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 _____	**01/26/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANQUILLIUM-HALEH SENIOR CARE	**3460 W HALEH AVE, LAS VEGAS, NEVADA ,89141**

(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 at your facility on 01/26/22, in accordance with Nevada Administrative Code 449, Residential Facilities for Groups. The facility is licensed for a nine 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 investigation was eight. The sample size was three. One complaint was investigated. Complaint #NV00065453 with two allegations was unsubstantiated. Allegation #1-The facility failed to provide therapeutic diets (a diabetic diet and a renal diet) was unsubstantiated based on review of three weeks of facility menus, review of resident clinical records which revealed three residents requiring a diabetic diet and one resident who required a renal diet in addition to a diabetic diet. Interviews with facility Caregivers, the facility Administrator and three residents who reported therapeutic diets were being fulfilled based on menu item choices and item substitutions. Allegation #2-The facility failed to properly administer a resident's insulin medication was unsubstantiated based on the interviews with three residents, including the resident of concern, who verbalized and demonstrated how they perform blood sugar/glucose checks and administration of their own insulin. Interviews with facility Caregivers and the facility Administrator who confirmed the residents manage and administer their own insulin. Review of resident clinical records which revealed physician orders for blood sugar/glucose checks and insulin administration. The investigation into the allegations included: Interviews with three residents, including the resident of concern, two Caregivers and the Administrator. Clinical record review of three residents,	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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	including the resident of concern. Document review of three weeks of facility menus. 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.			