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 _____	**12/21/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN SENIOR HOME GABRIEL	**2372 GABRIEL DRIVE, LAS VEGAS, NEVADA ,89119**

(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 and a complaint investigation completed at your facility on 12/21/23 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files and six employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Verified without deficient Practice: 1. Complaint #NV00068939 was verified with no deficient practice. The investigation of the complaint included: Observation of physical appearance of residents, behaviors, indoor security cameras, and a tour of the facility. Interviews were conducted with residents, Caregivers, Guardian, Owner, and the Administrator. Record review of eight resident files, which included the resident of concern. Document Review included facility policy and procedures. 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:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: DORA VALENTIN Title: Administrator Date: 02/02/2024

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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0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 6 employees received 16 hours of initial medication management training (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 09/17/23 as a Caregiver. E1's file lacked documented evidence E1 had completed initial 16 hour medication management training. On 12/21/23 in the morning, E1 and E5 were the scheduled Caregivers on duty. The Owner verified E1 was not trained in medication management and indicated E5 was a volunteer and was not to administer medications to residents. There was no Caregiver on site who was trained or authorized to administer medications. Severity: 2 Scope: 1	0072	1) To correct these findings, Administrator had a meeting on 12/27/23 with owner to educate her on the regulations in regard to having a fully trained med-tech in the facility 24-7 to ensure that when Employee1 is on shift, either Employee 2 or 4 are also present. There was a plan made about hiring more employees,as well as discussed process to get E5 fully NABs certified and/or getting E1fully Med Tech trained. 2) Systematically, the Administrator put in place new policy of sending weekly staffing schedule to Administrator, so that Administrator can be sure that a med tech is on duty at all times. 3) Administrator, on 12/27/23, added a reminder in her calendar to follow up with these types of issues with the facility on a weekly basis to ensure compliance, so these issues do not recur. 4) Owner and Administrator are responsible for implementing this plan and 5) It was completed 12/27/23.	02/27/2024

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0104 SS= E	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on observation, record review, and interview, the facility failed to ensure a background check was completed for 2 of 6 employees (Employee #5 and #6). Findings include: Employee #5 (E5) E5 started on 09/01/23 as a Volunteer. E5 did not have a file on site and lacked documented evidence of a criminal history statement, fingerprints, and a background check for the facility. Employee #6 (E6) E6 started on 09/01/23 as a Volunteer. E6 did not have a file on site and lacked documented evidence of a criminal history statement, fingerprints, and a background check for the facility. On 12/21/23 in the morning, the Owner indicated E5 and E6 were volunteers and did not have a background check. On 12/21/23 in the morning, the Administrator reported E5 and E6 were volunteers and acknowledged the Caregivers performed Caregiver duties. The Administrator acknowledged E5 and E6 did not have a background check. This was a repeat deficiency from the 10/12/22 State Licensure survey. Severity: 2 Scope: 2	0104	1) To correct these findings, Administrator had a meeting with owner to ensure that regulations are followed. Discussed process to get E5 and E6 fully NABs certified. Currently, the ITIN number is extremely difficult to obtain and takes many-many months. 2) Systematically,the Administrator put in place a reminder in her calendar to follow up with these types of issues with the facility on a weekly basis to ensure compliance,so these issues do not recur. 3) Administrator,on 12/27/23, added a reminder in her calendar to follow up with these types of issues with the facility on a weekly basis to ensure compliance, so these issues do not recur. 4) Owner and Administrator are responsible for implementing this plan and 5) It was completed 12/27/23.	02/27/2024

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0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 6 employees received cardiopulmonary resuscitation (CPR) and first aid training (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 09/17/23 as a Caregiver. E1's file revealed CPR and first aid training had expired on 10/29/22, and lacked documented evidence E1 had current CPR and first aid training. On 12/21/23 in the morning, the Administrator confirmed E1's CPR and first aid was expired and E1 had not renewed the training. This was a repeat deficiency from the 01/18/23 State Licensure survey. Severity: 2 Scope: 1	0106	1) To correct these findings, Administrator made sure that Caregiver E1 immediately completed her CPR renewal. 2) Systematically,the Administrator put in place a reminder in her calendar to follow up with these types of issues with the facility on a weekly basis to ensure compliance,so these issues do not recur as well as Administrator has created a new checklist to help keep track and remind self and owner of missing items. New check list attached. 3) Administrator has put in a new reminder system in place to ensure that even if staff doesn't follow through, that she is able to remind and ensure that trainings take place. E1 did complete the CPR training and certification is attached. 4) Administrator and owner are responsible for this and 5) it was corrected no 12/22/23.	12/22/2023
1035 SS= E	Care to Persons with Dementia - NAC 449.2768 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (1) Within the first 40 hours that such an employee works at the facility after he or she is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with	1035	1) To correct these findings, the Administrator has created a new checklist to help keep track and remind self and owner of missing trainings. New check list attached. Also, Administrator has provided self-study materials to E5 and E6 to complete the required 10 hours. 2) Systematically, Administrator updated own reminder system to ensure that she can follow up and keep up with all deadlines and created a system for owner to follow as well, 3) this reminder system will	12/27/2023

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	any form of dementia, including, without limitation, Alzheimer ' s disease, and providing support for the members of the resident ' s family. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 6 employees received two hours of initial dementia training within the first 40 hours of employment (Employee #5 and #6). Findings include: Employee #5 (E5) E5 started on 04/01/23 as a Volunteer. E5 did not have a file on site. The Administrator provided evidence E5 received eight hours of initial dementia training on 02/10/23. E5's file lacked documented evidence of two additional hours of dementia training within the first 40 hours of employment for the requirement of 10 total hours of initial dementia training within the first three months of hire. Employee #6 (E6) E6 started on 04/01/23 as a Volunteer. E6 did not have a file on site. The Administrator provided evidence E6 received eight hours of initial dementia training on 02/10/23. E6's file lacked documented evidence of two additional hours of dementia training within the first 40 hours of employment for the requirement of 10 total hours of initial dementia training within the first three months of hire. On 12/21/23 in the morning, the Owner indicated E5 and E6 were volunteers and did not have a file. On 12/21/23 in the morning, the Administrator reported E5 and E6 were volunteers and acknowledged the Volunteers performed Caregiver duties. The Administrator was unable to provide two additional hours of dementia training for E5 and E6. Severity: 2 Scope: 2		enable for Administrator and Owner not to miss these and so these findings do not recur. 4) Administrator and Owner are responsible for ensuring that these findings are corrected and they were corrected on 5) 12/27/23	