DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**09/04/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SRC-CENTENNIAL	**8204 CABIN SPRINGS AVENUE, LAS VEGAS, NEVADA ,89131**

(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 an annual state licensure and complaint survey completed at your facility on 09/04/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was four. Four resident files and four employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Substantiated: Complaint #NV00071145 was substantiated (See Tag Y0335). The investigation into the complaint included: Observation of facility layout and location of sleeping areas. Interviews were conducted with a Caregiver and a Manager. 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:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: TIANA SOSA Title: Manager Date: 09/17/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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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 interview and record review, the facility failed to ensure a background check was completed through the Nevada Automated Background Check System (NABS) for 1 of 4 employees (Employee #4). Findings include: Employee #4 (E4) was hired in 2022 as the Administrator. E4's file and the NABS system lacked documented evidence of a background check. On 09/04/24 in the morning, an Employee confirmed there was no documented background check available for E4 and the facility failed to provide documentation E4 completed a background check. Severity: 2 Scope: 1	0104	1.Admininstrator fingerprints have been renewed 2.Noted in calendar when prints are close to expiring 3.Set a reminder to follow up 4.Tiana Sosa Manager 5.9/16/24 6.Fingerprints have been submitted and attached	09/16/2024

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0335 SS= D	Bedroom - Certain areas as bedroom prohibited - NAC 449.221 Use of certain areas in facility as bedroom prohibited. (NRS 449.0302) A hall, stairway, unfinished attic, garage, storage area or shed or other similar area of a residential facility must not be used as a bedroom. Any other room must not be used as a bedroom if it: 1. Can only be reached by passing through a bedroom occupied by another resident; or 2. Is used for any other purpose. Inspector Comments: Based on observation and interview, the facility failed to ensure a closet, inside a residents bathroom, was not used as a bedroom for a staff member. Findings include: On 09/04/24 in the morning, a bunk bed was found in a closet, which was accessed by going through a resident room and then through a resident bathroom. The closet was used as a sleeping area for a Caregiver. On 09/04/24 in the morning, a Caregiver indicated, they use the closet as their bedroom. On 09/04/24 in the morning, a Manager confirmed, a make shift bedroom, was placed inside a residents bathroom closet, for a Caregiver to sleep in and verbalized the caregiver had to pass through a resident room and bathroom to gain access to the closet. Severity: 2 Scope: 1 Complaint #NV00071145	0335	1.The room has been emptied 2.Keep caregivers in a different room, one that does not require them to walk through another room 3.Room will be monitored 4.Tiana Sosa Manager 5.9/16/24 6.Picture has been submitted	09/16/2024