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 _____	07/01/2024

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 07/01/24, 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 nine. Nine 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		

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: FRANCESCA SLACEDO	Title: Administrator	Date: 07/22/2024

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. Inspector Comments: Based on interview and record review, the facility failed to ensure 1 of 9 residents (Resident #5) received an annual physical examination. Findings include: Resident #5 (R5) R5 was admitted on 07/01/19 with a diagnosis of Parkinson's. R5's medical record revealed a History and Physical dated 05/15/23. R5's medical record lacked documented evidence an annual physical examination was completed. On 07/01/24 in the afternoon, the Administrator indicated R5 should have had an annual physical examination. The Administrator acknowledged an annual physical examination was not completed and on file in R5's medical record. Severity: 2 Scope: 1	0859	A. The Administrator immediately checked the files of R5 and found the medical notes and evaluation for cycles February to April 2024 and April to June 2024 the Hospice attending Nurse Practitioner (NP) and Registered Nurse (RN) from the Hospice Agency. (Please see Attachment) B. The Administrator and Staff shall routinely check for all annual requirements of the Residents to ensure compliance. C. Accomplished 7/1/2024	07/01/2024
0936 SS= E	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	1. The Administrator immediately requested a copy of the TB Test records from the Hospice Agency for R4, immediately had the second TB Step Test for R5, and the same for R8. (Please attachments) 2. he Administrator and Staff shall routinely check for all annual requirements of the Residents to ensure compliance. 3. Accomplished 7/4/2024	07/04/2024

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	Inspector Comments: Based on interview and record review, the facility failed to ensure 3 of 9 residents met the requirements for tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #4, #5, and #8) Findings include: Resident #4 (R4) R4 was admitted to the facility on 01/28/18 with a diagnosis of generalized weakness. R4's medical record contained an annual TB test with a read date of 03/19/23. R4's medical record lacked documented evidence an annual TB test was completed in 2024. On 07/01/24 in the morning, the Administrator indicated all residents should have had an annual TB test. The administrator acknowledged the annual TB test for R4 had not been completed on an annual basis. Resident #5 (R5) R5 was admitted to the facility on 07/01/19 with a diagnosis of Parkinson's. R5's medical record lacked documented evidence an initial or annual TB test had been completed. On 07/01/24 in the morning, the Administrator indicated all residents should have had an initial and annual TB test. The administrator acknowledged the initial and annual TB test for R5 had not been completed. Resident #8 (R8) R8 was admitted to the facility on 02/16/23 with a diagnosis of hypertension. R8's medical record contained an annual TB test with a read date of 02/01/23. R8's medical record lacked documented evidence an annual TB test was completed in 2024. On 07/01/24 in the morning, the Administrator indicated all residents should have had an annual TB test. The administrator acknowledged the annual TB test for R8 had not been completed on an annual basis. Scope: 2 Severity: 2			

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0938 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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on interview and record review, the facility failed to ensure an evaluation of a resident's activity of daily living (ADL) was completed annually for 1 of 9 residents (Resident #3). Findings include: Resident #3 (R3) R3 was admitted to the facility on 06/10/23 with a diagnosis of Dementia. R3's medical record revealed an initial ADL assessment had been completed on 06/05/23. R3's medical record lacked documented evidence an annual ADL assessment had been completed. On 07/01/24 in the morning the Administrator indicated all residents should have had an annual ADL assessment and acknowledged R3 did not have an annual ADL assessment. Severity: 2 Scope: 1	0938	1. The Administrator immediately did the ADL for R3 the same day as the Annual Survey. 2. he Administrator and Staff shall routinely check for all annual requirements of the Residents to ensure compliance. 3. Accomplished 7/1/2024	07/01/2024
1700 SS= B	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a	1700	1. The Administrator immediately had a Placement Determination done for R2, R6, R8, and R9 (Please attachments) 2. The Administrator and Staff shall routinely check for all annual requirements of the Residents to ensure compliance.	07/03/2024

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	residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on interview and record review the facility failed to obtain a placement assessment for 4 of 9 residents (Resident #2, #6, #8, and #9). Findings include: Resident #2 (R2) R2 was admitted		3. Accomplished 7/3/2024	

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	to the facility on 06/01/24, with a diagnosis of generalized weakness. R2's file lacked a placement assessment. Resident #6 (R6) R6 was admitted to the facility on 03/02/24, with a diagnosis of Dementia. R6's file lacked a placement assessment. Resident #8 (R8) R8 was admitted to the facility on 02/16/23, with a diagnosis of hypertension. R8's file lacked a placement assessment. Resident #9 (R9) R9 was admitted to the facility on 03/19/24 with a diagnosis of generalized weakness. R9's file lacked a placement assessment. On 07/01/24 in the afternoon, the Administrator acknowledged a placement assessment was not obtained and on file for R2, R6, R8, and R9. Severity: 1 Scope: 2			