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 _____	**09/14/2022**

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 09/14/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was seven. The sample size was seven. The facility received a grade of A. One complaint was investigated. Complaint #66929 with three allegations was unsubstantiated. Allegation #1 - Residents were chemically restrained was unsubstantiated based on record review of the Medication Administration Record (MAR) revealed residents who were prescribed a controlled substance routinely had a diagnosis for use. The MAR documented residents who were prescribed a controlled substance on an as needed basis were not documented as given in the month of August and September 2022. Observation and record review revealed 5 of 7 residents had a diagnosis of dementia and residents were confused and not able to be interviewed. Two residents, who were alert and oriented, were responsive to interview and did not appear over-medicated. The Owner and Administrator indicated medications were not used to keep residents less active or unresponsive. The Caregiver reported residents were confused and not communicative at times due to their diagnoses of dementia. Allegation #2 - Residents were not allowed to get out of bed due to the risk of falling was unsubstantiated based on observation and record review revealed 4 of 7 residents were bedfast. The facility had submitted requests to the Bureau for bedfast exemptions due to the residents diagnoses and decline of their condition. Observation of two residents were sitting up in a wheelchair and indicated they were assisted by staff out of bed daily. One resident lying in bed reported being assisted by staff out of bed daily; however, chose to be in bed at	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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	the time of the survey. The Caregiver, previous Administrator, and the Owner confirmed four residents were assisted out of bed daily. Allegation #3 - Residents were not allowed to go outside was unsubstantiated based on interview with two residents revealed they were allowed to go outside and staff did not deny them of going outside. The Owner and Caregiver reported residents were able to go outside at any time. At the time of the survey, there were no opportunities for observations of residents going outside. The investigation into the allegations included: Observations of residents in and out of bed. Interviews with three residents, a Caregiver, the previous and current Administrator, and the Owner. Record review of seven resident files. Document review of the MAR. 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.			