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
	409	A. BUILDING _____ B. WING _____	10/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORGET ME NOT HOME CARE	**5513 FLORA SPRAY ST, LAS VEGAS, NEVADA ,89130**

(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 survey completed at your facility on 10/14/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illness and/or persons with Alzheimer's disease, two Category 1 and five Category II residents. The census at the time of the survey was six. Six resident files and three 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: LAWRENCE D O'SHEA	Title: Administrator	Date: 11/14/2024

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0220 SS= F	Laundry & Linen Services Provided - NAC 449.213 Laundry and linen services. (NRS 449.0302) 1. A residential facility shall: (a) Provide laundry and linen services on the premises of the facility; or (b) Contract with a commercial laundry for the provision of those services. 2. A residential facility that provides its own laundry and linen services shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. Inspector Comments: Based on observation and interview, the facility failed to ensure the laundry room was kept in a sanitary manner. Findings include: On 10/14/24 in the morning, the laundry room contained a washer and dryer. Behind the washer and dryer there was lint on the walls, pipes, and on the back of both machines. On 10/14/24 in the morning, the Caregiver acknowledged the area behind the washer and dryer were not kept in a sanitary manner. Severity: 2 Scope: 3	0220	1) laundry room cleaned. The washer and dryer were moved so that the area behind them could be properly cleaned. 2) Monthly inspection and cleaning if necessary. 3) Monitored by head caregiver 4) Administrator 5) 10/15/24	10/15/2024
1700 SS= C	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 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	1700	1) Standard Physician's Assessment pages 1&2 will be used moving forward 2) The form will be incorporated into initial placement package 3) Administrator will review all documents of initial placement and confirm that this form is present. 4) Administrator 5) 10/14/2024	10/16/2024

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	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 ensure an initial placement assessment was obtained for 6 of 6 residents (Resident #1, #2, #3, #4, #5, and #6). Findings include: Resident #1 (R1) R1 was admitted on 01/29/24 with diagnoses including cerebrovascular disease and hypertension. R1's record lacked a completed placement assessment. Resident #2 (R2) R2 was admitted on 02/16/22 with diagnoses			

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	including senile degeneration of the brain. R2's record lacked a completed placement assessment. Resident #3 (R3) R3 was admitted on 09/11/24 with diagnoses including atrial fibrillation and malnutrition. R3's record lacked a completed placement assessment. Resident #4 (R4) R4 was admitted on 05/24/19 with diagnoses including Alzheimer's disease and hypertension. R4's record lacked a completed placement assessment. Resident #5 (R5) R5 was admitted on 08/18/17 with diagnoses including cerebrovascular accident. R5's record lacked a completed placement assessment. Resident #6 (R6) R6 was admitted on 05/31/24 with diagnoses including failure to thrive. R6's record lacked a completed placement assessment. On 10/14/24 in the afternoon, the Administrator acknowledged an initial placement assessment was not obtained for Resident #1, #2, #3, #4, #5, and #6. Severity: 1 Scope: 3			
1830 SS= F	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record	1830	1) conduct CDC and HCQC training 2) Annual training will be scheduled so as to complete requirement on time. 3) Monitored by Administrator 4) Administrator 5) 12/15/2024 All training is complete except for specialist designee 15 hour classes. this is due to personal issues.	10/15/2024

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	review and interview, the facility failed to ensure the primary infection control specialist, the secondary infection control designee, and a unlicensed Caregiver completed annual infection control training from a nationally recognized organization (Employee #1, #2, and #3). Findings include: Employee #1 (E1) E1 was hired on 01/15/17 as the Administrator. E1 was documented as the primary infection control specialist. E1's file lacked documented evidence of 15 hours of annual infection control training regarding the control and prevention of infections from a nationally recognized organization. Employee #2 (E2) E2 was hired on 07/01/13 as a Caregiver. E2 was documented as the infection control specialist designee. E2's file lacked documented evidence of 15 hours of annual infection control training regarding the control and prevention of infections from a nationally recognized organization. Employee #3 (E3) E3 was hired on 08/03/18. E3's file lacked documented evidence of unlicensed caregiver infection control training regarding the control and prevention of infections from a nationally recognized organization . On 10/14/24 in the afternoon, the Administrator acknowledged E1, E2 and E3's files lacked evidence of annual infection control training regarding the control and prevention of infections from a nationally recognized organization. Severity: 2 Scope: 3			