STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	129	A. BUILDING _____ B. WING _____	11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VEGAS ALZHEIMER AND MEMORY CARE 2	3225 BRAZOS STREET, LAS VEGAS, NEVADA ,89169

(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 annual licensing and infection control survey conducted in your facility on 11/22/22. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds with an endorsement to provide care for persons with Alzheimer's disease, Category II. The census at the time of the survey was ten. Ten resident files and four employee files were reviewed. The facility received a grade of B. 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		
0527 SS= F	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (b) Provide group activities that provide mental and physical stimulation and develop creative skills and interests; Inspector Comments: Based on observation, interview and document review, the facility failed to provide activities in accordance with the activity calendar for 10 of 10 residents. Findings include: On 11/22/22 the activity calendar documented activities were scheduled including chair exercises at 9:00 AM and puzzles/coloring at 9:30 AM. No activities were observed during the survey at 9 AM and 9:30 AM. On 11/22/22 at 10:15 AM, a Caregiver indicated sometimes they did not conduct the scheduled activities. On 11/22/22 at 10:30 AM, Resident #4, Resident #7 and Resident #10 indicated the facility did not do activities, but they wish they were offered. On 11/22/22 at 11:00 AM, a Caregiver confirmed the scheduled activities for the day did not take place. Severity: 2 Scope: 3	0527	1. Resident #4 resident likes to draw and color, she has her art materials by her bedside. Her artwork is posted on her room's wall. Resident #7 likes music, music is played at 12:30pm onwards, karaoke time, singing and dancing. Resident #10 likes to watch tv and make phone calls to her family; her tv is on all the time and her phone is on her bedside table where she can readily access it. She's encouraged to do bed exercises. She also likes to read books. Staff is reminded to encourage residents to participate or engage in activities that fit their interest and likes. 2. Staff is reminded by administrator to encourage residents to participate or engage in activities that fit their interest and likes. 3. Administrator will monitor staff that activities are provided to residents that fit their interest to ensure positive participation and ensure physical and mental stimulation. 4. Administrator and staff. 5. 11/22/2022. 6. Photos/video of residents' activities.	11/22/2022

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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. Inspector Comments: Based on observation and interview, the facility failed to ensure refrigerated medications were in a locked refrigerator and inaccessible to residents. A small refrigerator in a common area was found with a broken hinged clasp. A caregiver confirmed the refrigerator containing medications was not properly secured and locked. Severity: 2 Scope: 3	0920	1. The broken hinged clasp was fixed and the lock with lost key was replaced. 2. The managing employee was reminded by administrator to report broken items such as lock and key for immediate replacement. 3. The staff will monitor if there are items that need urgent fixing to ensure safety of residents most especially locks on medication refrigerator to ensure inaccessibility by residents. 4. The staff. 5. 11/22/2022. 6. Photo of mini ref with working lock and properly affixed hinged clasp.	11/22/2022

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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. Inspector Comments: Based on interview and record review, the facility failed to ensure a two step tuberculosis (TB) test was completed for a newly admitted resident for 1 of 10 residents (Resident #10). Resident #10 (R10) was admitted on 08/01/22. There was no documentation a TB test was completed for R10. A caregiver confirmed there was no documented TB test in the record of R10. Severity: 2 Scope: 1	0936	1. 11/22/22, administrator called home health agency to follow up on TB testing for resident #10. Bloodwok collected on 12/1/22 for Quantiferon TB testing of resident #10. Result faxed to doctor's office on 12/7/22 and to facility on 12/8/22. 2. The managing employee must diligently follow up with home health agency or primary doctor regarding TB testing of new resident who is already admitted in the facility. 3. The administrator must monitor that TB testing is completed before admission of new residents. 4. Administrator. 5. 12/1/22; 12/8/22. 6. Quantiferon TB test result.	12/08/2022

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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 chemicals were properly locked up and inaccessible to residents. A cabinet in the kitchen, under the sink, containing Liquid Plumber, Ajax powder, dishwashing soap and Borax was found without a locking mechanism. A caregiver confirmed there were chemicals in a cabinet under the sink that did not lock and was not made inaccessible to residents. Severity: 2 Scope: 3	0994	1. All the cleaning materials found under the sink were removed and transferred to a locked cabinet. 2. The staff must ensure that chemicals and other agents are locked up after each use. 3. The managing employee must monitor other staff to ensure that chemicals and other cleaning agents are all locked up after each use to make it inaccessible to residents. 4. The staff. 5. 11/22/2022. 6. Photo of cabinet under sink with no locking mechanism cleared of chemicals and other cleaning agents.	11/22/2022

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0995 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: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; (2) Has at least 40 square feet of space for each resident in the facility; (3) Is fenced; and (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. Inspector Comments: Based on observation and interview, the facility failed to ensure the backyard was free of debris and broken equipment. Multiple broken items were found in the backyard including a bedside table, two mattresses, three bed frames, a dishwasher, a washing machine and a shower chair. A caregiver confirmed the items were broken and all needed to be removed. Severity: 2 Scope: 3	0995	1. The broken equipment and other faulty items in the backyard were all removed and discarded and the backyard was cleaned to be free of debris and broken items. 2. The managing employee must ensure that all broken equipment are discarded right away to ensure that there are no debris to ensure safety of the residents and staff. 3. The managing employee must monitor and remind other staff to ensure that the backyard is free from debris and no broken equipment and other faulty items are kept. It should be discarded right away. 4. Managing employee. 5. 11/23/2022. 6. Images of backyard attached.	11/23/2022