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
	10088	A. BUILDING _____ B. WING _____	06/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CIRCLE OF CARE-ACKERMAN LLC	7385 ACKERMAN AVE, LAS VEGAS, NEVADA ,89131

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 06/28/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 beds for elderly and disabled persons and/or persons with Alzheimer Disease, Category II residents. The census at the time of survey was eight. Eight resident files and four 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 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		

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0557 SS= D	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 and interview, the facility failed to ensure bedrails were not in use for 1 of 8 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 01/28/18 with diagnosis including dementia and hypertension. On 06/28/23 in the morning, R1 was observed lying in bed. One side of the bed was pushed up against the wall. The other side of the bed had half-length bedrails in the upright position. R1 indicated being unable to remove the half-length bedrails independently. The Caregiver acknowledged one side of R1's bed had half-length bed rails in the upright position and the other side of R1's bed was pushed against a wall. The Caregiver confirmed R1 did not have the ability to lower the half-length bedrails independently. Severity: 2 Scope: 1	0557	1. The Staff immediately lowered down the half bedside rail during the Annual Inspection. 2. The Administrator and Staff shall ensure that from hereon all bedside rails are lowered down at all times. 3. Accomplished on 6/28/2023	06/28/2023

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0620 SS= E	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 observation, interview and record review, the facility failed to ensure a current exemption was on file for 2 of 8 residents who were bedfast (Resident #3 and Resident #5). Findings include: Resident #3 (R3) R3 was admitted on 02/19/23 with amyotrophic lateral sclerosis and chronic kidney disease. On 06/28/23 in the morning, R3 was observed lying on R3's back in bed. R3 indicated being unable to turn on R3's side without assistance. Review of R3's record lacked documented evidence the facility had applied for a bedfast exemption to maintain R3 in the facility. Resident #5 (R5) R5 was admitted on 07/01/19 with diagnosis including Parkinson's disease and dementia. On 06/28/23 in the morning, R5 was observed lying on R5's back in bed. R5 was unable to demonstrate the ability to turn from side to side without staff assistance. Review of R5's record revealed an expired bedfast exemption dated 11/16/21. R5's record lacked documented evidence of a current bedfast exemption. On 06/28/23 in the morning, a Caregiver confirmed R3 and R5 did not have the ability to change positions in bed and required staff assistance to turn in bed. The Administrator acknowledged an exemption for R3 had not been submitted to the Bureau, and the exemption for R5 was expired and not current. Severity: 2 Scope: 2	0620	1. The Administrator immediately applied renewal of Bed Fast Waiver for R5 and a new Bed Fast Waiver for R3 on July 2, 2023. 2. The Administrator shall from hereon ensure that the Bed Fast Waiver is current and updated and for Residents who requires said waiver an application shall be made immediately. Further, any change of medical condition that would require said waiver will be applied immediately as well. 3. Accomplished on 7/2/2023	07/02/2023

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on interview and record review, the facility failed to ensure the Medication Administration Record (MAR) was accurate after administering medications for 1 of 8 residents (Resident #1). Findings include: Resident #1 (R1) was admitted on 01/28/18 with diagnosis including hypertension and dementia. Review of R1's MAR for June 2023 revealed eight medications were not initialed as being administered on 06/09/23. A Caregiver indicated the medications were administered to R1 on 06/09/23 and confirmed the Caregiver did not initial the MAR after administration. Severity: 2 Scope: 1	0895	1. The Administrator immediately had a meeting with Staff and reiterated that every night, they should check the MAR that all are medications given for the day are initialed accordingly. 2. The Administrator shall check and remind the Staff to ensure that the MAR is initialed properly each day. 3. Accomplished 6/28/2023	06/28/2023

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1540 SS= E	Cultural Competency Training - R016-20 Section 14.1 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. Inspector Comments: Based on interview and record review, the facility failed to ensure the cultural competency training program was in compliance with R016-20; and ensure 2 of 8 employees (Employee #3 and #4) were in compliance with Nevada Revised Statues (NRS) 449.103, regarding cultural competency training. Documented Cultural Competency training for Employees #3 and #4 was completed from an unapproved course. The Administrator confirmed Cultural Competency training for Employee's #3 and #4 was completed through an unapproved course. Severity: 2 Scope: 2	1540	1. The Administrator immediately scheduled for the Staff to take their Cultural Competency Class. Class was taken on July 2, 2023. Please see attachment. 2. The Administrator from hereon shall ensure that all Staff are in compliance with all the required trainings particularly the Cultural Competency. 3. Accomplished on 7/2/2023	07/02/2023