State Licensure survey. Severity: 2 Scope: 3	0991	1.) Citation will be corrected by re-educating Staff and Ownership on the need to consistently monitor the backdoor patio alarm for full operational order at all times. 2.) The hinge of the backdoor patio alarm can sometimes cause the sensor to "sag", therefore making it inconsistently pick up motion to and from the backdoor patio. The alarm and sensor itself is fully operational and in full working order, but the looseness of the hinge sometimes causes it to end up in weird angles throughout the day. The hinge will be tightened to ensure a more "locked" angle that will consistently cause the sensor to pick up motion when the door is opened and closed. If this does not result in consistent motion pickup, then a new backdoor patio alarm sensor unit will be installed. 3.) Administrator and Ownership will make it a point to evaluate the sensor's operational order upon each visit. Ownership can also contact the facility regularly throughout the day to ensure the sensor is working as intended. 4.) Administrator will monitor for compliance. 5.) Corrective action taken 6/18/24.	06/18/2024