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 _____	**10/15/2024**

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 Inspector Comments: This Statement of Deficiencies was generated as a result of an annual state licensure survey and complaint investigation completed in your facility on 10/15/24, 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 38. Eleven resident records and six employee records were reviewed. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: 1. Complaint #NV00071041 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaint included: Observations of staff to resident interactions, grooming and physical appearance for residents, and a tour of the facility. Interviews with residents, Direct Support Staff, the Service Specialist, The Clinical Director, and the Administrator. Clinical Record Review of 11 residents which included the resident of concern, and six employee files. Document Review included incident reports, and policies and procedures. 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		
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	0255	1. The identified areas have all corrected as identified individually below: 1 a. On a speed rack in the walk-in cooler, raw ground beef was stored above raw salmon which created the potential for	10/24/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: SHELLE L SPONSELLER | Title: Administrator | Date: 11/13/2024

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.

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 _____	**10/15/2024**

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
	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 10/15/2024, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. On a speed rack in the walk-in cooler, raw ground beef was stored above raw salmon which created the potential for cross contamination. 2. Major Violations: a. Two dietary staff were not in hair nets while working in the kitchen at the start of the inspection. b. There was biofilm build-up on the interior plastic shield of the ice machine and biofilm was observed on a few ice cubes in the ice bin. c. The cook's line ventilation hood filters were soiled with grease and dust build-up and the ventilation hood above the dish machine was soiled with dust build-up. d. A garden hose was attached to the faucet of the hand washing sink across the cook's line and was used to fill the wells of the steam table. Severity: 2 Scope: 3		cross contamination - **Kitchen Manager removed incorrectly stored items and relocated them to appropriate areas of the walk-in cooler at time of inspection** 2 a. Two dietary staff were not in hair nets while working in the kitchen at the start of the inspection - **Staff out of compliance with wearing of hair nets at time of inspection were immediately advised and appropriate safety equipment was donned** 2 b. There was biofilm build-up on the interior plastic shield of the ice machine and biofilm was observed on a few ice cubes in the ice bin - **Ice machine identified was immediately emptied and taken out of service until cleaning service could be scheduled and performed (10/24/2024)** 3 c. The cook's line ventilation hood filters were soiled with grease and dust build-up and the ventilation hood above the dish machine was soiled with dust build-up - **Immediate cleaning of the identified area was completed on day of inspection** 4 d. A garden hose was attached to the faucet of the hand washing sink across the cook's line and was used to fill the wells of the steam table - **removal of garden hose was completed at the time of identification** 2. All dietary and kitchen staff participated in a re-training on Appropriate Food Storage, Use of Hair Nets, Cleanliness of Kitchen (Vent Hoods, Ice Machines). This training was held on 10/17/2024. Cleaning checklists are in place to assure that routine cleaning is completed to assure compliance. 3. Daily walk-through of the Kitchen area will be completed by dietary management staff. Unannounced walk-throughs of kitchen area will be completed by Management Staff to assure compliance with safety and sanitation expectations. 4. Dietary Manager; Administrator	

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 _____	**10/15/2024**

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
			5. Training completed 10/17/24 to address all areas of concern. Re-cleaning of ice machine completed 10/24/2024.	
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the	0878	1. Medication Technicians and Medication QA have all been retrained on procedures for medications when unavailable from the pharmacy. This includes immediate contact with facility management/Administrator as well as MAR notes being specific to the circumstances and specific follow up, so that there is no question as to why medications are unavailable. Protocols have also been put in place with the pharmacy to advise Spencer Management when medications are not available through their pharmacy so that alternative pharmacies can be contacted for availability. 2. Medication QA will be responsible for contacting pharmacy in person the same day new/refill medication are ordered to confirm their availability and readiness. Medication QA will immediately report to Spencer Management/Administrator when medications are unavailable from our contracted pharmacy within 24 hours so that alternative resources can be contacted. Medication QA will maintain notes on all prescriptions that are not available within 24 hours indicating all communication and updates with pharmacy and delivery of medication. 3. Medication QA will audit each individual medications and MAR weekly to assure medication compliance. Administrator/Management will perform unannounced spot reviews of individual medications and MAR throughout the month to assure compliance wit protocols. 4. Program Manager / Administrator	11/07/2024

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 _____	**10/15/2024**

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
	change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on interview and record review, the facility failed to ensure a medication was onsite, and given in accordance with physicians orders, for 1 of 10 residents (Resident #6). Findings include: Resident #6 (R6) was admitted on 07/03/23 with diagnosis including type 2 diabetes mellitus and seizure disorder. Physicians order dated 07/03/23 documented, Nifedipine, 90 milligrams, extended relief, give one tablet daily. Medication Administration Record for October 2024, documented Nifedipine was not administered from 10/07/24 to 10/10/24 due to not being available. On 10/15/24 in the morning, a Medication Technician confirmed R6 did not receive Nifedipine from 10/07/24 to 10/10/24 due to not having the medication on site. Severity: 2 Scope: 1		5. Protocol revisions and retraining completed 11/07/2024	