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 _____	**10/26/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE SHARE CARE HOME NEVADA, INC	**7925 W ROSADA WAY, LAS VEGAS, NEVADA ,89149**

(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, complaint investigation and infection control survey conducted at your facility on 10/26/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons, with endorsements for chronic illness and mental illness, Category II residents. The census at the time of the survey was nine. Nine resident files and six employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Complaint #NV00067174 with three allegations was unsubstantiated. Allegation #1. A resident does not have access to a call button and had no way to get staff 's attention was unsubstantiated based on observation of call bells in resident rooms, including the resident of concern. Staff were answering the call bells and attending to resident's needs. Interviews with a Caregiver, the Administrator and four residents who indicated staff were available when needed and checked on residents frequently. Allegation #2. A resident was dehydrated and not given water was unsubstantiated based on observation of water at bedside of the resident of concern. The resident did not appear dehydrated and interviews with a Caregiver, the Administrator and four residents who indicated water was always available to all residents or brought into residents when needed. Review of the Resident of concern's file lacked documented evidence of the resident being dehydrated. Allegation #3. A resident was not routinely checked on and was neglected by staff was unsubstantiated based on observation of staff constantly checking and assisting residents, including the resident of concern. Staff assisted the resident of concern out of	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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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	bed and into a chair. Interviews with a Caregiver, the Administrator and four residents who indicated staff checked on them regularly and assisted with their needs. Review of the resident's files lacked documented evidence the resident had wounds or any signs of lack of care or Activities of Daily Living not being completed Investigation into the allegations included: Observation of staff attending to residents, call bell system in place and water available to each resident. Interviews with a Caregiver, the Administrator and five residents, including the resident of concern. Record review of Activities of Daily Living, physical exams, physicians orders and progress notes for nine residents, including the resident of concern. Document review of incident reports and grievance log. 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. There were no regulatory deficiencies identified. No further action is necessary. Please retain a copy for your records.			