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 |
|---|---|---|---|
| | 9825 | A. BUILDING _____ B. WING _____ | 10/05/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASI SPENCER** | **4148 SPENCER STREET, LAS VEGAS, NEVADA ,89119** |

| (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<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual state licensure survey conducted at your facility on 10/05/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 40 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, and/or persons with intellectual disability, 10 Category 1 and 30 Category II residents. The census at the time of the survey was 34. Ten resident records and six employee records 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: | 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: SHELLE SPONSELLER | Title: Administrator | Date: 10/19/2023 |
|---|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 9825 | A. BUILDING _____ B. WING _____ | 10/05/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ASI SPENCER | 4148 SPENCER STREET, LAS VEGAS, NEVADA ,89119 |

| (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 |
|---|---|---|---|---|
| 0178 SS= F | Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.<br><br>Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior of the facility was well maintained. Findings include: On 10/05/23 in the morning, two common areas, designated as smoking areas, contained multiple rocked areas with cigarette butts scattered throughout the area. The front of the facility contained rocked areas with cigarette butts scattered throughout the area. On 10/05/23 in the morning, the Maintenance Director acknowledged the areas needed to have the cigarette butts removed. Severity: 2 Scope: 3 | 0178 | 1. Maintenance staff immediately provided clean-up to the identified areas that had cigarette butts scattered throughout.<br>2. Two additional cigarette disposal canisters were purchased and placed in the designated smoking areas. Additional signage was placed indicating where smoking and non-smoking areas are and reminding patrons to dispose of cigarette butts in the appropriate containers.<br>3. Maintenance staff will be completing a sweep of the grounds on a daily basis to pick up cigarette butts that have not been disposed of in appropriate containers. Maintenance Supervisor will monitor completion of grounds clean up and Administrator will do facility walk-throughs to assure that grounds are appropriately cleaned.<br>4. Maintenance Staff, Maintenance Supervisor, Site Administrator<br>5. Grounds cleaned 10/06/2023; Signage and containers in place 10/10/2023<br>6. Administrator will regularly walk grounds to evaluate cleanliness. Administrator will have regular meetings with Maintenance staff to review observations on grounds and make recommendations on how to improve conditions. | 10/10/2023 |
| 0255 SS= E | 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.<br><br>Inspector Comments: Based on observation on 10/05/2023, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. Baked chicken, prepared on 9/26/23, was | 0255 | VIOLATION 1<br>1. All expired food items were immediately removed from the food storage areas. All food storage areas were inspected to assure no additional expired food items were present.<br>2. Dietary staff were retrained on a food storage tracking system; dietary staff are required to conduct a daily inspection of all food storage areas so that food at its expiration date is removed appropriately. Dietary staff will be required to document daily compliance with their inspections. | 10/31/2023 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 9825 | A. BUILDING _____ B. WING _____ | 10/05/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ASI SPENCER | 4148 SPENCER STREET, LAS VEGAS, NEVADA ,89119 |

| (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 |
|---|---|---|---|---|
| | held longer than seven days in the drawer refrigerator on the cook's line. b. In the walk-in cooler, a container of macaroni salad had expired 9/25/23. 2. Major Violations: a. There was dust build-up on the evaporator fan guards in the walk-in cooler and on the condensers of the reach-in refrigerators. b. There was grease build-up on the cook's line ventilation hood filters. Severity: 2 Scope: 2 | | 3. Daily documentation of the inspection of food storage areas will be maintained. Ongoing surveillance of food storage areas will be conducted to assure compliance with food handling policies.<br>4. Dietary staff to conduct daily inspections. Dietary Manager to review inspection logs and so spot inspections. Administrator to review inspection logs and complete spot inspections.<br>5. 10/05/2023 food items removed. 10/07/2023 staff trained on new inspection and documentation procedures.<br><br>VIOLATION 2<br>1. Maintenance staff cleaned and removed dust build-up on evaporator fan guards in the walk-in cooler and condensers of the reach-in refrigerator. Dietary manager evaluated grease build-up on cook's line ventilation hood filters; spot cleaning was completed, and professional cleaning was scheduled.<br>2. Schedule of routine maintenance and cleaning was developed to assure that all kitchen-related tasks are done consistently to prevent build-up of dust and grease.<br>3. Dietary Manager and Maintenance Supervisor will assure that all cleaning related tasks are completed according to schedule developed. Documentation of their completion will be maintained in accordance with policies developed.<br>4. Dietary Manager will complete review of cooking areas on a daily basis and schedule ongoing and routine maintenance/cleaning. Maintenance Supervisor will assure that cleaning is completed and documented as scheduled. Administrator will complete routine inspections of kitchen area and note any areas of concern and will | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 9825 | A. BUILDING _____ B. WING _____ | 10/05/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ASI SPENCER | 4148 SPENCER STREET, LAS VEGAS, NEVADA ,89119 |

| (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 |
|---|---|---|---|---|
| | | | address with Kitchen and Maintenance supervisors.<br>5. Dust build-up on evaporator fan guards cleaned 10/06/2023; grease build-up on cook's line ventilation hood filters spot cleaned 10/06/2023; Quarterly professional cleaning of ventilation hood filters schedule for 10/31/2023 | |
| 0690 SS= D | Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.<br><br>Inspector Comments: Based on observation and interview, the facility failed to ensure | 0690 | 1. Vendor for oxygen was immediately contacted and arrangements were made to have loose and empty oxygen bottles removed from site.<br>2. Direct support staff and care coordinator were retrained on appropriate storage of oxygen in the facility. Inspection protocols for DME and PPE storage areas were developed to assure compliance with storage protocols.<br>3. Site inspections no less than weekly to assure that any oxygen bottles on site are stored according to guidelines and assure that necessary number of stands are available for any oxygen delivered to the facility. Inspection logs and will complete inspections of storage areas to assure compliance with protocols and regulations.<br>4. Care Coordinator will be responsible for ongoing training of DSP staff on proper storage protocols. Care coordinator will be responsible for completing weekly inspections of storage areas for appropriate storage of oxygen. Administrator will conduct compliance inspections of storage areas and documentation.<br>5. Oxygen tanks removed from building 10/06/2023. All remaining oxygen stored in compliance with established protocols. | 10/06/2023 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 9825 | A. BUILDING _____ B. WING _____ | 10/05/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASI SPENCER** | **4148 SPENCER STREET, LAS VEGAS, NEVADA ,89119** |

| (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 |
|---|---|---|---|---|
| | oxygen tanks were secured in a container. Findings include: On 10/09/23 in the morning, located in a locked storage room were multiple oxygen tanks. Three oxygen tanks were sitting on the floor, not secured. On 10/09/23 in the morning, the Administrator acknowledged the three unsecured oxygen tanks were supposed to be secured in a container. Severity: 2 Scope: 1 | | | |