STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4101	A. BUILDING _____ B. WING _____	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE MEAD CARE HOME	4325 W LAKE MEAD BLVD, LAS VEGAS, NEVADA ,89108-2849

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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 12/19/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility 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 the survey was three. Three resident files and three employee files were reviewed. The facility received a grade of C. 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		
0085 SS= F	Staffing - Cg on Duty All Times - NAC 449.199 Staffing requirements 1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility. Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure staff were at the facility with residents for 3 of 3 residents. (Resident #1, #2, and #3) Findings include: On 12/19/2024 at 9:00 AM, surveyors arrived at the facility and were greeted by an individual. The individual indicated the facility caregivers had stepped out for a while and were coming right back. The individual indicated they were a friend visiting one of the staff members. The individual further explained that they knew nothing about what was going on in the facility and reiterated they were not an employee nor caregiver. The individual continued to repeat knowing nothing about	0085	a) All residents have the potential to be affected by deficient practice. b) An in-service with the staff that caregivers should always be present at the facility to conduct activities and provide care and protection supervision for the residents. The Administrator will ensure that this practice will not occur again. c) 12/20/2024	04/15/2025

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	the residents or where anything was. The individual added the caregivers should not be long as they were almost finished with what they were doing and would offer no further information when asked additional questions. The surveyors were escorted to the dining area of the facility to wait for the caregivers to arrive. On 12/19/24 at 9:10 AM, the caregivers were contacted by the individual who answered the door and were at the facility within the hour. Employee #2 (E2) verified the individual who answered the door was not an employee of the facility and was a friend of Employee #3 (E3). E2 further explained the individual was not trained in caregiving nor in medication management and it was unknown if the individual was First Aid or CPR certified. E2 and E3 verbalized they left the facility together to go work out and run quick errands to get toiletries for the residents. E2 verified E3's friend was left at the facility and there were no fully trained staff members available to the residents while they were gone. E2 indicated they, (E2 and E3) were not gone an hour and did not offer how often this type of situation would happen. The facility did not have an employee sign-in or sign-out log to support what time E2 and E3 left and the time they returned to confirm how long they had left the residents alone. The work schedule provided did not include shift times for E2 and E3. E2 attempted to call the Administrator but was unable to get into contact with them. Resident #1 (R1) R1 was admitted on 11/01/2024 with diagnoses including seizure disorder, schizoaffective disorder, bipolar disorder and a history of hallucinations. On 12/19/2024 in the afternoon, R1 presented as alert and indicated getting showered when the hospice nurse would visit. R1 appeared well kept and indicated their hair was just washed by the hospice nurse but was unable to recall when the hospice nurse was there to bathe them. R1's nightgown and chucks were dry, and their incontinence undergarments appeared recently changed. R1 shared the caregivers would change their undergarments when the hospice nurse was not around. R1 also mentioned they were fed by the facility staff. R1's room			

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	was odor free and the waste basket in the room was observed to have a single soiled incontinence undergarment. R1 was frustrated and was yelling for the caregivers because they wanted to be taken out for any activities instead of just watching television from their bed all the time. R1 indicated the caregivers would respond to their yelling if they were to need anything. R1 was not aware the caregivers had left the facility and could not remember the last time someone had checked on them. Resident #2 (R2) R2 was admitted on 04/22/2020 with primary diagnoses including schizophrenia. R2 was observed asleep in their bed and could not be woken. Resident #3 (R3) R3 was admitted on 09/20/2016 with primary diagnoses including major depressive disorder. R3 was observed asleep in their bed and could not be woken. On 12/19/24 in the morning, E2 was unable to confirm what the set shifts were for the employees. The only schedule provided was for 12/2024. It only had the caregiver's names but no designated shift times. E2 attempted to contact the Administrator. E2 indicated the Administrator was unavailable by phone. Severity: 2 Scope: 3			

