STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9735	A. BUILDING _____ B. WING _____	01/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MESA VALLEY ESTATES	1328 BERTHA HOWE AVE, MESQUITE, NEVADA ,89027

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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 01/11/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 78 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease and/or Assisted Living Services, Category II residents. The census at the time of the survey was 80. Twenty resident files and 14 employee files were reviewed. The facility received a grade of B. 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 regulatory deficiencies were identified:	0000		
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually	0074	1. Employee #7 took Elder Abuse and Neglect training on 02/09/23. 2. Tickler system will be implemented by 03/31/23 to ensure that employees are trained annually and timely to prevent lapse. 3. Administrative Assistant will review tickler system monthly for upcoming training expirations to ensure trainings/recertifications are completed prior to expiration. 4. Administrative Assistant will be responsible for checking tickler system monthly under the direction of the Administrator. 5. Supporting document reflecting Employee #7's certification of completion of Abuse and Neglect course.	02/09/2023

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	receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of			

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	adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 14 sampled employees completed annual training to recognize and prevent the abuse of older persons (Employee #7). Findings include: Employee #7 (E7) E7 was hired on 12/20/21 as a Medication Technician. E7's last abuse and neglect training was dated 12/20/21. E7's file lacked documented evidence of annual abuse and neglect training. On 1/11/23 in the afternoon, the Designated Manager/Assistant Administrator acknowledged E7 had not completed the required annual abuse and neglect training. Severity: 2 Scope: 1			

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0087 SS= F	Limitation on Number of Residents - NAC 449.199 Staffing requirements 3. A residential facility must not accept residents in excess of the number of residents specified on the license issued to the owner of the facility. Inspector Comments: Based on observation, document review and interview, the facility failed to ensure the number of residents at the time of inspection did not exceed the specified number on the facility's license. Findings include: Review of the facility's Current Occupancy document dated 01/13/23 reported the total occupancy as 80 paid occupants or 102.56% facility capacity. Review of the facility license documented the facility was currently licensed for 78 residents. On 01/11/23 at 9:45 AM, the Designated Manager/Assistant Administrator confirmed the current census at the facility was 80 residents and acknowledged the facility was over census. Severity: 2 Scope: 3	0087	1. We submitted a 5-bed increase application on 02/09/23 transaction #297561 for our License to allow us to accommodate couples who share the same bed. Has been approved in conversation with State Licensing pending Fire Marshall approval. 2. We will ensure that the community does not exceed bed allowance If prospective resident interest indicates the need for an increase beyond 5 couples, we will apply for an appropriate subsequent increase as needed prior to admission of new resident. 3. We will ensure that we educate our admissions team to remain aware of bed count versus apartment unit count to ensure we do not exceed license allowance. 4. The Administrator will be responsible for compliance.	02/09/2023

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0255 SS= F	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 01/11/2023, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. Multiple items in the top portion of the deli prep fridge were not properly labeled and were held longer than seven days past the date of preparation (sausage, hard boiled eggs, cheese, red sauce, deli meat, blueberry sauce). b. In the bottom reach-in portion of the deli prep fridge, a bottle of thousand island dressing had expired 12/18/22. The following items were held longer than seven days past the date of preparation: gravy prepared 12/22/22 and turkey gravy prepared 12/31/22. c. In the walk-in cooler, a carton of potato salad had expired 12/28/22. The following items were held longer than seven days past the date of preparation: olives prepared 12/10/22 and tuna salad prepared 01/03/23. d. In the walk-in cooler, raw chicken was stored above raw ground beef which was stored above bacon. 2. Major Violations: a. In the walk-in cooler, multiple items were not labeled or dated (sliced onions, sliced tomatoes, salsa, chopped cilantro). Multiple containers of condiments were not labeled with an open date. b. There was pink biofilm build-up on the interior plastic shield of the ice machine. 3. Equipment and Maintenance Violations: a. There was no documented evidence provided to indicate when the cook's line ventilation hood was last professionally cleaned, inspected and maintained. Severity: 2 Scope: 3	0255	1. Unlabeled items were labeled, expired items were discarded, mislocated meat products were relocated to proper positions on01/13/23. Also the ice maker was cleaned 1/12/23 and through QA process, administrator will ensure ice maker is cleaned monthly thereafter. Cleaning log attached. 2. Dining Director will ensure all products are labeled and dated, and food items discarded prior to expirations. Dining Director is conducting weekly audits of labels. Administrator will spot check daily. The Dining Director and Administrator will follow the same protocol for expired items. 3. Hoods were professionally cleaned on 02/01/23 and a contract for signed for bimonthly professional hood cleaning on 02/15/23. 4. Attachment includes invoice for hoods cleaned on 02/01/23 and contract for subsequent bimonthly cleaning.	01/13/2023

