DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**08/04/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A BENEVOLENT HEART CARE HOME	**508 PEARBERRY AVENUE, LAS VEGAS, NEVADA ,89123**

(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 a complaint investigation completed at your facility on 08/04/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was nine. The facility received a grade of A. There was one complaint investigated. Complaint #NV00066725 with two allegations was substantiated without deficiencies. Allegation #1 - There were ants on a resident in the facility was substantiated without deficiency based on a tour of the facility (inside and out) which showed no signs of ants or other insects. An interview with the facility owner and a caregiver revealed, and an incident report documented, the resident was found with a few ants in the resident's bed and on the resident's sheets. The resident was cared for immediately, by checking for ants on the resident, all bedding was removed, laundered, and clean bedding was placed on the bed. In addition, review of documentation showed a pest control company was contacted the same day, retained for one year, and arrived at the facility within three days. Interview with the resident of concern's roommate revealed the resident had a few ants on the bed and sheets and staff members attended to the resident immediately and contacted an exterminator for the facility. Allegation #2 - Residents in the facility were not being cared for appropriately was unsubstantiated based on observation of staff and resident interactions, interviews with a Caregiver, facility Owner, and three residents who indicated residents were always treated well. Investigation into the allegations included: Observation of staff and resident interactions, cleanliness inside of the facility and outside, and staff cleaning facility and assisting residents. Interviews with two Caregivers, facility Owner, and four	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	residents. Record review of incident reports, pest control receipts, and caregiver training. 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. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records.			