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0088 SS= C	Staffing Schedule - NAC 449.199 Staffing requirements 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. Inspector Comments: Based on interview and document review, the facility failed to ensure a written staffing schedule was retained for at least six months. Findings include: On 12/19/2024 in the morning, the facility did not have a current updated schedule posted nor did the facility have schedules for the past six months. On 12/19/2024, Employee #2 (E2) acknowledged the facility did not have written schedules dating back six months or a current employee schedule. Severity: 1 Scope: 3	0088	a) An in-service with the staff that the work schedule be available and visible at the facility. b) The Administrator will ensure the staff schedule will be retained 6 months after schedule expired. c) 12-20-24	04/15/2025

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0251 SS= C	Storage of Food-Perishable Foods Refrigerated - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees Fahrenheit or less. Inspector Comments: Based on observation and interview, the facility failed to ensure baked goods that had been frozen had labels. Findings include: On 12/19/2024 in the morning, expired baked goods were on the kitchen counter. The oldest date observed was on a loaf of bread which was 11/24/2024. On 12/19/24 in the morning, there were no dates indicating when the baked goods were removed from the freezer. On 12/19/2024 in the morning, a caregiver Employee #2 (E2) indicated the baked goods were just removed from the freezer and had just been thawed for resident consumption. E2 indicated the baked goods may have been on the counter for a few days. E2 was unaware if the facility had a way to properly track the age of the defrosted baked goods. Severity: 1 Scope: 3	0251	a) An in-service with the staff in regard to any baked goods that had been frozen and out to thaw will be labeled to indicate date of expiration after removal from the freezer. b) The facility will make sure any baked goods to be thawed are labeled and any expired food consumption will be disposed. c) 12-20-24	04/15/2025
0515 SS= F	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on record review and interview, the facility failed to develop a person-centered service plan with all the required components for 3 of 3 residents admitted to the facility. (Resident #1, #2, and #3) Findings include: Resident #1 (R1) R1 was admitted on 11/01/24 with	0515	a) The facility has established the person-centered service plan. All residents care plan will be incorporated into there files. b) Resident #1 is no longer a resident of the facility. c) The Administrator will ensure to develop a person-centered service plan of any future potential admission of residents. To be monitored for compliance according to regulation. d) 3-15-25	04/15/2025

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	primary diagnoses including seizure disorder, schizoaffective disorder, bipolar disorder and a history of hallucinations. R1's record lacked a person-centered service plan with the required components. Resident #2 (R2) R2 was admitted on 04/22/20 with primary diagnoses including schizophrenia. R2's record lacked a person-centered service plan with the required components. Resident #3 (R3) R3 was admitted on 09/20/16 with primary diagnoses including major depressive disorder. R3's record documented an initial plan of care included in the activities of daily living assessment dated 09/16/16 with the last annual review date as 08/16/24. R3's record lacked a person-centered service plan with the required components. On 12/19/24 in the afternoon, Employee #2 (E2) provided a document "PLAN OF CARE/ADL" and indicated this was the facility's person-centered service plan. The document lacked the following components: Provisions concerning assistive devices, special needs, social and recreational needs and involvement of ancillary services. The manner in which all caregivers will be informed of the required supervision of the resident. The manner in which the facility will ensure the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling. Permission for the resident to enter or leave the facility at anytime if the resident is physically and mentally able and within the guidelines established by the administrator of the facility for leaving the facility. Laundry services for the resident unless the resident elects in writing to make other arrangements. The manner in which the facility will ensure the resident's clothes are clean, comfortable and presentable. A requirement the facility must inform the resident or his or her representative of the actions the resident should take to protect their valuables. A written program of activities for the resident that includes scheduled and unscheduled activities suited to his or her interests and capacities. On 12/19/2024 in the afternoon, Employee #2 (E2) confirmed the facility had not developed a person-centered service plan			

