

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/22/2021
NAME OF PROVIDER OR SUPPLIER LAKE MEAD CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4325 W LAKE MEAD BLVD, LAS VEGAS, NEVADA ,89108-2849		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual grading and infection control survey conducted at your facility on 12/22/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with Mental Illness, Category II residents. The census at the time of survey was four. Four resident files and three employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of nondiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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 regulatory deficiencies were identified.			

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 Name: GEOFFREY GOMEZ Title: ADMINISTRATOR
REPRESENTATIVE'S SIGNATURE

Date: 01/10/2022

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/22/2021
NAME OF PROVIDER OR SUPPLIER LAKE MEAD CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4325 W LAKE MEAD BLVD, LAS VEGAS, NEVADA ,89108-2849		
(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
0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation and interview, the facility failed to ensure a COVID-19 screening was completed upon entry for all visitors. No temperature or COVID-19 questions were asked upon entry for two visitors. The Owner acknowledged a COVID-19 screening should have been conducted with temperatures taken, and was not when two visitors entered the home. Severity: 2 Scope: 3	0050	0050 1) All facility residents have the potential to be affected by the deficient practice. 2) The staff will be retrained to ensure a covid-19 screening upon entry of all visitors to conduct temperature taking and covid-19 questions. 3) The administrator will ensure monitoring this practice and all procedures are enforced. 4) Completed 12/23/2021	01/06/2022
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 tuberculosis (TB) testing was conducted annually for 1 of 4 residents (Resident #1). The last documented TB test for Resident #1 (R1) was dated 04/20/20. The Owner confirmed the last TB test for R1 was completed on 04/20/20 and acknowledged R1 had not completed TB testing annually. Severity: 2 Scope: 1	0936	0936 1) All residents have the potential to be effected by the practice. 2) The affected resident #1 had a negative result on TB test. (SEE ATTACHMENT) 3) The administrator will ensure the deficiency will not reoccur. By reviewing the residents file to be accurate according to compliance with regulations on annual TB testing. 4) Completed 01/06/2022	01/06/2022