

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 9927	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2023
NAME OF PROVIDER OR SUPPLIER BEE HIVE HOMES OF HENDERSON MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 GREENWAY RD BLDG 1, HENDERSON, NEVADA ,89002		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed in your facility on 08/24/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for 20 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease with Assisted Living services, Category II residents. The census at the time of the survey was 13. Ten resident files were reviewed and ten 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:	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0255 SS= D	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. Inspector Comments: Based on observation on 08/24/2023, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Equipment and Maintenance Violations: a. The filtration system for the ice machine was disconnected and not in operation. Severity: 2 Scope: 1	0255	The filter for the ice machine has been connected and was inspected and serviced by a plumber. The Dietary manager will ensure that the ice machine is operating properly and that needed repairs are reported to the administrator for timely follow-up to ensure the ice machine is operating properly.	08/28/2023

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 Name: CYNTHIA BAILEY Title: Administrator Date: 09/11/2023
REPRESENTATIVE'S SIGNATURE