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
	9911	A. BUILDING _____ B. WING _____	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE QUAIL HOUSE	3695 E QUAIL AVE, LAS VEGAS, NEVADA ,89120

(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 State Licensure mandatory grading resurvey conducted at your facility on 02/01/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease and/or assisted living services and/or chronic illness and/or mental illness, Category II residents. The census at the time of the survey was nine. Nine resident files and eight 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 investigation, 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: PRESCILA BARCELON	Title: Administrator	Date: 04/13/2023

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0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure an "Undetermined" result through the Nevada Automated Background Check System (NABS) was followed up on for 1 of 11 employees (Employee #10). Findings include: Employee #10 (E10) E10 was hired on 08/25/22 as a Caregiver. E10's file lacked documented evidence of a completed background check. A search of NABS revealed E10 had fingerprints taken on 9/20/22 showing the determinate status as "Undetermined." E10's file lacked documented evidence of a final NABS clearance letter and lacked evidence the facility followed up on the "Undetermined" status of the background check. On 02/02/23 in the morning, the Administrator and House Manager/Caregiver acknowledged all employees must complete a background check through NABS and have a valid Clearance Letter in each employee's file. The Administrator and the House Manager/Caregiver acknowledged a background check was not completed for E10. Severity: 2 Scope: 1	0104	Background check was submitted accordingly, however, NABS have a backlog of 90 days that made the Notice of Clearance delayed. Proof of delay, and the available Notice of Clearance is attached here for your review. #E10 will review quarterly for compliance.	04/13/2023

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on interview and record review, the facility failed to ensure 1 of 9 sampled residents met the requirements for tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #4). Findings include: Resident #4 (R4) R4 was admitted to the facility on 01/09/20 with diagnoses including dementia and acute kidney failure. R4's file documented an initial QuantiFERON TB test was completed on 12/16/20. R4's file lacked documented evidence of a completed annual TB test for 2021 and 2022. On 02/01/23 in the morning, the Administrator and the House Manager/Caregiver acknowledged R4's file lacked documented evidence R4 met the requirements for TB testing in accordance with the NAC 441A. Severity: 2 Scope: 1	0936	Six residents needing the TB tests were all done and copies of results are attached here for your review. #E3, #E5 and #E6 will review monthly for compliance.	04/13/2023

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1540 SS= F	Cultural Competency Training Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 11 employees were in compliance with Nevada Revised Statutes (NRS) 449.103, regarding initial cultural competency training. (Employee #3, #4 and #6) Findings include: Employee #3 (E3) E3 was hired on 01/19/22 as a Caregiver. E3's file lacked documented evidence of initial cultural competency training. Employee #4 (E4) E4 was hired on 01/26/22 as a Caregiver. E4's file lacked documented evidence of initial cultural competency training. Employee #6 (E6) E6 was hired on 01/19/22 as a House Manager/Caregiver. E6's file lacked documented evidence of initial cultural competency training. On 02/01/23 in the morning, the Administrator and the House Manager/Caregiver reported E3, E4 and E6 took initial cultural competency training but could not provide documented evidence the employees completed the initial training. Severity: 2 Scope: 3	1540	#E3, #E4, #E6, have taken their Cultural Competency Class with Nevada Health Care Association on June 23, 2022, however to date, certificates are still not issued.. Certificate will be forwarded to you for your review as soon as it is available. #E3, #E5 and #E6 will review quarterly for compliance.	04/13/2023