

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2022
NAME OF PROVIDER OR SUPPLIER ABSOLUTE CIRCLE OF CARE-ACKERMAN LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7385 ACKERMAN AVE, LAS VEGAS, NEVADA ,89131		
(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 a grading resurvey conducted at your facility on 08/15/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten 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. Four resident files and zero 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 deficiencies were identified:			
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.	0178	This citation was already addressed in the SOD generated from the 6/27/2022 Survey and the POC was submitted and accepted on 7/25/2022.	06/28/2022

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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(X4) ID PREFIX TAG 0557 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure 1 of 4 sampled residents were free from the use of restraints (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 04/03/22, with diagnosis including Parkinson's disease. On 08/15/22 at 8:30 AM, R1 was observed lying in bed with half- length bedrails. R1 did not respond and was not able to be interviewed when asked whether R1 was able to remove the half- length bedrails independently. The Caregiver acknowledged R1 was not able to lower the half-length bedrails independently. Severity: 2 Scope: 1	ID PREFIX TAG 0557	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A. The Administrator immediately instructed the Staff not to use the half bedside rail anymore. B. The Administrator and Staff shall ensure from here on the half bedside rail shall not be used anymore. C. Accomplished 08/15/2022	(X5) COMPLETION DATE 08/25/2022

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(X4) ID PREFIX TAG 0620 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0620	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 08/25/2022
	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on interview and record review, the facility failed to ensure a resident who required a urinary catheter was not admitted and retained (Resident #2). Findings include: Resident #2 (R2) R2 was admitted to the facility on 11/02/21 with diagnoses including dyspnea and urinary tract infections. On 08/15/22 at 8:40 AM, during a tour of the facility R2 was observed lying in bed, with a urinary catheter. R2 verbalized R2 was unable to care for the urinary catheter without assistance from staff. R2's file lacked documented evidence a medical exemption was obtained for the urinary catheter. The Administrator acknowledged the facility had not requested the required exemption waiver for a resident who was unable to care for a urinary catheter; and an application had not been submitted to the Bureau as of 08/15/22. There was no documented evidence sent to the Bureau of an exemption waiver application or approval for R2. Severity: 2 Scope: 1		A. The Administrator's submission for a waiver was denied as the plan of care from the hospice expired as of 7/7/2022. In coordination right now with hospice agency regarding the matter. Please see attachment. B. The Administrator and Staff shall ensure that Residents requiring a waiver shall be applied accordingly. C. Accomplished 08/15/2022	

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0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the- counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room.	0920	This citation was already addressed in the SOD generated from the 6/27/2022 Survey and the POC was submitted and accepted on 7/25/2022.	07/25/202 2
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.	0936	This citation was already addressed in the SOD generated from the 6/27/2022 Survey and the POC was submitted and accepted on 7/25/2022.	07/25/202 2

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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.	0991	This citation was already addressed in the SOD generated from the 6/27/2022 Survey and the POC was submitted and accepted on 7/25/2022.	07/25/202 2
0992 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: (c) At least one member of the staff is awake and on duty at the facility at all times. (d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes the training and continuing education required pursuant to NAC 449.2768.	0992	This citation was already addressed in the SOD generated from the 6/27/2022 Survey and the POC was submitted and accepted on 7/25/2022.	07/25/202 2

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0994 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: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure sharp items were not accessible to residents. Findings include: On 08/15/22 at 8:30 AM, during a facility environmental tour, several knives were observed in an unlocked kitchen drawer. The Caregiver acknowledged the sharp items were unsecured. The Caregiver indicated all sharp items should have been locked up and not accessible to the residents. Severity: 2 Scope: 3	0994	A. The Administrator immediately reminded the Staff to ensure that every after use of any sharp items it shall be returned in the drawer and the drawer shall be kept locked at all times. B. The Administrator and Staff shall be responsible to ensure that all drawers with sharps are kept locked. A. Accomplished 08/15/2022	08/15/2022
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.	0999	This citation was already addressed in the SOD generated from the 6/27/2022 Survey and the POC was submitted and accepted on 7/25/2022.	07/25/2022