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
	9560	A. BUILDING _____ B. WING _____	01/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN LIVING LLC	**7481 ROME BLVD, LAS VEGAS, NEVADA ,89131**

(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 State Licensure annual and infection control survey conducted at your facility on 01/26/23, 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 survey was five. Five resident files and four 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: ERNIE MIRANDA DIAZ	Title: ADMINISTRATOR	Date: 02/06/2023

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0620 SS= E	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, 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 bedfast waiver to retain a resident unable to turn on their side without assistance of staff for 1 of 5 residents (Resident #4). Resident #4 (R4) was admitted on 10/14/22 with diagnosis of multiple sclerosis and Crohn's disease. R4 was unable to demonstrate the ability to turn on R4's side and acknowledged R4 could not do so without assistance from staff. Review of R4's medical records did not reveal a waiver to retain a resident who was bedfast. A caregiver confirmed R4 required assistance from staff to turn on their own and there was no waiver submitted. Severity: 2 Scope: 1	0620	1. Requested Plan of Care from Home Health Agency of Resident #4 in order to apply for a Bedbound and Bedfast Waiver. 2. Will confirm with Caregivers at the facility if any residents cannot turn by themselves without assistance so that a Bedbound or Bedfast Waiver will be applied for. 3. Will confirm with Caregivers at the facility on a weekly basis if any residents mobility has changed recently so that a Bedbound or Bedfast Waiver will be applied for. 4. All Caregivers and ultimately the Administrator is responsible for ensuring a Bedbound and/or Bedfast Waiver is applied for when they are unable to turn without assistance. 5. On 02-06-23, a Bedbound and Bedfast Waiver was submitted to HCQC. 6. Please see attached document.	02/06/2023

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0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were secured and inaccessible to residents. A cabinet used to store medications had a broken lock and could not be secured. A Caregiver confirmed the medication cabinet lock was broken and could not be properly secured. Severity: 2 Scope: 3	0920	1. Immediately after the Survey, the broken lock for the medicine cabinet was fixed so that the residents could not have easy access to the medications. 2. Caregivers are to report immediately to Owner and Administrator if a lock to the Medication Cabinet is broken or becoming faulty. 3. Administrator will check the Medication Cabinet that it is always in the locked position and in good working condition. 4. Administrator is ultimately responsible that the Medication Cabinet is in good working condition. 5. On 01/26/23 the broken lock for the medication cabinet was fixed. 6. Please see attached documents.	02/06/2023

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0999 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: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were locked up and not accessible to residents. Pinesol, bleach and multi-purpose cleaner were found in an unlocked cabinet in an unlocked laundry area. Paint and carpet cleaner were found unsecured via an unlocked door leading into the garage. A Caregiver confirmed the laundry room and garage had unlocked doors with unsecured chemicals in them. Severity: 2 Scope: 3	0999	1. Immediately after the survey, the chemicals in the garage was either secured in a locked storage or thrown away and the cabinet in the laundry room was locked to secure all the chemicals. 2. Caregivers are instructed to always keep chemicals in a secured and locked location at all times when not being used. 3. Lead Caregiver will monitor that all chemicals are secured in a locked location at all times when not being used. Administrator will check that all chemicals are always secured at least once a week. 4. Administrator is ultimately responsible that all chemicals are in a locked or secured location when not being used. 5. On 01-26-23 the Laundry Room Cabinet was locked and the chemicals in the garage were either secured in a locked location or disposed of. 6. Please see attached documents.	02/06/2023