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	with the required components for each resident. Severity: 2 Scope: 3			
0620 SS= D	Written Policy on Admissions - NAC 449.2702 and R043-22 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, interview and record review, the facility failed to obtain a medical exemption to maintain a resident who was bedfast for 1 of 3 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 11/01/2024 with diagnoses including seizure disorder, schizoaffective and bipolar disorder and a history of hallucinations. On 12/19/2024 in the morning, R1 was observed alert and lying in bed. R 1 was unable to demonstrate the ability to turn from side to side in bed without assistance due to physical issues. R1 was curled up in bed and yelling profanities and was able to answer basic questions and expressed they would like to get out of the bed and go outside. R1 indicated the caregivers would assist them out of bed if they wanted them too. During the interview, R1's arms were consistently tucked into their side. R1 was unable to extend both arms in front of them and was unable to extend their arms to reach for the side bed rails for positioning. R1's complete and updated medical records were not readily available for review so R1's complete diagnosis remained undetermined. On 12/19/24 in the morning, Employee #2 (E2) verified R1 could not turn from side to side without assistance and E2 explained R1 had to be turned every two hours based on the verbal recommendation of the hospice agency medical provider. E2 confirmed R1 was unable to do any activities without some assistance. On 12/19/24 in the morning, R1's record lacked documented evidence of an approved	0620	a) Resident #1 is no longer a resident of the facility. There is no reason to address this particular resident . b) In the event the resident has declined if he/she require a higher level of care, the facility will request a waiver in accordance with regulations, the facility will strictly adhere to all applicable rules and regulations. c) The Administrator will take measures to prevent this practice from happening in the future. D) 3-19-25	04/15/2025

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	bedfast medical exemption from the Bureau. On 12/19/24 in the afternoon during the exit, E2 had confirmed with the Administrator via text message the facility did not have a pending bedfast waiver application for R1 and verbalized, the facility just took care of the resident under the guidance of the hospice agency. Severity: 2 Scope: 1			
0950 SS= D	Hospice Care Responsibilities of Staff - NAC 449.275 Residential facility which provides residents with hospice care: Responsibilities of staff; retention of resident with special medical needs. (NRS 449.0302) 1. A residential facility that provides services to a resident who elects to receive hospice care shall obtain a copy of the plan of care required pursuant to NAC 449.0186 for that resident. Inspector Comments: Based on interview and record review, the facility failed to obtain a copy of the hospice plan of care required for 1 of 3 residents who elected to receive hospice care (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 11/01/24, with diagnoses including seizure disorder, schizoaffective and bipolar disorder, a history of hallucinations. On 12/19/24 in the morning, R1 was observed in bed and indicated getting showered when the hospice nurse would visit. R1 appeared well kept and indicated their hair was just washed by the hospice nurse. The clinical record lacked documented evidence of when R1 was admitted to hospice. There were no documents to establish a coordinated collaboration between the facility and hospice to develop an updated care plan since their admission to the facility. On 12/19/24, Employee #2 (E2) acknowledged neither the facility's resident file nor R1's hospice binders had evidence of an updated coordinated care plan. Severity: 2 Scope: 1	0950	a) Resident #1 is no longer a resident at the facility. There is no reason to address this particular resident. b) This practice has the potential to be affected by the resident. c) The Administrator will ensure future admission of residents to receive hospice care must obtain copies of plan of care according to the regulation. d) 3-19-25	
1825 SS= D	Designation/Training persons for IC Program - NAC 449.0109 Designation and training of person responsible for infection control. 3. The program to prevent and control infections within the facility for the dependent developed pursuant to	1825	a) The employee #1 have the potential to be affected by the deficient practice. b) The administrator has completed the infection control and ensure the availability	04/15/2025

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	paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 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 review and interview, the facility failed to ensure the primary infection control designee completed the initial 15 hour infection control training (Employee #1). Findings include: Employee #1 (E1) was hired on 03/30/03, as the Administrator/Primary Infection Control Designee. E1's file lacked documented evidence of the annual 15 hours of infection control training from a nationally recognized organization. On 12/19/24 in the afternoon, the Administrator and facility staff could not provide supportive documentation prior to the end of survey to confirm the required infection control and prevention training from a nationally recognized organization had not been completed for E1. Severity: 2 Scope: 1		providing supportive documents based on the regulation c) 12-23-25	