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
	7213	A. BUILDING _____ B. WING _____	09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VEGAS CHATEAU FOR SENIORS	4175 N TOMSIK ST, LAS VEGAS, NEVADA ,89129

(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 a annual State Licensure survey at your facility on 09/09/19, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for five Residential Facility for Group beds for persons with mental illnesses Category I and a separate secured unit for five residential facility beds which provide care for persons with Alzheimer's Category II residents. The census at the time of the survey was nine. Nine resident files were reviewed 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: MARIANITA GEE Title: Administrator Date: 10/07/2019

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0961 SS= D	Alzheimer’s Care - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 2. If a residential facility is authorized to operate as a residential facility which provides care to persons with Alzheimer ' s disease and as another type of facility, the entire facility must comply with the requirements of this section or the residents who suffer from Alzheimer ' s disease or other related dementia must be located in a separate portion of the facility that complies with the provisions of this section. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure a resident with diagnoses of dementia resided in a separate unit in the facility for 1 of 9 sampled residents (Resident #7). Findings include: The facilty was endorsed for mental illness and a separate secured unit for residents with Alzheimer's Disease/dementia. Resident #7 (R7) R7 was admitted on 7/20/18, with diagnoses including dementia and hypertension. R7's bedroom was located on the mental illness unit of the facility. On 09/09/19 at 10:30 AM, a mini cognitive assessment was completed. R7 was unable to complete the assessment. On 09/09/19 at 10:45 AM, a Caregiver acknowledged R7's bedroom was located on the mental illness side of the facility. The Caregiver verified R7 did have a diagnoses of dementia. The Caregiver indicated R7's bedroom should have been on the Alzheimer's unit of the facility. Severity: 2 Scope: 1	0961	Tag #0961 A) Resident #7 has been moved to the appropriate side of the unit, which is the alzheimer's unit. We have spoken with the family and all agreed according to status of our license. ROOM #1 B) The Administrator has spoken with the Owner and Caregivers to notify all guest looking for a place to reside about our license and the appropriate side in which the future resident will be residing on. Also, to double check the diagnosis for proper placement. C) The Administrator will be the overseer of this and future related matters. D)10/07/2019	10/07/2019

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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 an outside area was secure. Findings include: On 09/09/19 at 8:30 AM, an exit gate was observed in the back yard unlocked and not secured. On 09/09/19 at 8:35 AM, a Caregiver acknowledged the exit gate located in the backyard was unsecured and not locked. The Caregiver indicated the gate should have been locked. On 09/09/19 at 11:00 AM, a Administrator indicated the gate should have been locked and secured from the residents. Severity: 2 Scope: 3	0995	Tag#0995 A) We have applied the corrective measure to the back gate as required. Picture in documents provided! B) All personal has been notified about the importance of the lock and having the key easily accessible for staff. C) The staff will check appropriate exterior doors for compliance daily, morning and evening! D) The owner and staff will keep compliance E) 10/07/2019	10/07/2019