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 _____	**03/22/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALOHA PARADISE CARE, LLC	**1809 WESTWIND ROAD, LAS VEGAS, NEVADA ,89146**

(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 complaint investigation completed in your facility on 03/22/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for eight Residential Facility for Group beds for elderly and disabled persons, with an endorsement for Alzheimer's disease, Category II residents. The census at the time of the survey was eight. The sample size was three. The facility received a grade of A. One complaint was investigated. Complaint #NV00065787 with one allegation was substantiated without deficiencies. Allegation #1 - The facility failed to allow in-person visitation of a resident by a family member since July, 2021 was substantiated without deficiencies based on interview with two facility Caregivers who indicated during the month of July, 2021 the facility had stopped allowing family and friends to visit residents inside the building because of the high Clark County COVID-19 infection rates. The facility was allowing only essential healthcare workers to enter the building. During this time, resident family and friends were allowed in-person visitation with residents outside the building on the patio while wearing a mask and utilizing social distancing practices. Other alternative methods of visitation (such as FaceTime, Zoom, phone call, etc.) were allowed at all times. In-person visitation on the patio was being limited to one half hour due to outside heat conditions and concerns about resident hydration. This policy was recently discontinued due to the lowered COVID-19 infection rates. The facility's visiting policy changed throughout the course of the pandemic to comply with Centers for Disease Control and Prevention requirements regarding the COVID-19 pandemic and facility outbreak requirements. The investigation into the	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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	allegations included: Interviews with two facility Caregivers. Record review of three facility residents. Document review of the facility's Visiting Hours policies. 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. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records.			