

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 9793	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2023
NAME OF PROVIDER OR SUPPLIER A BENEVOLENT HEART CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 508 PEARBERRY AVENUE, LAS VEGAS, NEVADA ,89123		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and infection control survey completed at your facility on 06/08/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine 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 nine. Nine 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.			
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 back door alarm was operating. The Caregiver acknowledged the back door alarm did not sound when opened and the alarm was turned off. The Caregiver reported the alarm should have been turned on. Severity: 2 Scope: 3	0991	1) The owner and administrator ensured the alarm on the back exit had new batteries and was turned on and working properly. 2) All staff must ensure the alarm on back exit and all exits are working and turned on at all times. 3) All staff must ensure the alarm on back exit and all exits are working and turned on at all times. 4) Owner and Administrator. 5) Completed on the same day as survey; 6/8/2023.	06/08/2023

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: HEATHER MARIE JACALNE	Title: Administrator	Date: 06/15/2023
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0999 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: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were secured as evidenced by: - There was unsecured laundry soap, floor cleaner, glass cleaner, bug killer, bleach, and multi-purpose cleaner unsecured in the laundry room. - The unsecured laundry room led into the unsecured garage containing laundry soap, floor cleaner, furniture polish, paint, bleach, glass cleaner, disinfecting spray, and multi-purpose cleaner. - There were unsecured bleach, hairspray, and air fresher under the bathroom sink. The Caregiver acknowledged the unsecured toxic substances and reported they should have been locked up and not accessible to residents. Severity: 2 Scope: 3	0999	1) Each lock was checked to ensure they were working properly. Signs were printed and placed on each locked cabinet to remind staff to keep them locked at all times. 2) Please see answer number 1. 3) The Owner, Administrator, and staff will ensure the cabinets are locked at all times. 4) Owner and Administrator. 5) Completed same day as survey; 6/8/2023. 6) Photos attached.	06/08/2023