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0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. (as amended by LCB File No. R109-18) 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and section 13 of this regulation are met. Inspector Comments: Based on interview and record review, the facility failed to ensure an Ultimate User Agreement for the administration of medication was obtained for 1 of 20 residents (Resident #5). Findings include: Resident #5 (R5) R5 was admitted on 07/27/21 with diagnoses including dementia and diverticulosis. R5's file lacked documented evidence of a signed Ultimate User Agreement. On 01/11/23 at 4:00 PM, the Designated Manager/Assistant Administrator acknowledged R5 was unable to administer their own medications and the facility did not have a signed Ultimate User Agreement in R5's file. Severity: 2 Scope: 1	0876	1. Ultimate User Agreement for Resident #5 was completed on 01/12/23. 2. A checklist has been created for use as part of new resident documentation completion to account for all Ultimate User Agreements being completed prior to or upon new resident move-in. 3. Resident charts will be audited quarterly by a Wellness Director designee. 4. Audit of all Ultimate User Agreements will be conducted by Wellness Director designee by 03/25/23. 5. Attached is Ultimate User Agreement for Resident#5.	01/12/2023

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0938 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on interview and document review, the facility failed to ensure an Activities of Daily Living (ADL) assessment was completed upon admission for 1 of 20 sampled residents (Resident #1). Findings include: Resident #1 (R1) was admitted on 12/21/22 with a diagnosis of dementia. R1's file lacked documented evidence an initial ADL assessment was completed. On 01/11/23 at 4:00 PM, the Wellness Director acknowledged R1 did not have documented evidence of an initial ADL assessment. Severity: 2 Scope: 1	0938	Resident #1 had ADL assessment completed, signed and documented on 12/21/22. ADL document was located and filed into proper location in resident's chart. A review of our systems to ensure proper file organization for resident ADL assessments is underway and an audit of all charts will be conducted by Wellness Director by 03/31/23 under the supervision of the Administrator. Attached is the scanned ADL assessment for Resident #1.	12/21/2022
1700 SS= E	Annual Assessment of History of Each Resident Inspector Comments: Based on record review and interview, the facility failed to obtain a Standard Physician Assessment and Placement Determination, per the requirement for 9 of 20 residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, and #9). Findings include: Resident #1 (R1) R1 was admitted to the facility on 12/21/22, with a diagnosis of dementia. R1's record lacked	1700	1. The Wellness Director under the supervision of the Administrator will complete the Standard Assessment for Cognitive Abilities form for all residents by 03/31/23. Any residents that score less than 4, will have the Standard Physician Assessment and the Physician Placement determination completed. Moving forward these documents will	03/31/2023

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	documented evidence of a completed Standard Physician Assessment and Placement Determination. Resident #2 (R2) R2 was admitted to the facility on 03/31/22, with a diagnosis of Alzheimer's disease. R2's record lacked documented evidence of a completed Standard Physician Assessment and Placement Determination. Resident #3 (R3) R3 was admitted to the facility on 12/01/21, with a diagnosis of dementia. R3's record lacked documented evidence of a completed annual Standard Physician Assessment and Placement Determination. Resident #4 (R4) R4 was admitted to the facility on 08/31/22, with a diagnosis of dementia and hypertension. R4's record lacked documented evidence of a completed Standard Physician Assessment and Placement Determination. Resident #5 (R5) R5 was admitted to the facility on 07/27/21, with diagnoses of dementia and diverticulosis. R5's record lacked documented evidence of a completed annual Standard Physician Assessment and Placement Determination. Resident #6 (R6) R6 was admitted to the facility on 09/10/21, with a diagnosis of neuropathy and high blood pressure. R6's record lacked documented evidence of a completed annual Standard Physician Assessment and Placement Determination. Resident #7 (R7) R7 was admitted to the facility on 09/24/21, with diagnoses of Parkinson's disease and diabetes mellitus II. R7's record lacked documented evidence of a completed annual Standard Physician Assessment and Placement Determination. Resident #8 (R8) R8 was admitted to the facility on 10/06/21, with a diagnosis of dementia. R8's record lacked documented evidence of a completed annual Standard Physician Assessment and Placement Determination. Resident #9 (R9) R9 was admitted to the facility on 09/26/22, with a diagnosis of Parkinson's with Lewy body dementia. R9's record lacked documented evidence of a completed Standard Physician Assessment and Placement Determination. On 01/11/23 at 4:00 PM, the Administrator acknowledged the files for R1, R2, R3, R4, R5, R6, R7, R8, and R9 lacked a completed Standard Physician Assessment and Placement Determination,		be added to the annual History and Physician forms.	

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	per the requirement. Severity: 2 Scope: 2			